

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
Atlantic Health System Inc Group Return

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
475 South Street ACCTG 920

City or town, state or province, country, and ZIP or foreign postal code
Morristown, NJ 07960

D Employer identification number
65-1301877

E Telephone number
(973) 660-3100

G Gross receipts \$ 2,582,564,386

F Name and address of principal officer
Kevin Lenahan
475 South Street ACCTG 920
Morristown, NJ 07960

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 9704

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

J Website: ▶ www.atlantichealth.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1996

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Designing and delivering high quality, innovative and personalized health care, to build healthier communities and improve lives for patients, consumers, and caregivers

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

3 Number of voting members of the governing body (Part VI, line 1a)	38
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	17,145
6 Total number of volunteers (estimate if necessary)	2,685
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,688,972
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,620,841	15,602,036
9 Program service revenue (Part VIII, line 2g)	2,256,056,483	2,508,333,811
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,033,907	7,031,525
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,520,888	46,156,333
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,343,232,119	2,577,123,705

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,397,045	1,782,045
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,145,485,317	1,260,478,077
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,498,385		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,085,705,772	1,216,258,539
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,232,588,134	2,478,518,661
19 Revenue less expenses Subtract line 18 from line 12	110,643,985	98,605,044

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,614,269,128	2,857,018,047
21 Total liabilities (Part X, line 26)	1,279,799,673	1,384,882,945
22 Net assets or fund balances Subtract line 21 from line 20	1,334,469,455	1,472,135,102

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2017-11-13
Kevin Lenahan_SVP-CFO & Admin Officer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Christopher B Boggs Preparer's signature Christopher B Boggs Date _____
Check if self-employed PTIN P00032493
Firm's name ▶ Ernst & Young US LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 100 North Tyron Street Suite 3800 Phone no (704) 372-6300
Charlotte, NC 28202

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
Designing and delivering high quality, innovative and personalized health care, to build healthier communities and improve lives for patients, consumers, and caregivers

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 \$ 2,144,560,249 including grants of \$ 1,782,045) (Revenue \$ 2,508,376,169)
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 ▶ 2,144,560,249

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 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) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 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 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, [X] 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: Ken Butkowski, 475 South Street - Acctg Box 920, Morristown, NJ 07962 (973) 451-2005

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	1,543,566				
	e Government grants (contributions)	1e	13,971,269				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	87,201				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		15,602,036				
Program Service Revenue			Business Code				
	2a PATIENT SERVICE REV		621990	1,356,563,916	1,356,563,916		
	b MEDICARE-MEDICAID		621990	962,592,659	962,592,659		
	c PHYSICIAN SERVICES		621110	187,703,898	187,703,898		
	d LAB SPEC PROCESSING		621500	1,473,338		1,473,338	
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,508,333,811					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,901,325		6,901,325	
	4 Income from investment of tax-exempt bond proceeds			41,832	41,832		
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		2,363,028					
		b Less rental expenses	0				
		c Rental income or (loss)	2,363,028				
	d Net rental income or (loss)			2,363,028		2,363,028	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,523,469	2,000				
		b Less cost or other basis and sales expenses	5,277,519	159,582			
		c Gain or (loss)	245,950	-157,582			
	d Net gain or (loss)			88,368		88,368	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	4,106						
	b Less cost of goods sold	b	3,580				
c Net income or (loss) from sales of inventory			526	526			
Miscellaneous Revenue		Business Code					
11a Cafeteria		721000	6,442,610		6,442,610		
b Pharmacy		900099	1,644,238		1,644,238		
c Parking		812930	1,154,774		1,154,774		
d All other revenue			34,551,157	215,634	34,335,523		
e Total. Add lines 11a-11d			43,792,779				
12 Total revenue. See Instructions			2,577,123,705	2,506,902,831	1,688,972	52,929,866	

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,782,045	1,782,045		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	29,407,180		29,407,180	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	235,802		235,802	
7 Other salaries and wages.	1,016,651,157	903,916,241	111,163,718	1,571,198
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	39,182,724	33,866,889	5,255,364	60,471
9 Other employee benefits.	97,595,043	84,419,741	13,035,015	140,287
10 Payroll taxes.	77,406,171	66,918,325	10,368,946	118,900
11 Fees for services (non-employees)				
a Management.	61,459,754		61,459,754	
b Legal.	3,876,097		3,876,097	
c Accounting.	1,175,770		1,175,770	
d Lobbying.	355,205		355,205	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	18,360		18,360	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	245,133,043	243,361,880	1,755,977	15,186
12 Advertising and promotion.	13,268,671	2,726,801	10,536,979	4,891
13 Office expenses.	124,101,069	105,420,369	18,528,896	151,804
14 Information technology.	1,172,590	891,168	281,422	
15 Royalties.				
16 Occupancy.	62,697,247	54,133,657	8,464,650	98,940
17 Travel.	9,377	9,342	35	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,511,017	6,523,954	975,656	11,407
20 Interest.	28,595,215	24,756,140	3,795,616	43,459
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	130,104,784	112,784,866	17,122,351	197,567
23 Insurance.	50,322,700	42,790,703	7,455,277	76,720
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EXPENSES	428,287,023	428,271,304	15,719	
b REPAIRS & MAINTENANCE	49,126,057	23,911,206	25,214,851	
c EQUIPMENT AND RENTAL	5,230,957	4,557,386	666,016	7,555
d DUES	155,183		155,183	
e All other expenses	3,658,420	3,518,232	140,188	
25 Total functional expenses. Add lines 1 through 24e.	2,478,518,661	2,144,560,249	331,460,027	2,498,385
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	214,620,781	2	318,175,342
	3 Pledges and grants receivable, net	959,513	3	924,287
	4 Accounts receivable, net	249,574,374	4	274,365,980
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,759,087	7	5,940,521
	8 Inventories for sale or use	17,232,903	8	17,816,624
	9 Prepaid expenses and deferred charges	81,994,333	9	73,134,099
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,484,690,952		
	b Less accumulated depreciation	1,436,103,921		
	11 Investments—publicly traded securities	944,342,237	11	1,012,022,140
	12 Investments—other securities See Part IV, line 11	11,872,939	12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	93,501,512	15	106,052,023
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,614,269,128	16	2,857,018,047	
Liabilities	17 Accounts payable and accrued expenses	195,008,333	17	265,135,902
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	431,514,687	20	437,446,731
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	250,000,000	23	250,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	403,276,653	25	432,300,312
	26 Total liabilities. Add lines 17 through 25	1,279,799,673	26	1,384,882,945
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,206,979,223	27	1,336,719,671
	28 Temporarily restricted net assets	78,532,277	28	85,387,561
	29 Permanently restricted net assets	48,957,955	29	50,027,870
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,334,469,455	33	1,472,135,102
	34 Total liabilities and net assets/fund balances	2,614,269,128	34	2,857,018,047

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,577,123,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,478,518,661
3	Revenue less expenses Subtract line 2 from line 1	3	98,605,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,334,469,455
5	Net unrealized gains (losses) on investments	5	41,735,483
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,674,880
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,472,135,102

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 65-1301877

Name: Atlantic Health System Inc Group Return

Form 990 (2016)

Form 990, Part III, Line 4a:

This group return consists of five not-for-profit hospitals (AHS Hospital Corp), a not-for-profit physicians practice (Practice Associates Medical Group PC) a not-for-profit ambulance corporation (Atlantic Ambulance Corp), a not-for-profit Primary Care and OB/GYN Medical Center (Medical Center Partners, Inc) and a not-for-profit emergency ambulance service for Hackettsown, NJ and community (Hackettsown Regional Medical Center Emergency Medical Services, Inc) AHS Hospital Corp (the "Hospital") is comprised of five hospitals, the Morristown Medical Center ("Morristown Division"), the Overlook Medical Center("Overlook Division"), the Newton Medical Center ("Newton Division"), the Chilton Medical Center("Chilton Division"), Hackettstown Medical Center ("Hackettstown Division") and Practice Associates Medical Group (PAMG) The Hospital and PAMG are organized under the not-for-profit corporation law of the State of New Jersey and is exempt from Federal income tax under Section 501(c) (3) of the Internal Revenue Code The Hospital providesregional health care services including a broad range of adult, pediatric, obstetrical/gynecological, psychiatric, oncology, intensive care, cardiac care and newborn acute care services to patients from the counties of Morris, Essex, Passaic, Sussex, Bergen, Hunterdon, Union, Warren andSomerset in New Jersey, Pike County in Pennsylvania and southern Orange County in New York The Hospital is also a regional health trauma center that provides tri-state coverage and provides numerous outpatient ambulatory services, rehabilitation and skilled care and emergency care The ambulance company (Atlantic Ambulance Corp) is a not-for-profit organization established for scientific, educational and charitable purposes to sponsor, promote and assist in the establishment or maintenance of activities relating to the improvement of human health and to maintain and operate a system for providing ambulance services, including mobile intensive care unit services together with related emergency medical services, primarily in New Jersey Medical Center Partners, Inc opened in 2012 with two offices according to the needs assessment of the community A Primary Care and OB/GYN Hackettstown Regional Medical Center Emergency Medical Services, Inc (HRMC-EMS) provides emergency ambulance service for Hackettstown, NJ and the surrounding communities HRMC-EMS also provides patient transportation services for HRMC patients and residents/patients of other institutions such as assisted living facilities adn nursing homes Van service is also provided for outpatients in need of transportation HRMC-EMS also provides 911 ambulance service for residents of Mount Olive Township, Knowlton Township, Roxbury and Long Valley, NJ

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	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 Gragnolati President & CEO	55 00	X		X				1,994,402	0	317,056		
Kevin Lenahan SVP-CFO & Admin Officer	55 00	X		X				1,120,735	0	195,052		
James Smith Director-Atlantic Amb	55 00	X		X				250,672	0	23,268		
Joseph Di Paolo President - NMC	55 00	X		X				672,266	0	119,037		
Katharine Driebe VP - Finance Eff 8/21/16	55 00	X		X				402,447	0	72,969		
Stanley Fiel PAMG-Trustee	55 00	X						722,881	0	35,938		
Walter Rosenfeld PAMG-Trustee/Officer	55 00	X		X				710,023	0	43,189		
William Dowling PAMG-Trustee	55 00	X						805,729	0	0		
Sheilah O'Halloran VP-Ass't Gen Council Eff 4/17/16	55 00	X		X				537,249	0	84,601		
Jan Schwartz-Miller SVP-Chief Medical & Academy	55 00	X		X				891,581	0	64,435		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Shens MD PAMG-Trustee/Officer SVP-Phys Enterprise	55 00	X		X				784,143	0	118,903
Peter Bolo MD PAMG-Trustee	55 00	X						463,730	0	40,144
Joan Boomsma MD PAMG-Trustee Term 8/6/16	55 00	X						413,746	0	0
Monica Centanni MD PAMG-Trustee	55 00	X						313,899	0	19,434
Tony Frisoli MD PAMG-Trustee	2 00	X						0	0	0
Greg Mulford MD PAMg-Trustee	55 00	X						567,284	0	24,317
Joseph Cirello MD PAMG-Trustee	55 00	X						285,875	0	26,761
Samantha Pozner MD PAMG-Trustee	55 00	X						386,516	0	0
Domenick Randazzo MD PAMG-Trustee	2 00	X						0	0	0
Chris Zipp MD PAMG-Trustee	55 00	X						471,557	0	27,665

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			
David Taylor PAMG-Trustee	55 00	X						0	0	0
Mario Capio MD Trustee-AHS Term 10/20/16	55 00	X		X				457,351	0	0
Glenn A Clark Trustee-AHS	2 00	X						0	0	0
Henry J Driesse Trustee-AHS	2 00	X						0	0	0
Dexter D Earle Trustee-AHS	2 00	X						0	0	0
Richard W Herbst Trustee-AHS	2 00	X						0	0	0
Robert J Hugin Trustee-AHS	2 00	X						0	0	0
Laura A Kelly Trustee-AHS	2 00	X						0	0	0
Carol Calabrese MD Trustee-AHS	2 00	X						0	0	0
Steve Maser MD Trustee-AHS	55 00	X						254,069	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			
Robert E McCracken Trustee-AHS	2 00	X						0	0	0
Robert E Mulcahy III Trustee-AHS	2 00	X						0	0	0
M Veronica Daly MD Trustee-AHS	55 00	X						401,796	0	16,051
Anne S Rooke Trustee-AHS	2 00	X						0	0	0
Gita F Rothschild Trustee-AHS	2 00	X						0	0	0
Clifford Sales MD Trustee-AHS	10 00	X						150,000	0	0
Robert Toohy Trustee & Officer-AHS	2 00	X		X				0	0	0
Allan L Weisberg Trustee-AHS	2 00	X						6,000	0	0
Jose Cortes HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Glenn K Tippy CPU CLU HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	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			
Clay Hinrichs MD HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Bogden Bienko HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Eric Ross HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Michael Halpin HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Michael Lavery HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Barbara-Jayne Lewthwaite PH D HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Timothy C McDonough HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Ray Nisivocchia CPA HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
James J Travis HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0
Norman Worth HCH,MCP,HRMC Trustee 1/1/16-3/31/16	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
James G Lee Chair, EVP & CFO, AHC 1/1/16-3/31/16	55 00	X		X				113,382	0	18,860		
Terry Forde President & CEO, AHC 1/1/16-3/31/16	55 00	X		X				198,902	0	28,782		
Jason C Coe Pres-HMC Ending 1/1/16 -9/12/16	55 00	X		X				611,378	0	19,575		
Karel Raska PAMG-Trustee	2 00	X						0	0	0		
Albert Ritter MD Trustee- Atlantic Ambulance	2 00	X						0	0	0		
Paul Marmora VP- Ambulatory Serv Eff 8/21/16	55 00			X				518,597	0	87,184		
Alan Lieber President - OMC	55 00			X				979,908	0	38,252		
Patricia O'Keefe President-MMC Eff 4/17/16	55 00			X				699,860	0	131,107		
Linda Reed CIO-Terminated 2/6/2016	55 00			X				1,224,338	0	0		
Madeline Ferraro VP - Gov't & Public	55 00			X				531,819	0	36,336		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Kimberly Simensen SVP-Sys & Network Planning	55 00			X				648,982	0	92,924		
Joseph Wilkins SVP-Chief Trans Officer-Eff 10/1/16	55 00			X				188,338	0	36,673		
Valerie Simon VP-Marketing & Comm Eff 6/27/16	55 00			X				126,733	0	28,738		
Nikki Sumpter SVP-Chief HR Officer Eff 11/28/16	55 00			X				93,328	0	11,199		
Thomas Kloos President-ACO	55 00			X				561,531	0	76,629		
James Barr VP-Clinical Intelligence	55 00			X				605,818	0	85,230		
Karen Flaherty-Oxler SVP-Chief Nursing/Pat Eff 9/26/16	55 00			X				108,750	0	13,050		
Terrance French VP-Strat Dev & Net Aff Eff 4/4/16	55 00			X				243,734	0	39,987		
Lisa Monfredi VP- Revenue Cycle Eff 8/21/16	55 00			X				389,439	0	77,739		
Stephanie Schwartz President CMC Eff 1/25/16	55 00			X				447,661	0	69,485		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Eva Goldenberg VP- Compliance & Audit	55 00			X				402,930	0	60,695		
Robert C Peterson CFO HCH 1/1/16-3/31/16	55 00			X				419,141	0	22,212		
Maureen Bueno VP-Chief Quality-Eff 11/13/16	55 00			X				351,795	0	35,179		
David Schreck VP-Coord Care Trans Eff 11/1/16	55 00			X				63,750	0	6,375		
Joseph Ramieri MD Chairman - OB/GYN Depart	55 00				X			688,839	0	41,238		
Rolando Rolandelli Chairman-Dep of Surgery	55 00				X			1,141,676	0	35,938		
John Halperin Director - MD	55 00				X			688,022	0	35,938		
Kenneth Janowski CMO HCH 1/1/16 -3/31/16	50 00				X			385,746	0	17,368		
Stella Visaggio COO HCH 1/1/16 - 3/31/16	55 00				X			435,333	0	17,699		
Paul Starker Chairman-Dept of Surgery	55 00					X		1,021,350	0	30,067		

