

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

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

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- 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 \$ 2,911,070,570

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	31
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	15
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	18,408
<b>6</b> Total number of volunteers (estimate if necessary)	3,147
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	1,562,722
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	16,527,494	25,398,571
<b>9</b> Program service revenue (Part VIII, line 2g)	2,538,020,705	2,804,240,120
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,245,308	53,332,351
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,384,976	28,042,122
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,636,178,483	2,911,013,164
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	749,125	1,014,536
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,321,708,069	1,524,910,740
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,505,421		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,161,546,209	1,254,769,460
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,484,003,403	2,780,694,736
<b>19</b> Revenue less expenses Subtract line 18 from line 12	152,175,080	130,318,428
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,394,267,440	3,432,959,938
<b>21</b> Total liabilities (Part X, line 26)	1,601,731,575	1,609,943,234
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,792,535,865	1,823,016,704

## 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 2019-11-11

Kevin Lenahan SVP-CFO & Admin Officer  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01683199
Firm's name ▶ Ernst & Young US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 5 Times Square New York, NY 10036			Phone no (212) 773-3000	

**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 \$ 2,375,620,335 including grants of \$ 1,014,536 ) (Revenue \$ 2,804,343,730 )  
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 ▶ 2,375,620,335

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b> 18,408		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b> Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b> Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>			<b>3b</b> Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>
<b>10 Section 501(c)(7) organizations.</b> Enter				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter				
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>				<b>14b</b>
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .			<b>15</b> Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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 (31); 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? (No); 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 2 columns: Question, Answer. 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .									
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>1d Total (add lines 1b and 1c)</b> . . . . .						29,919,594	257,347	2,557,398	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2,893**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STRUCTURE TONE 10 WOODBRIDGE CENTER DRIVE WOODBIDGE, NJ 07095	CONSTRUCTION	22,963,748
THE CSI COMPANIES INC PO BOX 890841 CHARLOTTE, NC 28289	CONSULTING	21,053,195
EPIC SYSTEMS INC PO BOX 88314 MILWAUKEE, WI 53288	IT IMPLEMENTATION SERVICES	20,533,436
HOLT CONSTRUCTION CORP 50 E WASHINGTON AVE PEARL RIVER, NY 10965	CONSTRUCTION	18,078,119
ZOTEC PARTNERS PO BOX 2288 INDIANAPOLIS, IN 46206	PHYSICIAN BILLING	14,366,256

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 186**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	1,495,870		
	<b>e</b> Government grants (contributions)	<b>1e</b>	23,902,701		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		25,398,571		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEDICARE-MEDICAID		621990	1,348,736,974	1,348,736,974		
<b>b</b> PATIENT SERVICE REV		621990	1,245,964,789	1,245,964,789			
<b>c</b> PHYSICIAN SERVICES		621110	207,991,736	207,991,736			
<b>d</b> LAB SPEC PROCESSING		621500	1,546,621		1,546,621		
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			2,804,240,120				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			53,201,147			53,201,147	
	<b>4</b> Income from investment of tax-exempt bond proceeds			103,610	103,610			
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			601,547					
		<b>b</b> Less rental expenses		0				
		<b>c</b> Rental income or (loss)		601,547				
	<b>d</b> Net rental income or (loss) . . . . .			601,547			601,547	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				85,000				
		<b>b</b> Less cost or other basis and sales expenses		57,406				
		<b>c</b> Gain or (loss)		27,594				
	<b>d</b> Net gain or (loss) . . . . .			27,594			27,594	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> Cafeteria		722514	7,897,686			7,897,686		
<b>b</b> Pharmacy		621400	5,510,583			5,510,583		
<b>c</b> Parking		812930	3,508,501			3,508,501		
<b>d</b> All other revenue . . . . .			10,523,805		16,101	10,507,704		
<b>e Total.</b> Add lines 11a-11d . . . . .			27,440,575					
<b>12 Total revenue.</b> See Instructions . . . . .			2,911,013,164	2,802,797,109	1,562,722	81,254,762		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,014,536	1,014,536		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	25,244,131		25,244,131	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	144,559		144,559	
<b>7</b> Other salaries and wages.	1,269,930,394	1,097,006,793	171,297,615	1,625,986
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	43,593,408	36,919,293	6,618,185	55,930
<b>9</b> Other employee benefits.	104,540,216	88,535,194	15,879,157	125,865
<b>10</b> Payroll taxes.	81,458,032	68,986,874	12,366,648	104,510
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	75,746,257		75,746,257	
<b>b</b> Legal.	3,336,586	21,684	3,314,902	
<b>c</b> Accounting.	1,552,710		1,552,710	
<b>d</b> Lobbying.	476,000		476,000	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	917		917	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	33,266,707	33,266,707		
<b>12</b> Advertising and promotion.	16,770,831		16,770,831	
<b>13</b> Office expenses.	59,912,239	49,819,737	10,017,029	75,473
<b>14</b> Information technology.	14,745,728	12,488,169	2,238,640	18,919
<b>15</b> Royalties.				
<b>16</b> Occupancy.	70,375,710	59,137,545	11,148,576	89,589
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	11,297,181	9,567,592	1,715,127	14,462
<b>20</b> Interest.	35,632,981	30,177,601	5,409,830	45,550
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	144,185,712	122,352,372	21,650,374	182,966
<b>23</b> Insurance.	43,426,160	35,954,201	7,417,491	54,468
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL EXPENSES	655,758,033	655,758,033		
<b>b</b> REPAIRS & MAINTENANCE	48,810,438	41,337,600	7,410,794	62,044
<b>c</b> EQUIPMENT AND RENTAL	5,946,222	5,035,860	904,783	5,579
<b>d</b> DUES	3,481,495	2,948,572	528,457	4,466
<b>e</b> All other expenses	30,047,553	25,291,972	4,715,967	39,614
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,780,694,736	2,375,620,335	402,568,980	2,505,421
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	311,919,069	<b>2</b>	291,668,579
	<b>3</b> Pledges and grants receivable, net . . . . .	815,167	<b>3</b>	843,424
	<b>4</b> Accounts receivable, net . . . . .	285,710,173	<b>4</b>	333,189,187
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	6,787,199	<b>7</b>	2,869,098
	<b>8</b> Inventories for sale or use . . . . .	18,114,302	<b>8</b>	18,274,733
	<b>9</b> Prepaid expenses and deferred charges . . . . .	69,148,058	<b>9</b>	71,360,026
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 2,926,281,925		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 1,703,096,168	1,147,769,404	<b>10c</b> 1,223,185,757
	<b>11</b> Investments—publicly traded securities . . . . .	1,440,528,319	<b>11</b>	1,377,809,220
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	113,475,749	<b>15</b>	113,759,914
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,394,267,440	<b>16</b>	3,432,959,938	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	268,041,259	<b>17</b>	293,694,524
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	469,423,353	<b>20</b>	455,636,262
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	475,000,000	<b>23</b>	475,000,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	389,266,963	<b>25</b>	385,612,448
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,601,731,575	<b>26</b>	1,609,943,234
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,642,215,525	<b>27</b>	1,673,394,464
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets	150,320,340	<b>29</b>	149,622,240
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,792,535,865	<b>33</b>	1,823,016,704	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,394,267,440	<b>34</b>	3,432,959,938	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,911,013,164
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,780,694,736
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	130,318,428
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,792,535,865
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-115,623,068
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	15,785,479
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,823,016,704