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			
Mark Widmann Physician	55 00					X		876,761	0	0
Daniel Tobias Physician	55 00					X		806,567	0	34,917
James Wong Chairman-Radiology Oncology	55 00					X		780,590	0	0
Eric Whitman Physician	55 00					X		802,044	0	0
Andrew Kovach VP Human Resources-Term 9/30/15	0 00						X	849,091	0	0
Thomas J Senker Former President-NMC- Term 1/1/15	0 00						X	265,229	0	0
Michael Regier Former VP-Legal Aff-Term 12/31/15	0 00						X	783,842	0	0
Deborah Zastocki Former Pres-CMC Term 8/1/15	0 00						X	535,118	0	0
William Neigher Former VP-System Dev Term 8/1/15	0 00						X	295,325	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 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

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Other Organizations in this Group IRS 990 Tax Filing	<p>Atlantic Ambulance is a Box 9 organization. It receives more than 33 1/3% of its support from activities related to its exempt functions and no more than 33 1/3% of its support from gross investment income and unrelated income from businesses acquired by the organization after June 30, 1995. Practice Associates Medical Group (PAMG) is a Box 12 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). PAMG is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). PAMG did not receive a written determination letter from the IRS that it is Type I, Type II or Type III supporting organization. Since August 17, 2006, PAMG has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization (ii) A family member of a person described in (i) above (iii) 35% controlled entity of a person in (i) or (ii) above. PAMG provided support to AHS Hospital Corp-Morrisstown Division (EIN #52-1958352) during 2016 in the amount of \$7,845,180. Medical Center Partners, Inc. is a box 12 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). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization (ii) A family member of a person described in (i) above (iii) 35% controlled entity of a person in (i) or (ii) above. Hackettstown Regional Medical Center Emergency Services, Inc. is a Box 12 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). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Other Organizations in this Group IRS 990 Tax Filing	together with persons described in (ii) and (iii) below, the governing body of the supported organization (ii) A family member of a person described in (i) above (iii) 35% controlled entity of a person in (i) or (ii) above

Schedule A Form 990 of 990-E 2016

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		477,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			477,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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
Part II-B, Line 1	During 2016, the organization compensated four different consultants primarily for their services and time in participating in conference telephone calls, attending meetings and conferences, providing communication emails and correspondence and travel expenses for the following Federal and State legislation and affairs: 1 NJ State Charity Care 2 Budget Clarifications/Meetings 3 Various State and Federal Regulatory Affairs 4 State and Federal Hospital Issues 5 GME 6 Healthcare Forums 7 Lobbying Days in Washington DC Behavioral Health Day Teaching Hospitals Advocacy Hospital Outpatient Department 8 Fair Share Hospitals Collaborative 9 NJ Bills as listed below: A3635/S2329 - Temporarily maintains property tax exemption for previously exempt non-profit hospital properties, establishes "Non-Profit Hospital Property Tax Exemption Study Commission" A1877/S1129 - Healthy Small Food Retailer Act, provides funding to small food retailers to sell fresh and nutritious food S3299 / A4903 - Maintains property tax exemption for certain nonprofit hospitals with on-site for-profit medical providers, requires these hospitals to pay community service contributions to host municipalities, establishes Nonprofit Hospital Community Service Contribution Study Commission A886/S1075 - Establishes certain network adequacy and standard application requirements for health insurance carriers, requires determination of hospital diversity for tiered networks A887/S634 - Requires carriers to disclose selection standards for placement of health care providers in tiered health benefits plan network, establishes oversight monitor to review compliance A2327/S3300 - Places moratorium on implementation of certain tiered network health benefits plans until January 1, 2017 A2328/S635 - Requires health insurance carriers to comply with certain network adequacy requirements A2329/S296 - Establishes certain standards for health benefits plans with tiered network A2585/S1511 - Requires health insurance carriers offering tiered network health benefits plans to protect covered persons from excess cost sharing in certain circumstances A1952/S1285 - Out-of-Network Consumer Protection, Transparency, Cost Containment and Accountability Act. The following represents the vendors that were paid a total of \$477,000 in 2016 for lobbying expenses: 1 EDGE ADVOCACY LLC 90,000 2 ROSEMONT ASSOCIATES LLC 150,000 3 CAMMARANO LAYTON AND BOMBARDIERI 42,000 4 OPTIMUS 195,000

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number
65-1301877

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 8/17/06, 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 ▶ \$ _____

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	127,490,232	127,978,403	109,665,354	103,477,345	88,706,191
b Contributions	32,141,880	32,240,327	43,163,359	26,040,035	35,834,041
c Net investment earnings, gains, and losses	4,168,419	-1,192,411	2,101,888	5,631,915	4,669,227
d Grants or scholarships					
e Other expenditures for facilities and programs	-28,385,098	-31,536,087	-26,952,198	-25,483,941	-25,732,114
f Administrative expenses					
g End of year balance	135,415,433	127,490,232	127,978,403	109,665,354	103,477,345

- 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 ▶ 37 000 %
 - c** Temporarily restricted endowment ▶ 63 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,708,401		46,708,401
b Buildings		1,301,376,076	742,049,541	559,326,535
c Leasehold improvements		77,790,969	10,255,289	67,535,680
d Equipment		1,058,815,506	683,799,091	375,016,415
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,048,587,031

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	
ADVANCES THIRD PARTY PAYORS	63,397,785
ACCRUED EMPLOYEE BENEFITS AND OTHER	368,902,527
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	432,300,312

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,513,528,006
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	18,320,741	
e	Add lines 2a through 2d		2e	18,320,741
3	Subtract line 2e from line 1		3	2,495,207,265
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	81,916,440	
c	Add lines 4a and 4b		4c	81,916,440
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,577,123,705

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

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

1	Total expenses and losses per audited financial statements		1	2,397,821,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,397,821,771
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	80,696,890	
c	Add lines 4a and 4b		4c	80,696,890
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,478,518,661

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: 65-1301877

Name: Atlantic Health System Inc Group Return

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Temporarily restricted net assets are those funds whose use by the Hospital has been limited by donors to a specific time period and/or purpose. Once the restrictions are satisfied, or have been deemed to have been satisfied, those temporarily restricted net assets are released from restrictions. Temporarily restricted net assets are available and intended for the following purposes: - Research - Construction of the Heart Hospital and other projects - Purchase of plant and equipment - Scholarships and education - Program Services. Permanently restricted net assets are restricted to investments to be held in perpetuity, the income from which is expendable to support health care services.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Net Assets Released From Restriction 18,320,741

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Revenue recorded as an offset in the AFS expenses 43,708,700 Grant revenue recorded as an offset to the AFS expenses 13,871,361 Interest Income -Temp Restricted 1,416,506 Realized Gains-Temp Restricted 306,636 Hackettstown Community Hospital Revenue 1/1/16 - 3/31/16 22,257,420 Hackettstown Regional Medical Center EMS, Inc Revenue 1/1/16-3/31/16 183,036 Medical Center Partners, Inc Revenue 1/1/16 - 3/31/16 172,781

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Revenue recorded as an offset in the AFS expenses 43,708,700 Grant revenue recorded as an offset to the AFS expenses 13,871,361 Hackettstown Community Hospital Expenses 1/1/16 - 3/31/16 22,127,484 Hackettstown Regional Medical Center EMS, Inc Revenue 1/1/16-3/31/16 647,182 Medical Center Partners, Inc Expenses 1/1/16 - 3/31/16 342,163

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number

65-1301877

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean -	1		Program Services	Insurance	13,536,280
3a Sub-total	1	0			13,536,280
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			13,536,280

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 65-1301877

Name: Atlantic Health System Inc Group Return

Part V Supplemental Information

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

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Financial Assistance and Certain Other Community Benefits at Cost

Yes No

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 3a, 3b, 4, 5a, 5b, 5c, 6a, 6b.

- 1a Did the organization have a financial assistance policy during the tax year?
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy...
3 Answer the following based on the financial assistance eligibility criteria...
3a Did the organization use Federal Poverty Guidelines (FPG) as a factor...
3b Did the organization use FPG as a factor in determining eligibility for providing discounted care?
4 Did the organization's financial assistance policy that applied to the largest number of its patients...
5a Did the organization budget amounts for free or discounted care...
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations...
6a Did the organization prepare a community benefit report...
6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 6 columns: (a) Number of activities or programs, (b) Persons served, (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs, and Other Benefits.

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	681,138,042
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	663,283,213
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	17,854,829
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

6

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)

	See Additional Data Table	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

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)
 Morrystown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/atlantic/health-education/community-resources.html</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.atlantichealth.org/atlantic/health-education/community-resources.html</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Morristown Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	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 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Morristown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Morristown Medical Center

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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)
 Overlook Medical Center

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): _____ 2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www atlantichealth org/atlantic/health-education/community-resources html</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www njhealthmatters org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www atlantichealth org/atlantic/health-education/community-resources html</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Overlook Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	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 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Overlook Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Overlook Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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)
 Newton Medical Center

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): _____ **3**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/atlantic/health-education/community-resources.html</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.atlantichealth.org/atlantic/health-education/community-resources.html</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Newton Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	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 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Newton Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Newton Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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)
 Chilton Medical Center

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): _____ 4

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www atlanticealth org/atlantic/health-education/community-resources html</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www njhealthmatters org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www atlanticealth org/atlantic/health-education/community-resources html</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Chilton Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	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 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)
Billing and Collections

Chilton Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Chilton Medical Center

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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)
Atlantic Rehabilitation Institute

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): _____ 5

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/atlantic/health-education/community-resources.html</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.atlantichealth.org/atlantic/health-education/community-resources.html</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Atlantic Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	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 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Atlantic Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Atlantic Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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)
 Hackettstown Medical Center

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): _____ **6**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www atlantichealth org/atlantic/health-education/community-resources html</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www njhealthmatters org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www atlantichealth org/atlantic/health-education/community-resources html</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Hackettstown Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	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 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //atlanticealth patientcompass com/hc/sp/atlanticealth/guarantor</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Hackettstown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Hackettstown Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? 117

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	The 2016 community benefit report will be made available to the public via the Atlantic Health System website (www.atlantichealth.org)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Charity and unreimbursed Medicaid gross patient charges were decreased to cost by applying the cost to charge ratio which was calculated on Worksheet 2 per the IRS instructions. All other costs for the remaining programs were compiled by the applicable program directors and represent actual expenses that were made.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	Subsidized Health Services represent clinical patient care services that are provided, despite a negative margin, because they are needed in the community. During 2016 the organization provided 38 such clinical patient care programs. The net community benefit expense represents the total actual expenses offset by any patient and grant revenue.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The bad debt expense at cost was established by "grossing up" the bad debt expense per the audited financial statements to gross charges and applying the 2016 cost to charge ratio as calculated on worksheet 2

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	The portion of bad debt expense that reasonably could be attributable to patients who may qualify for financial assistance under the Organization's Charity Care program was calculated by identifying patients that were admitted with no insurance benefits. The Organization's collection agency's review process and charity care eligibility notification efforts are thorough, it is highly likely that these patients would have qualified for the Organization's Charity Care program had they applied. As a result, the organization believes this amount should have been treated as community benefit expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	<p>Patient Service Revenue and Related Adjustments The Hospital records gross patient service revenue on an accrual basis at established rates, with contractual and other allowances added to or deducted from such amounts to determine net patient service revenue. The Hospital maintains policies and records to identify and monitor these contractual allowances and its level of charity care. These records include the amount of deductions from gross revenue due to qualified services provided under the State's charity care guidelines. The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. The Hospital has implemented a monthly standardized approach to estimate and review the collectability of receivables based on the payer classification and the period from which the receivables have been outstanding. Account balances are written off against the allowance when management feels it is probable the receivable will not be recovered. Historical collection and payer reimbursement experience is an integral part of the estimation process related to reserves for doubtful accounts. In addition, the Hospital assesses the current state of its billing functions in order to identify any known collection or reimbursement issues and assess the impact, if any, on reserve estimates. The Hospital believes that the collectability of its receivables is directly linked to the quality of billing processes, most notably those related to obtaining the correct information in order to bill effectively for the services it provides. Revisions in reserve for doubtful accounts estimates are recorded as an adjustment to bad debt expense.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	<p>2016 Medicare Allowable payments received as calculated per the 2016 Medicare Cost report exceeds the 2016 Medicare costs generating a Medicare surplus to the organization of over \$17 million. Although there was a surplus in 2016, participation in the Medicare program should be considered community benefit because - Non-negotiated Medicare rates are sometimes out-of-line with the true costs of treating Medicare patients - By continuing to treat patients eligible for Medicare, hospitals alleviate the federal government's burden for directly providing medical services. The IRS recently acknowledged that lessening the government burden associated with providing Medicare benefits is a charitable purpose - IRS Rev Ruling 69-545 states that if a hospital serves patients with government health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community.</p>

Form and Line Reference	Explanation
Part III, Line 9b	<p>The organization's collection policy is as follows This Section sets forth the billing and collection policies and procedures of Atlantic Health System and explains the actions that may be taken if a bill for medical care, including a bill for a remaining balance after financial assistance discounts are applied, is not paid. Collection agencies and attorneys acting on behalf of Atlantic Health System will be provided with a copy of this FAP. Each billing statement will include a conspicuous notice regarding the availability of financial assistance, along with a telephone number for the specific hospital facility's Financial Counseling Office where a patient can receive information about the FAP and assistance with the application for financial assistance. The billing statement will also include the website address where copies of the FAP, application for financial assistance, and PLS can be obtained. A Notification period Atlantic Health System will bill patients for any outstanding balance as soon as the patient balance is confirmed. For uninsured patients, the first post-discharge billing statement will mark the beginning of the 120-day notification period in which no extraordinary collection actions ("ECA") (defined below) may be initiated against the patient. For insured or underinsured patients, the first post-discharge billing statement reflecting processing by an insurer will mark the beginning of the 120-day notification period in which no ECAs may be initiated against the patient (the "120-day notification period").</p> <p>B When a patient is delinquent in payment, a notice will be sent to the patient offering to discuss the billing statement to determine if financial assistance or a new or revised payment plan is needed. Atlantic Health System may accommodate patients who request and establish payment plans.</p> <p>C When no payment has been received at the end of the 120-day notification period and a patient has not applied for financial assistance or arranged with the hospital facility's Financial Counseling Office or the hospital facility's Customer Service Office for an alternate payment plan, the patient's account will be turned over to a collection agency. Atlantic Health System will inform the patient in writing that the patient's account will be turned over to a collection agency if no payment is received within 10 days (the "Final Notice"). The Final Notice will inform the patient that financial assistance is available for eligible patients and will include a telephone number for the specific hospital facility's Financial Counseling Office where a patient can receive information about the FAP and assistance with the financial assistance application process. The billing statement will also include the website address where copies of the FAP, application for financial assistance and PLS can be obtained.</p> <p>D Atlantic Health System may authorize collection agencies and attorneys working on Atlantic Health System's behalf (a "Third Party") to initiate ECAs on delinquent patient accounts after the 120-day notification period. Once an account has been referred to a Third Party, the Third Party will confirm that reasonable efforts have been taken to determine whether a patient is eligible for financial assistance under the FAP and that the following actions have been taken prior to initiating an ECA: The patient has been provided with written notice (the "30-Day Letter") which (a) indicates that financial assistance is available for eligible patients, (b) identifies the ECA(s) that the Third Party intends to initiate to obtain payment for the care, and (c) states a deadline after which such ECAs may be initiated (which deadline is no earlier than 30 days after date that notice is provided). The 30-Day Letter included a copy of a plain-language summary of the FAP, and Atlantic Health System and/or the Third Party have taken reasonable efforts to orally notify the patient about the FAP and how the patient may obtain assistance with the financial assistance application process.</p> <p>E Once it has been confirmed that reasonable efforts have been taken to determine whether a patient is eligible for financial assistance under the FAP, Third Parties may initiate the following ECAs against a patient to obtain payment for care: Actions that require a legal or judicial process, including but not limited to: a Placing a lien on a patient's property, except as otherwise provided in I.R.C. Section 501(r), b Attaching or seizing a patient's bank account, c Commencing a civil action against a patient, d Causing a patient to be subject to a writ of body attachment, e Garnishing a patient's wages. ECAs do not include liens on proceeds of personal injury judgments, settlements, or compromises, nor claims filed in bankruptcy.</p> <p>F If an incomplete application for financial assistance is received, Atlantic Health System will provide the patient with written notice that describes the additional information or documentation required to make a FAP-eligibility d</p>

Form and Line Reference	Explanation
Part III, Line 9b	<p>etermination Atlantic Health System will inform Third Parties that an incomplete application for financial assistance was submitted and Third Parties will suspend any ECAs to obtain payment for care for a 30-day period G If a completed application for financial assistance is received, Atlantic Health System will ensure that the following will take place 1 ECAs against the patient will be suspended, 2 An eligibility determination will be made and documented in a timely manner, 3 Atlantic Health System will notify the patient in writing of the determination and the basis for the determination, 4 An updated billing statement will be provided which will indicate the amount owed by the FAP-eligible patient (if applicable), how that amount was determined and the applicable AGB percentage, 5 Any amounts paid in excess of the amount owed by the FAP-eligible patient will be refunded accordingly (if applicable), and 6 Third Parties will take all reasonable available measures to reverse any ECAs taken against the patients to collect the debt such as vacating a judgment or lifting a levy or lien H If any of the hospital facilities make presumptive eligibility determinations the following is required 1 If a patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP, then Atlantic Health System will a Notify the patient regarding the basis for the presumptive FAP-eligibility determination and explain how to apply for more generous assistance, b Give the patient a reasonable period of time to apply for more generous assistance before authorizing the initiation of ECAs to obtain the discounted amount calculated, c Re-determine the patient's FAP-eligibility status if a completed application for financial assistance is received</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	<p>In addition to conducting a triennial CHNA, Atlantic Health utilizes multiple methods to consistently understand and respond to the health needs of the communities we serve. First, we consistently analyze utilization of our emergency departments and inpatient records to identify emerging health needs in the community. Second, we actively participate in community coalitions and engage with community partners from government agencies to faith communities, to understand the unique needs that their clients/participants are expressing. Finally, we actively monitor public health data to identify trends in our local community. We do this through our membership in the North Jersey Health Collaborative which developed the njhealthmatters.org web portal for the most up-to-date data on the health of our local populations.</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>Per the Financial Assistance Policy (FAP) To ensure all patients receive essential emergency and other medically necessary health care services provided by Atlantic Health System, Inc.'s ("Atlantic Health System") hospital facilities regardless of their ability to pay. This policy shall apply to any Atlantic Health System hospital, including Morristown Medical Center, Overlook Medical Center, Chilton Medical Center, Newton Medical Center, and Atlantic Rehabilitation Institute, and any Atlantic Health System facility that is designated as a provider-based pursuant to 42 C.F.R. 413.65 II Policy. It is the policy of Atlantic Health System to ensure all patients receive essential emergency and other medically necessary health care services provided by its hospital facilities regardless of a patient's ability to pay. Financial assistance is available through a variety of programs as described in Section IV below to those low-income, uninsured and underinsured patients who do not otherwise have the ability to pay all or part of their hospital bill. This policy shall apply to any Atlantic Health System hospital facility, as noted above, and any Atlantic Health System facility that is designated as provider-based pursuant to federal regulations governing provider-based status at 42 C.F.R. 413.65. Financial assistance and discounts are available only for emergency or other medically necessary health care services. Some services, including but not limited to, physician fees, anesthesiology fees, radiology interpretation and outpatient prescriptions are separate from hospital charges and may not be eligible for financial assistance through Atlantic Health System. A list of all providers, other than the hospital facility itself, providing emergency or other medically necessary care in the hospital facility, by facility, specifying which providers are covered by this Financial Assistance Policy ("FAP") and which are not can be found at Appendix A to this FAP. The provider listings will be reviewed quarterly and updated if necessary. III General A. Atlantic Health System will render health care services, inpatient and outpatient, to all New Jersey residents who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this FAP. B. Atlantic Health System will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis. C. Atlantic Health System's FAP, application for financial assistance and Plain Language Summary ("PLS") are all available on-line at the following website: www.atlantichealth.org/financialassistance. D. Atlantic Health System's FAP, application for financial assistance and PLS are available in English and in the primary language of populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 50% of the community served by each hospital facility's primary service area. Translations of the FAP, application for financial assistance and PLS are available in the languages set forth on Appendix B to this FAP. Every effort will be made to ensure that the FAP, application for financial assistance and PLS are clearly communicated to patients whose primary languages are not included among the available translations. E. Paper copies of the FAP, application for financial assistance and PLS are available upon request by mail, without charge, and are provided in various areas throughout the hospital facilities including admissions departments, emergency departments, and financial counseling offices listed below. Applications for financial assistance can be submitted in person, by mail, by fax or by e-mail. Financial Counseling Offices: Morristown Medical Center: 100 Madison Avenue, Morristown, New Jersey 07960, Financial Counseling Office, Phone # 973-971-8964. Overlook Medical Center: 99 Beauvoir Avenue, Summit, New Jersey 07901, Financial Counseling Office, Phone # 908-522-4689. Chilton Medical Center: 97 West Parkway, Pompton Plains, New Jersey 07444, Financial Counseling Office, Phone # 973-831-5113. Newton Medical Center: 175 High Street, Newton, New Jersey 07860, Financial Counseling Office, Phone # 973-579-8407. Hackettstown Medical Center: 651 Willow Grove Street, Hackettstown, New Jersey 07840, Financial Counseling Office, Phone # 908-850-6902. Atlantic Rehabilitation Institute: 100 Madison Avenue, Morristown, New Jersey 07960, Financial Counseling Office, Phone # 973-971-8964. F. If patients need assistance obtaining paper copies of the FAP, application for financial assistance or PLS, or if they need other assistance, they can re</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>ach the Customer Service Department at1 -800-619-4024 or visit or contact the Financial Co unseling Offices listed above G Signs or displays will be conspicuously posted in public hospital locations including admissions areas, emergency departments, and Financial Counse ling Offices that notify and inform patients about the availability of financial assistanc e H The PLS will be offered to all patients as part of the intake processI Atlantic Heal th System is committed to offering financial assistance to eligible patients who do not ha ve the ability to pay for emergency and other medically necessary health care services in whole or in part In order to accomplish this charitable goal, Atlantic Health System will widely publicize this FAP, the application for financial assistance and the PLS in the co mmunities it serves through collaborations with local social service and non-profit agenci es J Patients or their representatives may request financial assistance Patients or thei r representatives may be referred to financial counselors by Atlantic Health System employ ees, referring physicians or others Financial counselors will explain the requirements fo r the available financial assistance programs and will determine whether a patient is elig ible for an available frnancial assistance program Those patients requesting financial as sistance will be required to complete the Atlantic Health System application for flrnancia l assistance (including the certification pages) and to provide the supporting documentati on set forth in the application in order to be considered for financial assistance Translated materials and interpreters will be used, as required, to allow for meaningful communi cation with individuals who have limited English proficiency K An uninsured patient has u p to 365 days after the first post-discharge billing statement to submit a completed appli cation for financial assistance An insured or underinsured patient has up to 365 days fro m the first post-discharge billing statement reflecting processing by an insurer to submit a completed application for financial assistance IV FinancialAssistancePrograms Patients of Atlantic Health System may qualify for free or discounted care under the various progr ams described below In each case, Atlantic Health System will be deemed to have provided financial assistance in an amount equal to the gross charges for services provided, net of amounts paid by the patient or the patient's insurer (if any) and any governmental reimbu rsement or payment for such services Atlantic Health System will report such net amounts (subject to application of a cost-to-charge ratio, in cases where financial assistance is appropriately reported based on costs rather than charges) as financial assistance provide d by the organization A New Jersey State Programs 1 Charity Care 2 Eligibility For Disco unted Care Under N J S A 26 2H--12 523 Catastrophic Illness in Children Relief Fund Progr am4 New Jersey Victim of Crime Compensation OfficeB Self PayC Amounts Generally Billed</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>Understanding Our Varied Communities and Their Health Needs Atlantic Health System, covering northern New Jersey, reaches more than two million people across our region. The geographies and community members we serve represent the diversity that is characteristic of the Garden State. The "Atlantic Health System Community" stretches from roadside farm stands in Sussex County to the busy, urban streets of Union County, from quiet Pennsylvania towns nestled on the banks of the Delaware River, to suburbs with a view of the New York City skyline. Our community is ethnically and linguistically diverse as well, with over one third of our community speaking a language other than English at home. We embrace and celebrate this diversity and the fact that there is no "typical" town in our community.</p> <p>About Union County: Union County is located in New Jersey and is part of the New York metropolitan area. At the 2014 Census, its estimated population was 552,939 people in 188,118 households, making it the seventh-most populous county in the state. The median age is 38 (lower than the NJ average of 39.6), with 24.5% of the population under the age of 18 and 12.6% of the population ages 65 and older. Six out of 10 residents in Union County are White or Caucasian, with 30.9% of Hispanic/Latino, 5.3% Asian and 22.3% Black or African American. The median household income in Union County is \$67,257 with an average income of \$98,523. However, 8.76% of families live below the poverty line and 25% fall beneath the ALICE (asset-limited, income-constrained and employed) survival threshold.</p> <p>About Morris County: Located about 25 miles west of New York City, Morris County, NJ has a 2015 population of 502,174 residents in 185,005 households. The median age is 42.2 (higher than the NJ average of 39.6), with 21.83% of the population under the age of 18 and 15.68% of the population ages 65 and older. Eight out of 10 residents in Morris County are White or Caucasian, with 12.8% of Hispanic/Latino, 10.1% Asian and 3.4% Black or African American. The median household income in Morris County is \$94,383 with an average income of \$126,236. However, 3.38% of families live below the poverty line and 25% fall beneath the ALICE (asset-limited, income-constrained and employed) survival threshold.</p> <p>About Sussex County: Sussex County is the northernmost county in the State of New Jersey. Its county seat is Newton. It is part of the New York City Metropolitan Area. As of the 2010 United States Census, the county had 149,265 residents, an increase of 5,099 (3.5%) over the 144,166 persons enumerated in the 2000 Census, retaining its position as the 17th-most populous county among the state's 21 counties. African American residents of Sussex County account for 2.1% of the population, 7.5% are Hispanic/Latino, and 92.4% are Caucasian. The median household income in Sussex County is \$87,300. However, income inequality is at 39.2% with 7% of the population living in poverty. Moreover, 23% fall beneath the ALICE (asset-limited, income-constrained and employed) survival threshold.</p> <p>About Passaic County: Passaic County is the northernmost county in the State of New Jersey. Its county seat is Newton. It is part of the New York City Metropolitan Area. As of the 2010 United States Census, the county had 149,265 residents, an increase of 5,099 (3.5%) over the 144,166 persons enumerated in the 2000 Census, retaining its position as the 17th-most populous county among the state's 21 counties. African American residents of Passaic County account for 12.5% of the population, 40.4% are Hispanic/Latino, and 60.8% are Caucasian. The median household income in Passaic County is \$61,292. However, income inequality is at 47% with 13.6% of the population living below the poverty level. Moreover, 18% fall beneath the ALICE (asset-limited, income-constrained and employed) survival threshold.</p> <p>About Hackettstown: According to U.S. Census Bureau 2009-2013 estimates, the total population in the primary service area is 95,392 and 31,586 in the secondary service area, an increase of 7.3% and 4.7% respectively since 2000. The vast majority of residents in both service areas identify their race as White (primary service area 80.4%, secondary service area 89.5%), which indicates a less racial diversity. The median age in the secondary service area is 45.1, indicating an older population when compared to the primary service area (41.7), the state (39.1) and the nation (37.3). The racial breakdown of the service areas provides a foundation for primary language statistics. More than 80% of residents in both service areas speak English at home as their primary language. As shown in Figure 1, the percentage of the population who speak a language other than English is lower in the secondary service area when compared to the primary service area, the state, and the nation. Households are identified as either family households or non-family households. A higher percentage of households are family households (71.3%) in</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>the secondary service area when compared to the primary service area (68.9%), the state (69.2%) and the nation (66.4%) In regard to marital status, residents ages 15 years and over in the secondary service area are more likely to be currently married and living together (58.9%) and less likely to be divorced or never married when compared to residents across the primary service area, New Jersey and the nation The median home value in the primary service area is notably higher than the median value in the secondary service area, across the state and the national median value The proportion of home owners spending more than 30% of their income on housing is lower in both of the service areas when compared to the state and the nation The median income for households and families in the secondary service area is notably higher than that of the primary service area, the state and the nation (Median income for households \$96,541, Median income for families \$113,155) Residents in the primary and secondary service areas are less likely to live below the poverty level when compared to residents across New Jersey and the nation For instance, in the primary and secondary service areas, approximately less than 6% of all people live below the poverty level compared to 10.4% in New Jersey and 15.4% in the nation A lower percentage of households in the primary and secondary service areas received food stamp/SNAP benefits in the past 12 months (4.0% and 5.3% respectively) when compared to the state (7.8%) and the nation (12.4%) However, households in the secondary service area with one or more adults aged 60 years or older are by far more likely to receive food stamps (45.6%) when compared to their peers in the primary service area (25.0%), the state (31.4%) and the nation (26.0%) According to the U.S. Census estimates (2009-13), the unemployment rate in the secondary service area is 8.1% and 8.3% in the primary service area, and both rates are lower when compared to the state (10.1%) and the nation (9.7%) Of the residents who are employed, the majority work in management, business, science, and arts sectors and are private wage and salary workers Education is an important social determinant of health It is well documented that individuals who are less educated tend to have poorer health outcomes High school graduation rates and educational attainment rates for higher education in the primary service area are substantially higher when compared to secondary service area, the state and nation Approximately 93% of adults in the primary service area have a high school diploma or higher degree, while 40.6% have a bachelor's degree or higher This is in comparison to the secondary service area (92.9%, 28.9%), New Jersey (88.0%, 35.8%) and the nation (85.9%, 28.8%)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	The 2016 Community Benefit Report which explains the description of community health promotion was attached to the filing of this Form 990 tax return. Refer to Schedule "O" for a listing of the Community Improvement Services and Community Benefit Operations provided by Atlantic Health System.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>Atlantic Health System strengthens communities by training New Jersey's future health care professionals. In 2016, Atlantic Health System trained 292 residents and fellows, 205 at Morristown Medical Center and 87 at Overlook Medical Center. AHS graduated 78 residents from various programs in June 2016. 23 of these graduates chose to pursue fellowship training. 14 stayed in the Atlantic Health System catchment area. Of these, 4 stayed on as chief residents, 5 practiced in family medicine, 1 in primary care sports medicine, 3 as hospitalists (internal medicine), and 1 stayed for fellowship training. Atlantic Health System provides third- and fourth-year medical students with clinical educational experiences. Atlantic Health System's major medical school affiliation is with The Sidney Kimmel College of Medicine at Thomas Jefferson University. The affiliation provides opportunities for student rotations, faculty teaching and appointments, and research and clinical collaborations. Atlantic Health System also maintains medical school affiliations with, New York-Presbyterian Hospital, St. George's University Medical School, Rutgers- New Jersey Medical School, Rowan-School of Osteopathic Medicine and Rutgers- Robert Wood Johnson Medical School. These affiliations have the added benefit of enabling Atlantic Health System to offer patients the opportunity to participate in the latest clinical trials and allowing us to provide even more advanced care. Since 2009, AHS has been partnering with Drew University to offer a certificate of Medical Humanities to AHS medical residents. The three-year program yielded its first graduates in May 2011. Every subsequent year another cohort of internal medicine residents from OMC and MMC and family medicine residents have been conferred degrees. Approximately 125 residents have been conferred degrees to date. Atlantic Health System also hosts several allied health certificate programs. Emergency medical technicians were trained through the EMT basic course, EMT refresher course, ACLS/PALS course, and continuing education units in 2016. A number of critical services that benefit the community are located within Atlantic Health System organization, rather than at an individual medical center. They include protection and security services/emergency management, ambulance and helicopter service, research and clinical trials, library services, and efforts to provide a sustainable, green environment of care.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	NJ