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 65-1301877

**Name:** Atlantic Health System Inc Group Return

Form 990 (2018)

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### 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 ) Continued on Schedule O 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 are exempt from Federal income tax under Section 501(c) (3) of the Internal Revenue Code The Hospital provides regional 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 and Somerset 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 and 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

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**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			
Alan Meltzer MD ..... PAMG-Trustee	55 00 .....	X						229,174	0	39,282
Albert Ritter MD ..... Trustee-Atlantic Ambulance	2 00 .....	X						0	0	0
Anne S Rooke ..... Trustee-AHS	2 00 .....	X						0	0	0
Brenda Matti-Orozco MD ..... PAMG-Trustee	55 00 .....	X						329,032	0	25,215
Brian Gragnolati ..... President & CEO	55 00 .....	X		X				2,591,867	0	412,093
Christopher R Reidy ..... Trustee-AHS	2 00 .....	X						0	0	0
David Ferguson ..... Trustee-Atlantic Ambulance	2 00 .....	X						0	257,347	15,950
David Taylor ..... PAMG-Trustee	55 00 .....	X						0	0	0
Dexter D Earle ..... Trustee/Chair-AHS	2 00 .....	X		X				0	0	0
Domenick Randazzo MD ..... PAMG-Trustee	2 00 .....	X						98,151	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			
Federico Cerrone MD ..... PAMG-Trustee	55 00 .....	X						573,252	0	24,812
Gita F Rothschild ..... Trustee-AHS	2 00 .....	X						0	0	0
Glenn A Clark ..... Trustee-AHS	2 00 .....	X						0	0	0
Grant Parr MD ..... Trustee-AHS	2 00 .....	X						0	0	0
Henry J Driesse ..... Trustee-AHS	2 00 .....	X						0	0	0
James Smith-Termed 42518 ..... Director-Atlantic Amb	55 00 .....	X						119,667	0	3,232
John F Vigorita MD ..... Trustee-AHS	2 00 .....	X						0	0	0
John Pilla MD ..... PAMG-Trustee	2 00 .....	X						0	0	0
Joseph Cirello MD ..... PAMG-Trustee	55 00 .....	X						340,982	0	30,393
Katharine Driebe ..... VP - Finance	55 00 .....	X		X				549,101	0	94,121