Additional Data

Software ID:

Software Version:

EIN: 65-1301877

Name: Atlantic Health System Inc Group Return

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

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? 6		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	Morristown Medical Center 100 Madison Avenue Morristown, NJ 07960 www.atlantichealth.org 11403	X	X	X	X	X		X			
2	Overlook Medical Center 99 Beauvoir Avenue Summit, NJ 07902 www.atlantichealth.org 11902	X	X	X	X	X		X			
3	Newton Medical Center 175 High Street Newton, NJ 07960 www.atlantichealth.org 12005	X	X					X			
4	Chilton Medical Center 97 West Parkway Pompton Plains, NJ 07444 www.atlantichealth.org 11401	X	X					X			
5	Atlantic Rehabilitation Institute 95 Mt Kemble Avenue Morristown, NJ 07962 www.atlantichealth.org 11404	X								Comprehensive Rehabilitation Hospital	
6	Hackettstown Medical Center 631 Willow Grove Street Hackettstown, NJ 07840 www.atlantichealth.org 12101	X	X					X			

Form 990 Part V Section A Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Part V, Section A	
Morristown Medical Center	<p>Part V, Section B, Line 5 The North Jersey Health Collaborative is a 501(c)3 organization with over 120 partner organizations aligned around shared goals for collective impact In 2015, the Collaborative conducted a year-long process of community-based assessment entitled Painting a Picture of Community Health Throughout this process, 107 community leaders participated from 56 organizations representing 12 community sectors The data collection process encompasses several elements including - Demographic Data - Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources - Key Informant Survey with responses from 74 community leaders - Show Us Health Community Art Contest with 50 participants After data were collected, three data review sessions were held in Morris County and a total of 124 issues were identified In July 2015, County committee and Data committee members voted to narrow the list to 12 issues (the top 20%) From August through December, the County and Data committees worked together to hone the issues and dig deeper into the indicators, populations, and drivers for each Finally, in December, the Morris County Committee voted to select five priority issues 1 Obesity2 Access to Behavioral Health Care3 Heroin Use4 Diabetes Treatment5 Cardiovascular Diseases In January 2016, workgroups were formed and an implementation planning process developed to generate objectives, outcomes, strategies and action steps on each priority issue</p>
Overlook Medical Center	<p>Part V, Section B, Line 5 The North Jersey Health Collaborative is a 501(c)3 organization with over 120 partner organizations aligned around shared goals for collective impact In 2015, the Collaborative conducted a year-long process of community-based assessment entitled Painting a Picture of Community Health Throughout this process, 107 community leaders participated from 56 organizations representing 12 community sectors The data collection process encompasses several elements including - Demographic Data- Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources- Key Informant Survey with responses from 74 community leaders- Show Us Health Community Art Contest with 50 participants After data were collected, three data review sessions were held in Union County and a total of 125 issues were identified In July 2015, County committee and Data committee members voted to narrow the list to 16 issues (the top 20% of the vote) From August through December, the County and Data committees worked together to hone the issues and dig deeper into the indicators, populations, and drivers for each Finally, in December, the Union County Committee voted to select five priority issues 1 Diabetes2 Access to Mental Health Services3 Health Literacy4 Obesity5 Heart Disease In January 2016, workgroups were formed and an implementation planning process developed to generate objectives, outcomes, strategies and action steps on each priority issue</p>
Newton Medical Center	<p>Part V, Section B, Line 5 The North Jersey Health Collaborative is a 501(c)3 organization with over 120 partner organizations aligned around shared goals for collective impact In 2015, the Collaborative conducted a year-long process of community-based assessment entitled "Painting a Picture of Community Health" Throughout this process, 107 community leaders participated from 56 organizations representing 12 community sectors The data collection process encompasses several elements including - Demographic Data- Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources- Key Informant Survey with responses from 74 community leaders- Show Us Health Community Art Contest with 50 participants After data were collected, three data review sessions were held in Sussex County and a total of 125 issues were identified In July 2015, County committee and Data committee members voted to narrow the list to 16 issues (the top 20% of the vote) From August through December, the County and Data committees worked together to hone the issues and dig deeper into the indicators, populations, and drivers for each Finally, in December, the Sussex County Committee voted to select five priority issues 1 Substance Abuse2 Access to Care3 Obesity4 Mental Health5 Transportation In January 2016, workgroups were formed and an implementation planning process developed to generate objectives, outcomes, strategies and action steps on each priority issue</p>
Chilton Medical Center	<p>Part V, Section B, Line 5 The North Jersey Health Collaborative is a 501(c)3 organization with over 120 partner organizations aligned around shared goals for collective impact In 2015, the Collaborative conducted a year-long process of community-based assessment entitled "Painting a Picture of Community Health" Throughout this process, 107 community leaders participated from 56 organizations representing 12 community sectors The data collection process encompasses several elements including - Demographic Data- Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources- Key Informant Survey with responses from 74 community leaders- Show Us Health Community Art Contest with 50 participants After data were collected, a data review session was held July 2015 at Chilton Medical Center and a list of list of 16 issues were identified by the participants From August through December, the County and Data committees worked together to hone the issues and dig deeper into the indicators, populations, and drivers for each Finally, in December, the Passaic County Committee voted to select five priority issues 1 Access to HealthCare 2 Caregiver Health3 Heroin4 Diabetes5 Cardiovascular Diseases In January 2016, workgroups were formed and an implementation planning process developed to generate objectives, outcomes, strategies and action steps on each priority issue</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Atlantic Rehabilitation Institute	
Hackettstown Medical Center	<p>Part V, Section B, Line 5 Beginning in June 2015, Hackettstown Regional Medical Center (H RMC) undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Warren, Morris and Sussex counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing service area residents. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. Hackettstown Regional Medical Center contracted with Holleran, a research and consulting firm based in Lancaster, Pennsylvania, to execute this project. The completion of the CHNA enabled HRMC to take an in-depth look at its community. The findings from the assessment were utilized by the Center to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Hackettstown Regional Medical Center is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component. However, this is not meant to be a completely inclusive summary of each report, but rather an overview that highlights statistics worth noting within each report. CHNA Components: Secondary Data Research, Key Informant Interviews, Prioritization Session, Implementation Plan. Key Community Health Issues: Hackettstown Regional Medical Center, in conjunction with community partners, examined the findings of the Secondary Data and Key Informant Interviews to select Key Community Health Issues. The following issues were identified: Access to Care, Chronic Disease Management, Coordination of Care, Mental Health, Prioritized Community Health Issues. Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Hackettstown Regional Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts in January 2016. This document will be shared with the public shortly thereafter.</p>
Morristown Medical Center	Part V, Section B, Line 6a St. Clare's Health System
Overlook Medical Center	Part V, Section B, Line 6a Newton Medical CenterTrinitas Regional Medical Center
Newton Medical Center	Part V, Section B, Line 6a Saint Clare's Health System

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Chilton Medical Center	Part V, Section B, Line 6a No other hospital facilities
Atlantic Rehabilitation Institute	Part V, Section B, Line 6a St Clare's Health System
Hackettstown Medical Center	Part V, Section B, Line 6a No other hospital facilities
Morristown Medical Center	Part V, Section B, Line 6b Caring PartnersChild & Family Resources (CFR)Community MemberC ontact We CareDiabetes Foundation, Inc East Hanover TownshipF M Kirby Children's CenterFa mily Intervention ServicesGay Activist Alliance in Morris CountyGood GriefGrow it Green Mo rristownHanover Township Board of HealthHanover Township SchoolHomeless SolutionsInroads t o OpportunitiesInterfaith Food PantryLincoln Park Health DepartmentMadison Area YMCAMadiso n Board of HealthMadison Health DepartmentMCOHAMCPIK/CARESMended Hearts of Morris CountyMo ntal Health Association of Morris CountyMorris- Somerset Regional Chronic Disease and Canc er CoalitionMorris County Department of Human ServicesMorris County Family Success Center Partnership forMaternal and Child HealthMorris County Park CommissionMorris Regional Publi c Health PartnershipMorris Township Health DepartmentMount Olive TownshipNew Jersey Conser vation FoundationNew Bridge ServicesNJ 211NORWESCAPNovo NordiskPanera BreadPartnership for Maternal and Child Health of NNJPequannock Health DepartmentRandolph Township Health Depa rtmentRockaway Township Health DepartmentScreen For LifeShoprite Lincoln ParkSNAP-ED Rutger s UniversitySpringfield Health DepartmentThe Greater Morristown YMCATransOptionsUnited Way of Northern New JerseyVisting Nurse Association of New JerseyVoorhees Transportation Cent er/Nj Health Impact CollaborativeWind of the SpiritZufall Health Center
Overlook Medical Center	Part V, Section B, Line 6b American Cancer SocietyBoard of Health- ClarkBorough of Rosell eBridgeway Rehabilitation ServicesCASA of Union CountyCatholic Charities of Archdiocese of NewarkCerebral Palsy LeagueCity of Elizabeth, Dept of Health & Human ServicesCity or Rahw ayCommunity Access UnlimitedCommunity Coordinated Child CareContact We CareCuremonosDiabe tes Foundation, Inc Division of Human ServicesEhrhart Gardens-UnionElizabeth Coalition to House the HomelessEnright Melanoma FoundationFamily & Children's ServicesFamily Interventi on ServicesFanwood-Scotch Plains YMCAGateway Family YMCAGroundwork USAHoly Redeemer Home C areHozion Blue Cross Blue Shield of NJImagine, A Center for Coping with LossInroads to Op portunitiesInterweaveJewish Community Center of Central NJJefferson Park MinistriesJeffero n Park Pre-SchoolJewish Family Service of MetroWest NJJewish Family Service of Central NJJ osephine's PlaceJunior League SummitLegal Services of New JerseyLegal Services of NJLiving ston Board of HealthMadison Health DepartmentMiddlesex County Office of Health ServicesMob ile Meals of WestfieldNeighborhood HouseNew Jersey State YMCA AllianceNew Providence Munic ipal Building New Providence Senior CitizensNJ Alliance of YMCAsNorth Jersey Consultation CenterNorth Jersey Health CollaborativePartnerhip for Maternal & Child HealthPathwaysPilgr im Baptist ChurchPlainfield Neighborhood HealthPrevention LinksPROCEED, IncResolve Commu nity Counseling CenterRoselle Day Care CenterRobert Wood Johnson Foundation-RahwaySAGE Eld ercareSenior Citizens CouncilShopriteSouth Mountain YMCASummit Area Public Foundation Summ it Area YMCASummit Public SchoolsSummit YMCASusan G Komen North Jersey The ARCCity of Summ itThe Elizabethport Presbyterian CenterThe Gateway Family YMCAThe Summit ConservancyUCMJ-D ivision of Social ServicesUnion County DHSUnion County Office of Health ManagementUnion Co unty SNAP - ED ProgramUnion County WorkeForceDevelopment BoardSAGE Elder CareSenior Citiz ens CouncilShop RiteSouth Mountain YMCASummit Area Public Foundation Summit Area YMCA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Newton Medical Center	
Chilton Medical Center	Part V, Section B, Line 6b Alzheimer's Association American Cancer Society American Lung Association Cedar Crest Christian Health Care Center Clifton Health Dept Home Instead Senior Care Information Network on Aging New Bridge Services NJ School Nurses Association Passaic County Dept of Health Pequannock Health Dept Push to Walk Ringwood Health Dept ShopRite of Wayne United for Prevention United Way of Passaic County Wayne Health Dept Wayne Social Services Wayne Township Alliance West Milford Health Dept
Atlantic Rehabilitation Institute	Part V, Section B, Line 6b Caring Partners Child & Family Resources (CFR) Community Member Contact We Care Diabetes Foundation, Inc East Hanover Township F M Kirby Children's Center Family Intervention Services Gay Activist Alliance in Morris County Good Grief Grow it Green Morristown Hanover Township Board of Health Hanover Township School Homeless Solutions Inroads to Opportunities Interfaith Food Pantry Lincoln Park Health Department Madison Area YMCA Madison Board of Health Madison Health Department MCOHAMCPIK/CARES Mended Hearts of Morris County Mental Health Association of Morris County Morris- Somerset Regional Chronic Disease and Cancer Coalition Morris County Department of Human Services Morris County Family Success Center Partnership for Maternal and Child Health Morris County Park Commission Morris Regional Public Health Partnership Morris Township Health Department Mount Olive Township New Jersey Conservation Foundation New Bridge Services NJ 211 NORWESCAP Novo Nordisk Panera Bread Partnership for Maternal and Child Health of NJ Pequannock Health Department Randolph Township Health Department Rockaway Township Health Department Screen For Life Shoprite Lincoln Park SNAP-ED Rutgers University Springfield Health Department The Greater Morristown YMCA TransOptions United Way of Northern New Jersey Visiting Nurse Association of New Jersey Voorhees Transportation Center/Nj Health Impact Collaborative Wind of the Spirit Zuffall Health Center
Hackettstown Medical Center	Part V, Section B, Line 6b No other organizations other than hospital facilities
Morristown Medical Center	Part V, Section B, Line 11 All significant needs identified in the the most recently conducted CHNA in 2016 were identified and are being addressed in the Atlantic Health Community Needs Assessment Implementation Plan for 2016 which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Medical Center In addition the 2013 CHNA Implementation Plan - Final Report & Evaluation which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Chilton Medical Center was issued in 2016

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Overlook Medical Center	
Newton Medical Center	Part V, Section B, Line 11 All significant needs identified in the the most recently conducted CHNA in 2016 were identified and are being addressed in the Atlantic Health Community Needs Assessment Impementation Plan for 2016 which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Medical Center In addition the 2013 CHNA Implementation Plan - Final Report & Evaluation which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Chilton Medical Center was issued in 2016
Chilton Medical Center	Part V, Section B, Line 11 All significant needs identified in the the most recently conducted CHNA in 2016 were identified and are being addressed in the Atlantic Health Community Needs Assessment Impementation Plan for 2016 which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Medical Center In addition the 2013 CHNA Implementation Plan - Final Report & Evaluation which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Chilton Medical Center was issued in 2016
Atlantic Rehabilitation Institute	Part V, Section B, Line 11 All significant needs identified in the the most recently conducted CHNA in 2016 were identified and are being addressed in the Atlantic Health Community Needs Assessment Impementation Plan for 2016 which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Medical Center In addition the 2013 CHNA Implementation Plan - Final Report & Evaluation which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Chilton Medical Center was issued in 2016
Hackettstown Medical Center	Part V, Section B, Line 11 All significant needs identified in the the most recently conducted CHNA were identified and are being addressed in the Atlantic Health Community Needs Assessment Impementation Plan for 2016 which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Morristown Medical Center	
Overlook Medical Center	Part V, Section B, Line 20e 1 Information regarding Atlantic Health System's Financial Assistance Policy will be provided to the public in consumer-friendly terminology and in a language the patient can understand 2 Invoices to patients will include information related to the availability of financial assistance and how the patient can obtain further information and apply for financial assistance 3 Information on financial assistance will be posted in appropriate Patient Access sites with instructions on how patients can obtain information on financial assistance and apply for available programs 4 Staff interacting with patients will receive training regarding financial assistance programs, how to communicate these programs to patients and how to direct patients to appropriate financial counseling staff 5 Staff providing financial counseling will receive training to treat patients seeking financial assistance with courtesy, confidentiality and cultural sensitivity 6 Translation services will be made available as needed
Newton Medical Center	Part V, Section B, Line 20e 1 Information regarding Atlantic Health System's Financial Assistance Policy will be provided to the public in consumer-friendly terminology and in a language the patient can understand 2 Invoices to patients will include information related to the availability of financial assistance and how the patient can obtain further information and apply for financial assistance 3 Information on financial assistance will be posted in appropriate Patient Access sites with instructions on how patients can obtain information on financial assistance and apply for available programs 4 Staff interacting with patients will receive training regarding financial assistance programs, how to communicate these programs to patients and how to direct patients to appropriate financial counseling staff 5 Staff providing financial counseling will receive training to treat patients seeking financial assistance with courtesy, confidentiality and cultural sensitivity 6 Translation services will be made available as needed
Chilton Medical Center	Part V, Section B, Line 20e 1 Information regarding Atlantic Health System's Financial Assistance Policy will be provided to the public in consumer-friendly terminology and in a language the patient can understand 2 Invoices to patients will include information related to the availability of financial assistance and how the patient can obtain further information and apply for financial assistance 3 Information on financial assistance will be posted in appropriate Patient Access sites with instructions on how patients can obtain information on financial assistance and apply for available programs 4 Staff interacting with patients will receive training regarding financial assistance programs, how to communicate these programs to patients and how to direct patients to appropriate financial counseling staff 5 Staff providing financial counseling will receive training to treat patients seeking financial assistance with courtesy, confidentiality and cultural sensitivity 6 Translation services will be made available as needed
Atlantic Rehabilitation Institute	Part V, Section B, Line 20e 1 Information regarding Atlantic Health System's Financial Assistance Policy will be provided to the public in consumer-friendly terminology and in a language the patient can understand 2 Invoices to patients will include information related to the availability of financial assistance and how the patient can obtain further information and apply for financial assistance 3 Information on financial assistance will be posted in appropriate Patient Access sites with instructions on how patients can obtain information on financial assistance and apply for available programs 4 Staff interacting with patients will receive training regarding financial assistance programs, how to communicate these programs to patients and how to direct patients to appropriate financial counseling staff 5 Staff providing financial counseling will receive training to treat patients seeking financial assistance with courtesy, confidentiality and cultural sensitivity 6 Translation services will be made available as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Hackettstown Medical Center	

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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 1 - MMC Surgical Center 111 MADison Avenue - 2nd Floor Morristown, NJ 07960	Surgical Center
1 2 - Overlook Hospital Satellite ED 1000 Galloping Hill Road Union, NJ 07083	Off-Site Ambulatory Care Facility
2 3 - OP Radiology at 435 435 South Street Morristown, NJ 07960	Radiology Services
3 4 - CTR Rheumatic Disease 435 South Street- Suite 220A Morristown, NJ 07962	Physican Practice
4 5 - Overlook Medical Center Imaging 1000 Galloping Hill Road Union, NJ 07083	Imaging Services
5 6 - Carol W Breast Screening Center 435 South Street Morristown, NJ 07962	Preventive Care
6 7 - MMC Imaging Center 111 Madison Avenue - 4th Floor Morristown, NJ 07962	Imaging Services
7 8 - Associates in Cardiovascular Disease 211 Mountain Ave Springfield, NJ 07081	Cardiology Group
8 9 - CV Imaging Medicor 225 Jackson Street Bridewater, NJ 08807	Imaging Services
9 10 - Cardiac Image 95 Madison Avenue - Suite B07 Morristown, NJ 07960	Cardiac Imaging
10 11 - The Infusion Center 8 Saddle Road - Suite 202 Cedar Knolls, NJ 07927	Infusion Center
11 12 - Cardiac Imaging CT 435 South Street Morristown, NJ 07962	Imaging Services
12 13 - MMC OP Radiology at 310 Madison 310 MADison Avenue Morristown, NJ 07960	Radiology Services
13 14 - Atlantic Rehabilitation 550 Central Ave New Providence, NJ 07974	Rehab Services
14 15 - Imaging Center-Atlantic Cardiology 8 Tempe Wick Rd Mendham, NJ 07945	Imaging Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
16 16 - Chilton Medical Center Laboratory 1900 Union Valley Road Suites 302 303 Hewitt, NJ 07421	Laboratory Services
1 17 - Cardiac Imaging - North Morrist 356 Route 46 Mountain Lakes, NJ 07046	Cardiac Imaging
2 18 - Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Physician Practice
3 19 - Cardiac Imaging at Cedar Knolls - OP 11 Saddle Road Cedar Knolls, NJ 07927	Imaging Services
4 20 - Associates in Cardiovascular Disease 571 Central 115 New Providence, NJ 07974	Cardiology Group
5 21 - Imaging- Florham Park 10 James Street Florham Park, NJ 07932	Imaging Services
6 22 - MMC Eden Lane Radiation Oncology 16 Eden Lane Whippany, NJ 07981	Oncology Group
7 23 - Center for Physical Therapy & Sports Reh 111 Madison Avenue - 1st Floor Morristown, NJ 07960	Rehab Services
8 24 - Overlook-Vascular Lab at Union 1000 Galloping Hill Road Union, NJ 07083	Vascular Lab Services
9 25 - MMC Wound Care 435 South Street - Suite 320 Morristown, NJ 07962	Wound Care
10 26 - Sleep Disorder Center of MMC 95 Mt Kemble Avenue - 5th Floor Morristown, NJ 07962	Sleep Disorder
11 27 - Adult Family Practice 435 South Street -S 3rd Floor Morristown, NJ 07962	Physician Practice
12 28 - CV Imaging Mt Arlington 400 Valley Road - Suite 102 Mt Arlington, NJ 07856	Imaging Services
13 29 - Advanced Care Oncology & Hematology 385 Morris Ave - Suite 100 Springfield, NJ 07081	Oncology Group
14 30 - Pain Center 95 Madison Avenue - Suite 402 Morristown, NJ 07962	Pain Management

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
31 31 - Cardiac Imaging at Union -Suburban Group 1000 Galloping Hill Road Union, NJ 07083	Cardiac Imaging
1 32 - Milford Health & Wellness 111 East Catherine Street Suite 130 Milford, PA 18337	Wellness Center
2 33 - Overlook-Wound Healing Center at Union 1000 Galloping Hill Road Union, NJ 07083	Wound Care
3 34 - Chilton Health Network at 242 West Pkwy 242 West Parkway Pompton Plains, NJ 07444	Off-Site Ambulatory Care Facility
4 35 - Cardiac Imaging at MDA Cardiology 1511 Park Avenue - 2nd Floor South Plainfield, NJ 07080	Cardiac Imaging
5 36 - CV Imaging at Advance Cardiolgy 117 Seber Road Suite 1b Hackettstown, NJ 07840	Imaging Services
6 37 - OP Radiology at Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Radiology Services
7 38 - Overlook-Atlantic Laboratory - Union PSC 1000 Galloping Hill Road Union, NJ 07083	Laboratory Services
8 39 - Sparta Health & Wellness 89 Sparta Avenue - Suite 205 Sparta, NJ 07871	Wellness Center
9 40 - Pulmonary & Allergy Associates Technical 8 Saddle Road Cedar Knolls, NJ 07927	Pulmonary Group
10 41 - Cardiac Imaging at Cedar Knolls 11 Saddle Road Cedar Knolls, NJ 07927	Cardiac Imaging
11 42 - CV Imaging at Advance Cardiolgy 449 Mount Pleasant Ave - Suite 1 West Orange, NJ 07052	Imaging Services
12 43 - Cardiac Imaging at Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Daignostic Cardiology Group
13 44 - Atlantic Rehabilitation 1000 Galloping Hill Road Union, NJ 07083	Rehab Services
14 45 - Pulmonary Allergy Associates 1 Springfield Avenue Summit, NJ 07901	Pulmonary Group

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
46 46 - Urgent Care at Vernon 123 State Route 94 Venron, NJ 07462	Off-Site Ambulatory Care Facility-Closed 3/31/16
1 47 - Milford Urgent Care 111 East Catherine Street Suite 130 Milford, PA 18337	Urgent Care Center
2 48 - Sleep Diagnosis and Treatment Ctr-NMC 222 High Street Suite 105 Newton, NJ 07860	Off-Site Ambulatory Care Facility-Closed 7/1/16
3 49 - Diabetes Center Adult and Endocrinology 435 South Street - Suite 340 Morristown, NJ 07960	Wellness Center
4 50 - West Parkway Physical Therapy 22 West Parkway Pompton Plains, NJ 07080	Rehab Services
5 51 - Cardiac Rehab 435 South Street - Suite 160 Morristown, NJ 07962	Rehab Services
6 53 - Cardiovascular Imaging at Barone-Catania 89 Mountain Boulevard - Suite 200 Watchung, NJ 07069	Cardiovascular Iamging Center
7 54 - Chilton Health Network at Pike Drive 1 Pike Drive Wayne, NJ 07470	Off-Site Ambulatory Care Facility
8 55 - Overlook Imaging at One Springfield Ave 1 Springfield Avenue Summit, NJ 07901	Imaging Services
9 56 - Assoc Rehab ARI 95 Mt Kemble Avenue Morrsitown, NJ 07962	Rehab Services
10 57 - Cardiac Imaging at Dr Wall 50 Cherry Hill Road Parsippany, NJ 07054	Imaging Services
11 58 - Metobolic Medicine 435 South Street - Suite 330 Morristown, NJ 07960	Physican Practice
12 59 - Child Development Center 435 South Street - Suite 250 Morristown, NJ 07962	Child Development Center
13 60 - Cardiac Imaging 14 Smull Avenue - Suite 402 West Caldwell, NJ 07006	Imaging Services
14 61 - MMC Health Pavilion Vascular Serv 333 Mount Hope Road Rockaway, NJ 07866	Cardiology Group

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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 62 - Ped family Practice 200 South ST 200 South Street Morristown, NJ 07962	Pediatric Physician Practice
1 63 - Chatham Physical Therapy 14-B Roosevelt Avenue Chatham, NJ 07928	Rehab/Physical Therapy Services
2 64 - Atlantic Maternal Fetal 784-792 Chimney Rock Road Martinsville, NJ 08836	Imaging Services
3 65 - Vascular Imaging 182 South Street Morristown, NJ 07962	Imaging Services
4 66 - Clark Multicare - Radiology 100 Commerce Place Clark, NJ 07066	Radiology Services
5 67 - Imaging at Children's Orth & Sports 261 James Street Morristown, NJ 07960	Imaging Services
6 68 - Atlantic Maternal Fetal Medicine 333 Mount Hope Road Rockaway, NJ 07866	Obstetrics Group
7 69 - West Parkway Physical Therapy 22 West Parkway Parsippany, NJ 07080	Rehab Services
8 70 - Radiology Imaging Bio-Sport 720 US highway 202-206 Bridewater, NJ 08807	Radiology Services
9 71 - Overlook -Developmental Disabilities Ctr 1000 Galloping Hill Road Union, NJ 07083	Development Disabilities Center
10 72 - Radiology Services Sports Medicine 150 North Finley Ave C Basking Ridge, NJ 07920	Radiology Services
11 73 - Rippel Screening Breast Center Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Womens Health Group
12 74 - Geriatric Assessment Center 465 South Street Morristown, NJ 07962	Geriatric Services
13 75 - Cardiology Practice 100 Madison Avenue Morristown, NJ 07960	Cardiology Services
14 76 - Growth House 91 Plotts Road Newton, NJ 07860	Supportive Living Group Arrangement

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
76 77 - Respiratory Services MMC Health Pavili 333 Mount Hope Road Rockaway, NJ 07866	Pulmonary Therapy
1 78 - PALS House 272 Andover Sparta Road Newton, NJ 07860	Supportive Living Group Arrangement
2 79 - Northfield Infusion 741 Northfield Ave - Suite 202 West Orange, NJ 07052	Infusion Center
3 80 - The Family Health Center 200 South Street Morristown, NJ 07962	Ambulatory Care Facility
4 81 - Adult Cystic Fibrosis Center 435 South Street - Suite 350 Morristown, NJ 07962	Pulmonary Rehab Group
5 82 - Total Cardiology 1777 Hamburg Turnpike Suite 10 Wayne, NJ 07470	Cardiology Group
6 83 - Autism Center 435 South Street - Suite 255 Morristown, NJ 07962	Autism Support Group
7 84 - Pre-Procedural EvaluationOP Lab 435 South Street - Suite 140 Morristown, NJ 07962	OP Lab Services
8 85 - Newton Infusion 89 Sparta Avenue - Suite 207A Sparta, NJ 07871	Infusion Center
9 86 - Arthritis Center Pre-Joint Testing Cente 435 South Street - Suite 150 Morristown, NJ 07962	Pain Management
10 87 - Atlantic Health Sports Physical Therapy 333 Mount Hope Road Rockaway, NJ 07866	Rehab Services
11 88 - Cedar Crest One Cedar Crest-Medical Suite 2 Pompton Plains, NJ 07080	Off-Site Ambulatory Care Facility
12 89 - CV Imaging at PHANorthern NJ Cardiology 177 Hamburg Turnpike-Suite 10 Wayne, NJ 07470	Cardiac Imaging
13 90 - Cardiac Imaging at MDA Cardiology 215 North Ave Westfield, NJ 07090	Cardiac Imaging
14 90 - Atlantic Health Sports Phy Therapy-Rock 333 Mount Hope Road Rockaway, NJ 07866	Rehab Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
91 91 - Cardiac Imaging at MDA Cardiology 99 Beauvoir Avenue - Mac II Summit, NJ 07901	Cardiac Imaging
1 91 - PT NEW PROV AQUATIC 629 Central Avenue New Providence, NJ 07974	Rehab Services
2 92 - CV Imaging At Livingston 340 East Northfield Ave Suite 1D Livingston, NJ 07039	Imaging Services
3 92 - Newton Infusion Sparta Health & Wellness 89 Sparta Avenue - Suite 207A Sparta, NJ 07871	Wellness Center
4 93 - Imaging Center-Atlantic Cardiology 95 Madison Avenue - Suite 300 Morristown, NJ 07960	Imaging Services
5 93 - Urgent Care-MMCAHS 57 US Highway Route 46 Hackettstown, NJ 07840	Urgent Care Center - Closed 9/16/2016
6 94 - CV Imaging Medicor 331 Rt 206 Hillsborough, NJ 08844	Imaging Services
7 95 - Atlantic Behavioral Services 46-48 Beauvoir Avenue Summit, NJ 07901	Behavioral Health Services
8 96 - Atlantic Rehabilitation Institute 95 Mt Kemble Avenue Morristown, NJ 07962	Long Term Care Facility
9 97 - Atlantic Home Care and Hospice 111 East Catherine Street Suite 2400 Milford, PA 18337	Home Health Agency, Hospice Care Program
10 98 - Atlantic Home Care and Hospice 465 South Street Morristown, NJ 07960	Hospice Care Program and Home Health Agency
11 99 - Atlantic Maternal Fetal Med Bridgewater 784-792 Chimney Rock Road Martinsville, NJ 08886	Off-Site Ambulatory Care Facility
12 100 - Atlantic Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
13 101 - Atlantic Health Sleep Centers 95 Mt Kemble Avenue Morristown, NJ 07962	Off-Site Ambulatory Care Facility
14 102 - Morristown Medical Center Care Now 57 US Highway Route 46 Hackettstown, NJ 07840	Off-Site Ambulatory Care Facility

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
106 103 - Geriatric Assessment Center 435 South Street - Suite 390 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
1 104 - Cardiac Imaging at Florham Park 10 James Street Florham Park, NJ 07932	Off-Site Ambulatory Care Facility
2 105 - Cardiac Imaging at 435 South Street 435 South Street-Level 1 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
3 106 - Morristown Surgical Center at Madison Av 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
4 107 - MMC Radiology at 111 Madison Avenue 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
5 108 - MMC Internal Medicine Faculty Associates 435 South Street - Suite 360 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
6 109 - The Wound Care Center at MMC 435 South Street - Level 3 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
7 110 - The Medical Institute of New Jersey 11 Saddle Road Cedar Knolls, NJ 07927	Off-Site Ambulatory Care Facility
8 111 - Morristown Outpatient Radiology 310 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
9 112 - Overlook Health Services 1 Springfield Avenue Summit, NJ 07901	Off-Site Ambulatory Care Facility
10 113 - Ryan White HIV Clinic 200 South Street Morristown, NJ 07962	Physician Clinic
11 114 - HRMC's Counseling & Addiction Center 112 East Avenue Suite 9 Hackettstown, NJ 07840	Behavioral Health Services

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number
65-1301877

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 non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(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	38
3	Enter total number of other organizations listed in the line 1 table	3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I - Part I, Line #2	The organization uses due diligence for reviewing and selecting grant recipients and is comfortable that the grants are used for their intended purpose. All assistance and grants are reviewed and approved by senior management via the accounts payable cycle.

Additional Data

Software ID:
Software Version:
EIN: 65-1301877
Name: Atlantic Health System Inc Group Return

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
Alliance For Lupus Research 28 West 44th Street-Suite 501 New York, NY 10036	58-2492929	501(c)(3)	25,000				General Support
American Cancer Society 7 Ridgedale Avenue - Suite 103 Cedar Knolls, NJ 07927	13-1788491	501(c)(3)	40,259				General Support

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
American Heart Association 1 Union Street Suite 301 Robbinsville, NJ 086914183	13-5613797	501(c)(3)	20,000				General Support
American Lung Association of the Mid Atlantic 527 Plymouth Road Suite 415 Plymouth Meeting, PA 19462	13-1632524	501(c)(3)	6,000				General Support

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
Borough of Lincoln Park 34 Chapel Hill Road Lincoln Park, NJ 07035	22-6002031	501(c)(3)	10,000				General Support
Boys & Girls Club of Northwest NJ 153 Garside Avenue Wayne, NJ 07470	22-2169444	501(c)(3)	10,000				General Support

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
Boys & Girls Club of Northwest NJ 19 Oak Ave Pequannock, NJ 07444	22-2169444	501(c)(3)	18,115				General Support
Center for Prevention and Counseling 61 Spring Street3rd Floor Newton, NJ 07860	23-7387757	501(c)(3)	17,500				General Support

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
Challenge Day 2520 Stanwell Drive Suite 160 Concord, CA 94520	94-3386810	501(c)(3)	32,828				General Support
Chilton Medical Center Foundation 97 West Parkway Pompton Plains, NJ 07444	22-2883605	501(c)(3)	50,620				General Support

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
Cleveland Clinic ED Foundation P O Box 931653 Cleveland, OH 441931082	34-0714570	501(c)(3)	20,000				General Support
Coalition To Protect America's Health Care P O BOX 30211 Bethesda, MD 208240211	52-2253225	501(c)(3)	53,750				General Support

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
College of St Elizabeth 2 Convent Road Morristown, NJ 079606989	22-1529785	501(c)(3)	11,817				General Support
Fellowship Senior Living 8000 Fellowship Road Basking Ridge, NJ 07920	22-3146725	501(c)(3)	7,360				General Support

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
Good Grief 34 Elm Street Morristown, NJ 07960	20-0514996	501(c)(3)	15,000				General Support
Grow It Green Morristown 14 Maple Avenue Morristown, NJ 07960	22-4560703	501(c)(3)	10,000				General Support

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
Hackettstown Medical Center Foundation 651 Willow Grove Street Hackettstown, NJ 07840	22-2333410	501(c)(3)	568,000				General Support
Homecare Options 2 Market Street Paterson, NJ 07501	22-1589210	501(c)(3)	10,000				General Support

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
Hunterdon Medical Center Foundation 2100 Wescott Drive Flemington, NJ 08822	22-2526895	501(c)(3)	62,500				General Support
Lakeland Hills Family YMCA 100 Fanny Road Mountain Lakes, NJ 07046	22-1559438	501(c)(3)	10,000				General Support

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
Liberty Science Center 222 Jersey City Boulevard Jersey City, NJ 073054600	22-2302253	501(c)(3)	10,500				General Support
Mayo Performing Arts Center - Attn Cathy Roy 100 South Street Morristown, NJ 07960	22-3348540	501(c)(3)	25,000				General Support

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
Meadowlink 114 Park Place East WoodRidge, NJ 07075	22-2508337	501(c)(3)	20,000				General Support
Medical Needs Foundation P O Box 303 Mountain Lakes, NJ 07046	22-3599504	501(c)(3)	20,000				General Support

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
Metropolitan YMCA of the Oranges 139 East McClellan Ave Livingston, NJ 07039	22-1487387	501(c)(3)	10,000				General Support
New York Jets Foundation 845 Third Ave - 6th Floor New York, NY 10022	23-7108291	501(c)(3)	15,000				General Support

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
Newton Medical Center Foundation 175 High Street Newton, NJ 07860	22-2618102	501(c)(3)	13,275				General Support
NJSIAA 1161 Route 130 North P O Box 487 Robbinsville, NJ 08691	21-0638152	501(c)(3)	7,500				General Support

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
Overlook Medical Center Foundation 33 Overlook Rd SUMMIT, NJ 07901	51-0194054	501(c)(3)	51,400				General Support
Passaic County Casa for Children 415 Hamburg Turnpike Wayne, NJ 07470	20-8456398	501(c)(3)	37,208				General Support

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
Passaic Valley POP Lodge #181 576 Valley Road Suite 195 Wayne, NJ 07470	22-3802830	501(c)(7)	7,500				General Support
Professional Assistance Program of NJ 742 Alexander Road-Suite 105 Princeton, NJ 08540	20-2798387	501(c)(3)	19,000				General Support

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
Rutgers University - Rutgers CRSSA 14 College Farm Rd New Brunswick, NJ 08901	52-1182677	501(c)(3)	10,000				General Support
Society of Former Special Agents of the 3717 Fettle Park Drive Dumfries, VA 220252048	20-4716067	501(c)(3)	7,500				General Support

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
Somerset Healthcare Foundation 110 Rehill Ave Somerville, NJ 08873	22-3294408	501(c)(3)	10,000				General Support
Susan G Komen Race For the Cure 44 Middle Ave - 2nd Floor Summit, NJ 07901	22-3528454	501(c)(3)	15,000				General Support

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
Township of Hanover 100 Route 10 Whippany, NJ 07981	22-6001855	501(c)(3)	10,000				General Support
United Way of Northern NJ 22 Ridgedale Avenue Cedar Knolls, NJ 07927	22-1487247	501(c)(3)	6,000				General Support

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
United Way of Passaic County 201 Main St Paterson, NJ 07501	22-6070498	501(c)(3)	10,000				General Support
WAMMC 100 Madison Ave Morristown, NJ 079621956	22-3392808	501(c)(3)	19,685				General Support

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
YMCA of Eastern Union County 144 Madison Ave Elizabeth, NJ 07201	22-1487381	501(c)(3)	10,000				General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number
65-1301877

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes in 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.</p>	Yes	
<p>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 in line 1a?</p>	Yes	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	Yes	
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p> <p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No
<p>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:</p> <p>a The organization?</p>	Yes	
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No
<p>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.</p>		No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 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				
See Additional Data Table							

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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 65-1301877
Name: Atlantic Health System Inc Group Return

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1a	The organization pays for and/or provides auto leases/auto allowances, life insurance premiums, long term disability premiums, financial planning services and health club membership fees for certain officers, directors and key employees. Such payments made on behalf of these individuals are generally grossed up and inputed and included as taxable compensation in their respective W-2's. The organization provided the following individuals with an auto allowance or an auto lease during 2016: Kevin Lenahan 10,800, Michael Regier 10,800, Alan Lieber 10,800, Jan Schwarz-Miller 10,800, Joseph Di Paolo 10,800, Linda Reed 1,246, Madeline Ferraro 10,800, Thomas Senker 12,000, Deborah Zastocki 10,800, Stanley Fiel 350, Walter Rosenfeld 5,885, William Neigher 2,365. The organization provided the following individuals with Country Club Memebership dues during 2016: Joseph Di Paolo 1,178. The organization provided the following individuals with Executive Physical Exams during 2016: Brian Gagnolati 7,500, Thomas Kloos 7,500, Jason Coe 7,500, Terence French 7,500, Sheilah O'Halloran 7,500.

Part III, Supplemental Information

Return Reference	Explanation
Part I, Lines 4a-b	<p>The organization provides a supplemental non-qualified retirement plan for officers (457f plan) During 2016, the following officers received vested distributions in the non-qualified retirement plan Such distributions were included in Box 1 of their respective W-2's Madeline Ferraro 87,369 Alan Lieber 152,006 Linda Reed (Term 2/6/16) 965,935 2016 Mid Career Hire Plan Earned Credits The following Officers earned credits in their non-qualified retirement plan-457(f) plan known as the Mid-Career Hire Plan (MCHP) 1- Kevin Lenahan \$160,135 2- Jan Schwartz-Miller \$15,991 The above amounts represent earned credits which have not vested and were not included in their respective 2016 W-2 compensation However, the earned credits were included as Other Compensation in Column (F) of Part VII and as Deferred Compensation in Column (C) of Part II, Schedule J of the 2016 IRS 990 tax return per IRS guidance Once the officer meets the applicable vesting criteria of the plan, the MCHP credits will be included as taxable compensation in their respective W-2's of that year</p> <p>2016 Supplemental Executive Retirement Plan (SERP) Earned Credits During 2016, Atlantic Health implemented a non-qualified Supplemental Executive Retirement Plan (SERP) paid entirely by Atlantic Health System The SERP is provided to individuals that hold an executive position with Atlantic Health System The SERP is in addition to benefits provided under the Atlantic Health System 403(b) and the Cash Balance plan if hired prior to December 15, 2013 During 2016, the following Officers (Executives) received SERP credits Brian Gragnolati Steven Sheris, MD Katharine Driebe Sheila O'Halloran Alan Lieber Patricia O'Keefe Joseph Di Paolo Paul Marmora Kimberly Simensen Joseph Wilkins Valerie Simon Nikki Sumpter Thomas Kloos James Barr Karen Flaherty-Oxler Terrance French Eva Goldberg Lisa Monfredi Stephanie Schwartz David Schreck Maureen Bueno The above amounts represent earned credits which have not vested and were not included in their respective 2016 W-2 compensation However, the earned credits were included as Other Compensation in Column (F) of Part VII and as Deferred Compensation in Column (C) of Part II, Schedule J of the 2016 IRS 990 tax return per IRS guidance Once the officer meets the applicable vesting criteria of the plan, the SERP credits will be included as taxable compensation in their respective W-2's of that year</p>

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 6	An annual incentive plan exists for the senior management team. The incentive plan distributes bonuses to the senior management team based on performance results on various performance measurements. The performance measurements include operating gain/loss, expense per adjusted admission, patient satisfaction scores, inpatient and outpatient volumes, employee engagement scores, quality and safety results. The above performance measures have the following three specific performance goals in order to determine any incentive award: Threshold Target Maximum

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4a	Andrew Kovach - Separation Agreement Effective as of October 1, 2015 (the Separation Date), Mr Kovach's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Mr Kovach \$24,000 bi-weekly by way of regular payroll check on Atlantic Health's regular pay day for 104 weeks until employee receives the total sum of \$1,248,000. Mr Kovach will receive a 2015 prorated incentive award, relating to period through the separation date, at the present achieved in 2014. This will be paid in calendar year 2016 when incentive awards are paid for all other officers of employer. Atlantic Health will pay the COBRA premium allocated for Mr Kovach's current group medical and dental benefits less employee contribution commencing on the Separation Date and continuing through October 31, 2017. The payment is applicable only to employees who were receiving such benefits as of the date they were informed of their termination. Benefits under Atlantic Health's Pension Plan shall be administered in accordance with the terms of the plan.

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4a	Deborah Zastocki - Separation Agreement Effective August 1, 2015 (the Separation Date), Ms Zastock's employment from Atlantic Health was terminated Atlantic Health will pay Ms Zastock \$20,258 bi-weekly by way of regular payroll check on Atlantic Health's regular pay day for 104 weeks until employee receives the total sum of \$1,053,400 Atlantic Health will pay the COBRA premium allocated for Ms Zastocki's current group medical and dental benefits less employee contribution commencing on the Separation Date and continuing through August 31, 2017 The payment is applicable only to employees who were receiving such benefits as of the date they were informed of their termination Pension benefits shall be administered in accordance with the terms of the plan

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4a	Michael Regier - Separation Agreement Effective January 1, 2016,(Separation Date) Mr Regier's employment with Atlantic Health was terminated Mr Regier's last date worked was December 3, 2015 Mr Regier continued to receive regular pay until December 31, 2015 Atlantic Health will pay Mr Regier \$22,308 -bi-weekly by way of regular payroll check on Atlantic Health's regular pay day for 52 weeks until employee receives a total sum of \$580,008 Atlantic Health will pay the COBRA premium allocated for Mr Regier's current group medical and dental benefits less his contribution commencing on the separation date and continuing through December 31, 2016 Mr Regier will receive his 2015 incentive award in the amount of \$179,800 with 2 weeks of this agreement ($\$580,008 \times 31\% = \$179,800$) Mr Regier shall be paid a lump sum (less required deductions) for paid time off benefits equal to 14 99 hours Benefits under Atlantic Health's Cash Balance Pension Plan shall be administered in accordance with the terms of the plan

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4a	<p>Thomas Senker - Separation Agreement Effective as of July 1, 2014 (the "Inactive Status Date"), Mr Senker went on inactive status with Atlantic Health From the Inactive status date until the Separation Date, such period referred to as the "Inactive Status Period", Mr Senker was under no obligation to provide services to Atlantic Health During the inactive status period of Mr Senker's employment, he shall be paid base compensation at the rate of \$450,000 per year, such base compensation rate to be retroactive to January 1, 2014 In addition, during the inactive status period, Mr Senker shall continue to participate in all employee benefit programs in which he is participating in as of the date of execution of this agreement and to receive current emoluments, including, without limitation, an automobile allowance and cell phone and other mobile device access which employee is receiving as of the date of execution of this agreement, as though Mr Senker were an active employee Effective January 1, 2015 (separation date), Mr Senker's employment with Atlantic Health was terminated Atlantic Health will pay Mr Senker \$8,653.85 bi-weekly by way of regular payroll check on Atlantic Health's regular pay day for 104 weeks until employee receives the total sum of \$450,000 Atlantic Health will pay COBRA premium allocated for Mr Senker's current group medical and dental benefits less employee contribution commencing six (6) months after the separation date continuing through December 31, 2016 Mr Senker shall continue to receive an automobile allowance and cell phone and other mobile device access which employee is receiving as of the date of execution of this agreement through December 31, 2015 Benefits under Atlantic Health's Cash Balance Pension Plan shall be administered in accordance with the terms of the plan</p>

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4a	William Neigher - Separation Agreement Effective as of August 1, 2015 (the Separation Date), Mr Neigher's employment with Atlantic Health was terminated Atlantic Health will pay Mr Neigher \$14,251 bi-weekly byway of regular payroll check on Atlantic Health's regular pay day for 52 weeks until he receives the total sum of \$370,515 Mr Neigher will receive a lump sum amount of \$51,088 per the letter dated and sent on August 12, 2012, which will be paid through the Atlantic Health payroll system on the next regular pay date Mr Neigher will receive his IPAD, phone and computer Mr Neigher will receive a 2015 prorated incentive award at 37.3% of base salary This will be paid with incentives as paid for all officers Atlantic Health will pay the COBRA premium allocated for Mr Neigher's current group medical and dental benefits less employee contribution commencing on the Separation Date and continuing through August 31, 2016 The payment is applicable only to employees who were receiving such benefits as of the date they were informed of their termination Benefits under Atlantic Health's Cash Balance Pension Plan shall be administered in accordance with the terms of the plan

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				
1 Brian Gragnolati President & CEO	(i)	1,288,172	625,000	81,230	304,968	12,088	2,311,458	625,000
	(ii)	0	0	0	0	0	0	0
1 Kevin Lenahan SVP-CFO & Admin Officer	(i)	793,695	299,300	27,740	178,685	16,367	1,315,787	299,300
	(ii)	0	0	0	0	0	0	0
2 James Smith Director-Atlantic Amb	(i)	209,635	40,400	637	15,192	8,076	273,940	40,400
	(ii)	0	0	0	0	0	0	0
3 Joseph Di Paolo President - NMC	(i)	455,735	176,500	40,031	105,043	13,994	791,303	176,500
	(ii)	0	0	0	0	0	0	0
4 Katharine Dnebe VP - Finance Eff 8/21/16	(i)	339,547	62,900	0	56,602	16,367	475,416	62,900
	(ii)	0	0	0	0	0	0	0
5 Stanley Fiel PAMG-Trustee	(i)	616,194	105,700	987	23,850	12,088	758,819	105,700
	(ii)	0	0	0	0	0	0	0
6 Walter Rosenfeld PAMG-Trustee/Officer	(i)	574,919	93,500	41,604	29,150	14,039	753,212	93,500
	(ii)	0	0	0	0	0	0	0
7 William Dowling PAMG-Trustee	(i)	673,260	121,600	10,869	0	0	805,729	121,600
	(ii)	0	0	0	0	0	0	0
8 Sheilah O'Halloran VP-Ass't Gen Council Eff 4/17/16	(i)	440,358	51,700	45,191	72,513	12,088	621,850	51,700
	(ii)	0	0	0	0	0	0	0
9 Jan Schwartz-Miller SVP-Chief Medical & Academy	(i)	621,064	220,400	50,117	50,441	13,994	956,016	220,400
	(ii)	0	0	0	0	0	0	0
10 Steve Shens MD PAMG-Trustee/Officer SVP-Phys Enterp	(i)	673,259	52,620	58,264	102,536	16,367	903,046	0
	(ii)	0	0	0	0	0	0	0
11 Peter Bolo MD PAMG-Trustee	(i)	388,000	67,600	8,130	23,850	16,294	503,874	67,600
	(ii)	0	0	0	0	0	0	0
12 Joan Boomsma MD PAMG-Trustee Term 8/6/16	(i)	317,138	96,300	308	0	0	413,746	96,300
	(ii)	0	0	0	0	0	0	0
13 Monica Centanni MD PAMG-Trustee	(i)	241,034	0	72,865	9,275	10,159	333,333	0
	(ii)	0	0	0	0	0	0	0
14 Greg Mulford MD PAMg-Trustee	(i)	457,065	87,800	22,419	7,950	16,367	591,601	87,800
	(ii)	0	0	0	0	0	0	0
15 Joseph Cirello MD PAMG-Trustee	(i)	168,143	72,300	45,432	10,394	16,367	312,636	72,300
	(ii)	0	0	0	0	0	0	0
16 Samantha Pozner MD PAMG-Trustee	(i)	213,140	47,865	125,511	0	0	386,516	0
	(ii)	0	0	0	0	0	0	0
17 Chris Zipp MD PAMG-Trustee	(i)	392,242	75,700	3,615	13,250	14,415	499,222	75,700
	(ii)	0	0	0	0	0	0	0
18 Mano Capio MD Trustee-AHS Term 10/20/16	(i)	395,220	0	62,131	0	0	457,351	0
	(ii)	0	0	0	0	0	0	0
19 Steve Maser MD Trustee-AHS	(i)	242,069	0	12,000	0	0	254,069	0
	(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				
21M Veronica Daly MD Trustee-AHS	(i)	343,659	57,500	637	7,950	8,101	417,847	0
	(ii)	0	0	0	0	0	0	0
1Terry Forde President & CEO, AHC 1/1/16-3/31/16	(i)	197,714	0	1,188	9,947	18,835	227,684	0
	(ii)	0	0	0	0	0	0	0
2Jason C Coe Pres-HMC Ending 1/1/16 - 9/12/16	(i)	324,014	247,095	40,269	3,322	16,253	630,953	0
	(ii)	0	0	0	0	0	0	0
3Paul Marmora VP- Ambulatory Serv Eff 8/21/16	(i)	422,814	80,700	15,083	70,817	16,367	605,781	80,700
	(ii)	0	0	0	0	0	0	0
4Alan LieberPresident - OMC	(i)	558,852	235,000	186,056	23,910	14,342	1,018,160	235,000
	(ii)	0	0	0	0	0	0	0
5Patricia O'Keefe President-MMC Eff 4/17/16	(i)	477,490	158,200	64,170	119,019	12,088	830,967	158,200
	(ii)	0	0	0	0	0	0	0
6Linda Reed CIO-Terminated 2/6/2016	(i)	64,560	191,300	968,478	0	0	1,224,338	191,300
	(ii)	0	0	0	0	0	0	0
7Madeline Ferraro VP - Gov't & Public	(i)	298,149	123,700	109,970	23,850	12,486	568,155	123,700
	(ii)	0	0	0	0	0	0	0
8Kimberly Simensen SVP-Sys & Network Planning	(i)	441,667	50,000	157,315	78,885	14,039	741,906	0
	(ii)	0	0	0	0	0	0	0
9Joseph Wilkins SVP-Chief Trans Officer-Eff 10/1/16	(i)	115,243	50,000	23,095	22,634	14,039	225,011	0
	(ii)	0	0	0	0	0	0	0
10Valene Simon VP-Marketing & Comm Eff 6/27/16	(i)	118,701	0	8,032	13,318	15,420	155,471	0
	(ii)	0	0	0	0	0	0	0
11Thomas Kloos President-ACO	(i)	422,348	90,000	49,183	64,541	12,088	638,160	0
	(ii)	0	0	0	0	0	0	0
12James Barr VP-Clinical Intelligence	(i)	467,906	101,000	36,912	68,936	16,294	691,048	0
	(ii)	0	0	0	0	0	0	0
13Terrance French VP-Strat Dev & Net Aff Eff 4/4/16	(i)	228,521	0	15,213	24,567	15,420	283,721	0
	(ii)	0	0	0	0	0	0	0
14Lisa Monfredi VP- Revenue Cycle Eff 8/21/16	(i)	327,903	60,900	636	63,324	14,415	467,178	0
	(ii)	0	0	0	0	0	0	0
15Stephanie Schwartz President CMC Eff 1/25/16	(i)	427,661	20,000	0	54,065	15,420	517,146	0
	(ii)	0	0	0	0	0	0	0
16Eva Goldenberg VP- Compliance & Audit	(i)	315,797	61,700	25,433	48,607	12,088	463,625	0
	(ii)	0	0	0	0	0	0	0
17Robert C Peterson CFO HCH 1/1/16-3/31/16	(i)	223,673	176,231	19,237	2,443	19,769	441,353	0
	(ii)	0	0	0	0	0	0	0
18Maureen Bueno VP-Chief Quality-Eff 11/13/16	(i)	291,795	60,000	0	35,179	0	386,974	0
	(ii)	0	0	0	0	0	0	0
19Joseph Ramien MD Chairman - OB/GYN Depart	(i)	582,309	105,100	1,430	29,150	12,088	730,077	105,100
	(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				
41 Rolando Rolandelli Chairman-Dep of Surgery	(i)	707,539	257,649	176,488	23,850	12,088	1,177,614	134,600
	(ii)	0	0	0	0	0	0	0
1 John Halpenn Director - MD	(i)	586,008	99,900	2,114	23,850	12,088	723,960	99,900
	(ii)	0	0	0	0	0	0	0
2 Kenneth Janowski CMO HCH 1/1/16 -3/31/16	(i)	241,905	118,400	25,441	2,645	14,723	403,114	0
	(ii)	0	0	0	0	0	0	0
3 Stella Visaggio COO HCH 1/1/16 - 3/31/16	(i)	235,024	177,508	22,801	2,562	15,137	453,032	0
	(ii)	0	0	0	0	0	0	0
4 Paul Starker Chairman-Dept of Surgery	(i)	928,236	91,000	2,114	18,550	11,517	1,051,417	91,000
	(ii)	0	0	0	0	0	0	0
5 Mark Widmann Physician	(i)	874,598	0	2,163	0	0	876,761	0
	(ii)	0	0	0	0	0	0	0
6 Daniel Tobias Physician	(i)	618,518	0	188,049	18,550	16,367	841,484	0
	(ii)	0	0	0	0	0	0	0
7 James Wong Chairman-Radiology Oncology	(i)	676,931	0	103,659	0	0	780,590	0
	(ii)	0	0	0	0	0	0	0
8 Eric Whitman Physician	(i)	659,220	82,900	59,924	0	0	802,044	82,900
	(ii)	0	0	0	0	0	0	0
9 Andrew Kovach VP Human Resources-Term 9/30/15	(i)	0	167,100	681,991	0	0	849,091	167,100
	(ii)	0	0	0	0	0	0	0
10 Thomas J Senker Former President-NMC- Term 1/1/15	(i)	0	0	265,229	0	0	265,229	0
	(ii)	0	0	0	0	0	0	0
11 Michael Regier Former VP-Legal Aff-Term 12/31/15	(i)	24,388	179,800	579,654	0	0	783,842	179,800
	(ii)	0	0	0	0	0	0	0
12 Deborah Zastocki Former Pres-CMC Term 8/1/15	(i)	0	0	535,118	0	0	535,118	0
	(ii)	0	0	0	0	0	0	0
13 William Neigher Former VP-System Dev Term 8/1/15	(i)	0	79,202	216,123	0	0	295,325	79,202
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number
65-1301877

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ Healthcare Facilities Series 2008B	22-1987084	64579FWP4	05-14-2008	88,555,000	To redeem revenue bonds		X		X		X
B	NJ Healthcare Facilities Series 2008C	22-1987084	64579FWQ2	05-14-2008	88,555,000	To redeem revenue bonds		X		X		X
C	NJ Healthcare Facilities Series 2008A	22-1987084	64579FWL3	05-14-2008	181,712,419	To redeem revenue bonds		X		X		X
D	NJ Healthcare Facilities Series 2011	22-1987084	64579FN82	05-17-2011	129,969,619	To redeem revenue bonds and payment for cap exp		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired					176,447,419		125,114,619	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	88,555,000		88,555,000		177,110,000		130,545,000	
4	Gross proceeds in reserve funds	246,973		246,973		493,946		761,426	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	510,043		510,043		1,329,584		1,970,739	
8	Credit enhancement from proceeds	65,914		65,914					
9	Working capital expenditures from proceeds							106,458,053	
10	Capital expenditures from proceeds								
11	Other spent proceeds	87,732,070		87,732,070		175,286,471		17,782,030	
12	Other unspent proceeds								
13	Year of substantial completion	2008		2008		2008		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of 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		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 070 %		1 070 %		1 070 %		1 070 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	1 070 %		1 070 %		1 070 %		1 070 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name NJ Healthcare Facilities Series 2011 Date the Rebate Computation was Performed 06/21/2016

Return Reference	Explanation
Series 2011 - Issue Price and Total Proceeds of Issue	Total Proceeds per Bond Issuance \$130,545,000 Net Original Discount (575,381) Total Issue Price per Form 8038, Line 21(b) \$129,969,619

Return Reference	Explanation
Series 2008A - Issue Price and Total Proceeds of Issuance	Total Proceeds per Bond Issuance \$177,110,000 Original Issue Premium on Series 2008A Bonds 4,602,419 Total Issue Price per Form 8038, Line 21(b) \$181,712,419

Return Reference	Explanation
Series 2016 - Issue Price and Total Proceeds of Issuance	Total Proceeds per Bond Issuance \$224,800,000 Original Issue Premium on Series 2016 Bonds 27,586,641 Total Issue Price per Form 8038, Line 21(b) \$252,386,641

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 Atlantic Health System Inc Group Return

Employer identification number
 65-1301877

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NJ Healthcare Facilities Series 2016	22-1987084	645790FA9	10-06-2016	252,386,641	To redeem revenue bonds		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	224,800,000			
4 Gross proceeds in reserve funds	3,717,628			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,782,471			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	219,299,901			
12 Other unspent proceeds				
13 Year of substantial completion	2016			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 070 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	1 070 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Department of the Treasury Internal Revenue Service

Name of the organization Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

Table with 4 main columns: (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 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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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) Elizabeth Lenahan	Refer to below	43,400	Performance Elizabeth Lenahan is the mother of Kevin Lenahan (Trustee and Officer) The organization compensated Elizabeth Lenahan \$43,400 during 2016 Transaction is considered to be negotiated at arms-length		No
(2) Robert Rooke	Refer to below	33,096	Performance Robert Rooke is the son of Ann Rooke (Trustee and Officer-AHS) The organization compensated Robert Rooke \$33,096 during 2016 Transaction is considered to be negotiated at arms-length		No
(3) Martinsville Family Prac	Refer to below	197,859	Performance Tony Frisoli, MD (Board Member - Trustee-PAMG) is a member/founding member of Martinsville Family Practice The organization paid Martinsville Family Practice \$197,859 during 2016 Transaction is considered to be negotiated at arms-length		No
(4) Mary Mulcahy	Refer to below	43,268	Performance Mary Mulcahy is the daughter of Robert E Mulcahy (Trustee-AHS) The organization compensated Mary Mulcahy \$43,268 during 2016 Transaction is considered to be negotiated at arms-length		No
(5) Katherine Monfredi	Refer to below	44,559	Performance Katherine Monfredi is the daughter of Lisa Monfredi (Officer-AHS) The organization compensated Katherine Monfredi \$44,559 during 2016 Transaction is considered to be negotiated at arms-length		No
(6) Jacqueline Hydock	Refer to below	71,479	Performance Jacqueline Hydock is the sister of Lisa Monfredi (Officer-AHS) The organization compensated Jacqueline Hydock \$71,479 during 2016 Transaction is considered to be negotiated at arms-length		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
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Department of the Treasury
 Internal Revenue Service
 Name of the organization
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	<p>The Organization's Group 990 tax return consists of the following exempt organizations comprising of a total of 39 voting trustees</p> <p>1 AHS Hospital Corp This organization primarily consists of major health care programs for five hospitals and its supporting administrative functions It comprises the majority of Atlantic Health Care System's resources in terms of operational, financial and management decision making Eleven (11) of the seventeen (17) voting trustees are deemed to be independent in conjunction with IRS guidance</p> <p>2 Atlantic Ambulance This organization is comprised primarily of ambulance transportation for emergency medical services Due to the rather small operations, five (5) of its (6) voting trustees represent management employees from an affiliated organization (AHS Hospital Corp) As a result, one (1) of the six (6) trustees are deemed to be independent</p> <p>3 Practice Associates Medical Group This organization consists of a physician group providing physician programs Fifteen (15) out of the sixteen (16) voting trustees are physicians and are generally affiliated with Atlantic Health System, Inc either through employment or by practice leasing agreements As a result, three (3) of the sixteen (16) voting trustees are deemed to be independent</p> <p>4 Hackettstown Community Hospital - Due to 4/1/16 merger with Atlantic Health System, trustees consist of those from Atlantic Health System at 12/31/16</p> <p>5 Hackettstown Regional Medical Center Emergency Medical Services, Inc - Due to 4/1/16 merger with Atlantic Health System, trustees consist of those from Atlantic Health System at 12/31/16</p> <p>6 Medical Center Partners, Inc - Due to 4/1/16 merger with Atlantic Health System, trustees consist of those from Atlantic Health System at 12/31/16</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	<p>Effective April 1, 2016, the Hackettstown Division was acquired from Adventist Healthcare, Inc ("Adventist") with the AHS Hospital Corp being substituted as the sole corporate member of Hackettstown Community Hospital. AHS Hospital Corp paid \$47,000,000 to purchase property, plant and equipment, along with minimal amounts of long-term investments, inventories, and assumed liabilities of the Hackettstown Division from Adventist. The change in control of the Hackettstown Division was accounted for by the Hospital as an acquisition under the Merger and Acquisition guidance for Not-for-Profit entities. Refer to Footnote #16 in the December 31, 2016 and 2015 AHS Hospital Corp consolidated financial statements for the detailed valuation breakout of the assets acquired, liabilities assumed and the net assets of the Hackettstown Division at April 1, 2016.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	As per the by-laws, each of the entities has one "member", that being Atlantic Health System, Inc. There are no other members or classes of membership whatsoever as indicated in the by-laws

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Atlantic Health System, Inc is the only "member" which wholly owns each of the entities As a result, Atlantic Health System, Inc may elect the members of the governing bodies for each of the entities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Atlantic Health System, Inc is the only "member" which wholly owns each of the entities As a result, Atlantic Health System, Inc approves the decisions of the governing bodies

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The 2016 IRS 990 was distributed to Senior Management and the Board of Trustees for their review. Any comments were addressed accordingly.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>We require disclosure of potential conflicts. This policy governs all personnel at Atlantic, including Board Members. Additionally, the Board Committee members must fill out annual disclosures with specific questions regarding potential conflicts. For potential conflicts involving employees, conflicts involving business relationships require prior disclosure and approval by the Compliance Officer (General Counsel). Conflicts involving Board members require approval from the Compliance Officer and the head of the Audit Committee, who may refer those conflicts to the Compliance Committee of the Board. Restrictions are fact-dependent, but may include recusal from deliberations regarding subject matter affected by the conflict.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>A review of officer compensation by an independent 3rd party (Mercer) is completed every year. The most recent survey was conducted in 2016. Officers reviewed include President and CEO AHS, SVP Chief Financial & Administrative Officer, SVP, Care Innovation & Technology, SVP, Chief Nursing & Patient Experience Officer, SVP, Chief Human Resource Officer, SVP, Integrated Care Delivery & CEO Hospital Division, SVP, System & Network Planning & Business Development, SVP, Physician Enterprise & President, AMG, SVP Quality & Chief Medical & Academic Officer, AHS, VP Government & Public Affairs, VP AHS & President OMC, VP AHS & President MMC, VP AHS & President CMC, VP AHS & President NMC, VP, President ACO, VP, Clinical Intelligence, VP Legal Affairs & General Counsel, VP, Marketing & Communications, VP, Compliance & Audit, VP Ambulatory Services, VP, Finance, VP, Revenue Cycle, VP, Strategic Development & network Affairs, VP, Chief Information Officer, VP, Insurance Networks. On behalf of Atlantic Health, Mercer conducts an annual total compensation survey based on appropriate comparability data for like positions in like organizations. The results of the survey are presented to the Executive Committee of the board which documents the findings and recommendations in committee minutes. Compensation for key physicians is determined by soliciting salary data from published sources. These salary recommendations are then approved by the Executive Committee of the board.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	Currently each site of the organization retains copies of the filed IRS 990 for the last three years and IRS Form 1023 with the most senior management's assistant. Public disclosure of these IRS 990's can be made at any time at each of the organization's sites. In addition, the 990 is posted on the website "www.foundationcenter.org" and "guidestar.org".

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization does not currently make it's financial statements open to public disclosure but the statement of financial position is available by accessing the Form 990 The governing documents and conflict of interest polices are not currently made available to the public

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Government grants used for capital purchases 282,775 Change in funded status of benefit plans -35,603,127 Contributions - Temp Restricted Net Assets 31,331,421 Donations - Perm Restricted Net Assets 810,459 Hackettstown Community Hospital - 1/1/16 - 3/31/16 -129,936 Hackettstown Regional Med Center Emergency Medical Serv - 1/1/16 - 3/31/16 464,146 Medical Center Partners, Inc - 1/1/16 - 3/31/16 169,382

990 Schedule O, Supplemental Information

Return Reference	Explanation
Entities in Group Return	The following entities comprise of this Group IRS 990 AHS Hosptial Corp EIN #52-1958352 Practice Associtates Medical Group EIN #20-2088165 Atlantic Ambulance Corp EIN #22-382028 8 Hackettstown Community Hospital EIN #22-6106281 Hackettstown Regional Medical Center Emergency Med Serv Inc EIN #27-0820164 Medical Center Partners, Inc EIN #45-4789273

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number

65-1301877

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

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

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

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	
(1) Morris Photopheresis 100 Madison Avenue Morristown, NJ 07960 22-3314012	Healthcare Research	NJ						No			No	
(2) Affiliated Collection Services LLC 17 Prospect Street Morristown, NJ 07960 27-0555659	Collection Services	NJ						No			No	
(3) Morristown Medical Investors 200 American Road Morris Plains, NJ 07950 65-0840535	Real Estate	NJ						No			No	
(4) Primary Care Partners LLC 475 South Street Morristown, NJ 07960 27-4980253	Physician Services	NJ						No			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.

See Additional Data Table

(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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
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	No
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	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
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	Yes

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

See Additional Data Table

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

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

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

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

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: 65-1301877
Name: Atlantic Health System Inc Group Return

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) 475 South Street Morristown, NJ 07960 22-3380375	Human Health through AHS Hospital Corp	NJ	501(c)(3)	Line 12, I	N/A		No
(1) 475 South Street Morristown, NJ 07960 22-3392808	Fundraising for Morristown Medical Center	NJ	501(c)(3)	7	Atlantic Health System	Yes	
(2) 175 High Street Newton, NJ 07860 22-2618102	Administers donations, grants and bequests and performs fundraising	NJ	501(c)(3)	Line 7	Atlantic Health System	Yes	
(3) 175 High Street Newton, NJ 07860 22-2759566	Provides home health and other healthcare services	NJ	501(c)(3)	Line 10	Atlantic Health System	Yes	
(4) 175 High Street Newton, NJ 07860 22-3519709	Own commercial buildings and conducts leasing activities	NJ	501(c)(2)		Atlantic Health System	Yes	
(5) 97 West Parkway Pompton Plains, NJ 07444 22-2719339	Support Charitable Exempt Programs and Services of Medical Hospital	NJ	501(c)(3)	Line 7	Atlantic Health System	Yes	
(6) 97 West Parkway Pompton Plains, NJ 07444 22-3084817	Support Charitable Exempt Programs and Services of Medical Hospital	NJ	501(c)(3)	Line 7	Atlantic Health System	Yes	
(7) 97 West Parkway Pompton Plains, NJ 07444 22-2883605	Support Charitable Exempt Programs and Services of Medical Hospital	NJ	501(c)(3)	Line 12a, I	Atlantic Health System	Yes	
(8) 97 West Parkway Pompton Plains, NJ 07444 22-3067739	Real estate and leasing activities for benefit of exempt organization	NJ	501(c)(2)		Atlantic Health System	Yes	
(9) 651 Willow Grove Street Hackettstown, NJ 07840 22-2333410	Fundraising for Hackettstown Medical Center	NJ	501(c)(3)	Line 7	Atlantic Health System	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Atlantic Health Management Corp and Subsidiaries 200 American Road Morris Plains, NJ 07950 22-3538027	Healthcare Related Services	NJ		C					No
(1) AHS Insurance Company Ltd 200 American Road Morris Plains, Grand Cayman 07950 CJ 22-3380375	Insurance	NJ		C					No
(2) Nutley Medical Care PA 100 Madison Ave Morristown, NJ 07960 22-3645010	Healthcare	NJ	Atlantic Health System Inc	C			100 000 %	Yes	
(3) Non-Invasive Diagnostics PA 100 Madison Ave Morristown, NJ 07960 20-2027439	Healthcare	NJ	Atlantic Health System Inc	C			100 000 %	Yes	
(4) Speciality Care of Practice Associates PA 100 Madison Ave Morristown, NJ 07960 03-0376428	Healthcare	NJ	Atlantic Health System Inc	C			100 000 %	Yes	
(5) Maternal Fetal Medicine of Practice Associates PA 100 Madison Ave Morristown, NJ 07960 03-0376421	Healthcare	NJ	Atlantic Health System Inc	C			100 000 %	Yes	
(6) Madison Pediatrics PA 100 Madison Ave Morris Plains, NJ 07960 22-3645007	Healthcare	NJ	Atlantic Health System Inc	C			100 000 %	Yes	
(7) AHS ACO LLC 475 South Street Morristown, NJ 07960 27-3800813	Physician Practice	NJ		C					No
(8) The Northwest New Jersey MedicalSurgical Alliance PC 175 High Street Newton, NJ 07860 45-0577942	Healthcare Services	NJ		C					No
(9) The Northwest New Jersey Urgent Care Alliance PC 175 High Street Newton, NJ 07860 83-0492357	Healthcare Services	NJ		C					No
(10) Chilton Community Care Inc and Subs 97 West Parkway Pompton Plains, NJ 07444 22-2869148	Healthcare	NJ		C					No
(11) Chilton Medical Group 97 West Parkway Pompton Plains, NJ 07444 38-3769436	Healthcare	NJ		C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) At Home Medical	P	277,857	Actual amount of transaction
(1) Morristown Medical Investors (MMI)	K	4,159,578	actual amount of transaction
(2) AHS Investment Corp	O	417,092	Actual amount of transaction
(3) AHS Investment Corp	K	376,342	Actual amount of transaction
(4) AHS Investment Corp	K	535,383	Actual amount of transaction
(5) AHS Investment Corp	K	1,390,431	Actual amount of transaction
(6) AHS Investment Corp	K	56,220	Actual amount of transaction
(7) AHS Investment Corp	K	2,383,487	Actual amount of transaction
(8) AHS Investment Corp	Q	379,456	Actual amount of transaction
(9) AHS Investment Corp	S	294,803	Actual amount of transaction
(10) AHS Investment Corp (Morristown Surgical Ctr)	Q	1,009,749	Actual amount of transaction
(11) AHS Investment Corp (Morristown Surgical Ctr)	S	54,044	Actual amount of transaction
(12) AHS Investment Corp	Q	2,286,593	Actual amount of transaction
(13) AHS Investment Corp	Q	2,431,882	Actual amount of transaction
(14) AHS Investment Corp	Q	741,681	Actual amount of transaction
(15) AHS Investment Corp	Q	378,029	Actual amount of transaction
(16) AHS Investment Corp	Q	408,422	Actual amount of transaction
(17) AHS Investment Corp	S	386,066	Actual amount of transaction
(18) AHS Investment Corp (North Jersey Health Ventures)	S	496,560	Actual amount of transaction
(19) AHS Investment Corp	Q	195,000	Actual amount of transaction
(20) AHS Investment Corp	Q	133,733	Actual amount of transaction
(21) AHS Investment Corp	S	19,889,578	Actual amount of transaction
(22) AHS Investment Corp	Q	156,961	Actual amount of transaction
(23) Atlantic Health System (Parent)	S	3,368,800	Actual amount of transaction
(24) Overlook Foundation	C	2,662,665	Actual amount of transaction

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Foundation For Morristown Medical Center	C	21,308,502	Actual amount of transaction
(1)	Newton Medical Center Foundation	C	108,795	actual amount of transaction
(2)	Overlook Foundation	P	1,799,467	Actual amount of transaction
(3)	Atlantic Ambulance	Q	23,551,798	Actual amount of transaction
(4)	Chilton Medical Center Foundation Inc	C	853,242	Actual amount of transaction
(5)	Chilton Medical Center Foundation Inc	Q	110,319	Actual amount of transaction
(6)	Foundation For Morristown Medical Center	P	447,999	Actual amount of transaction
(7)	Newton Medical Center Foundation	P	508,539	actual amount of transaction
(8)	Newton Medical Center Foundation	Q	667,663	Actual amount of transaction
(9)	Foundation For Morristown Medical Center	Q	441,276	Actual amount of transaction
(10)	Foundation For Morristown Medical Center	P	18,234,678	Actual amount of transaction
(11)	Foundation For Morristown Medical Center	C	6,883,416	Actual amount of transaction