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Lenahan SVP-CFO & Admin Officer	55 00	X		X				1,272,076	0	245,689
Laura Ann Kelly Trustee-AHS	2 00	X						0	0	0
Navpreet Minhas Physician	55 00	X						321,938	0	26,329
Peter Bolo MD PAMG-Trustee	55 00	X						495,905	0	41,815
Richard W Herbst Trustee-AHS	2 00	X						0	0	0
Robert E McCracken Trustee-AHS	2 00	X						0	0	0
Robert Toohy Trustee-AHS	2 00	X						0	0	0
Sean Nicholson Trustee-AHS	2 00	X						0	0	0
Seth Stoller PAMG-Trustee	55 00	X						468,355	0	27,543
Sheilah O'Halloran VP-Ass't Gen Council	55 00	X		X				711,223	0	110,472



**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			
Steve A Maser MD-Termed 122118 Trustee-AHS	55 00	X						497,236	0	13,294
Thomas Zaubler MD PAMG-Trustee	55 00	X						443,351	0	43,126
Walter Rosenfeld PAMG-Trustee	55 00	X						728,899	0	50,006
Alan Lieber President - OMC	55 00			X				1,112,707	0	39,006
Amy Perry SVP - Delivery & CEO Hosp Div	55 00			X				1,422,731	0	192,832
Christopher Zipp MD PAMG-Trustee	55 00			X				496,743	0	33,565
Christopher Herzog PAMG- CFO & Treasurer	55 00			X				360,468	0	21,851
Greg Mulford MD PAMG Physician	55 00			X				573,053	0	27,643
Jan Schwartz-Miller SVP-Chief Medical & Academ	55 00			X				1,615,904	0	50,006
Joseph Di Paolo President - NMC	55 00			X				748,495	0	129,766

**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			
Joseph Wilkins-Termed 6/22/18 SVP-Chief Trans Officer	55 00			X				765,592	0	7,159
Karen Flaherty-Oxler SVP-Chief Nursing - Termed 7/2/18	55 00			X				724,960	0	394
Linda Gilligan PAMG-COO & Secretary	55 00			X				706,551	0	80,506
Nichell Sumpter SVP-Chief HR Officer	55 00			X				691,983	0	100,386
Patricia O'Keefe President-MMC	55 00			X				858,256	0	153,732
Stephanie Schwartz President CMC	55 00			X				714,738	0	113,993
Steven Sheris MD SVP-Physician Enterprise	55 00			X				1,067,087	0	157,664
Eric Whitman Physician	55 00				X			855,925	0	41,815
James Wittig Chairman	55 00				X			871,498	0	2,150
John Halperin Director - MD	55 00				X			727,365	0	39,006

**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			
Daniel Tobias ..... Physician	55 00 .....					X		942,676	0	38,643
Mark Widmann ..... Physician	55 00 .....					X		1,007,994	0	23,552
Paul Starker ..... Chairman-Dept of Surgery	55 00 .....					X		1,043,444	0	38,392
Rolando Rolandelli ..... Chairman-Dep of Surgery	55 00 .....					X		948,274	0	39,006
Yaser Daramna ..... Physician	55 00 .....					X		990,424	0	22,959
Jason Coe-Termed 33117 ..... Former-Pres HMC	0 00 .....						X	256,157	0	0
Kimberly Simensen-Term 12717 ..... Former-SVP-Sys & Network Planning	0 00 .....						X	646,360	0	0

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

**Public Charity Status and Public Support**

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

**2018**

**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 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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** . . . . .

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13</b>	<b>Total support.</b> (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** ►

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

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

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



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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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)

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Listing of Subordinates in this Group 990	Atlantic Health System - AHS Hospital Corp 52-1958352 Practice Associates Medical Group PC 20-2088165 Hackettstown Community Medical Center 22-6106281 Hackettstown Regional Medical Center Emergency Medical Serv Inc 27-0820164 Medical Center Partners, Inc 45-4789273

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
<p>Determination of the Organizations in this Group IRS 990</p>	<p>Atlantic Ambulance is a Box 10 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). 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. 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. Hackensack 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 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.</p>

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Atlantic Health System Inc Group Return	<b>Employer identification number</b> 65-1301877
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		476,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			476,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Part II-B, Line 1	The organization compensated five 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 1 State Budget Meetings 2 Various State and Federal Legislative/Regulatory Affairs 3 State and Federal Hospital Issues 4 Healthcare Forums 5 Lobbying Days in Washington DC 7 NJ bills as listed below A3769 Requires DOH to license certain qualifying hospitals to provide full service diagnostic cardiac catheterization, primary angioplasty, and elective angioplasty services A4443 Establishes registration and operational requirements for retail health clinics and urgent care facilities A1827 Concerns earned sick leave to employees S2758 Increases financial resources provided through Medicaid program for certain hospitals, Establishes County Option Hospital Fee Pilot Program S2019 Appropriates \$36,517,421,000 in State funds and \$16,551,418,698 in federal funds for the State budget for fiscal year 2018-2019 A4249 Expands per adjusted admission charge on hospitals to create a supplemental funding pool for State's graduate medical education subsidy, appropriates \$24,285,714 A2164 Healthy Small Food Retailer Act, provides funding to smaller food retailers to sell fresh and nutritious foods A2194 Establishes Behavioral Health Task Force S3099 Behavior Analyst Licensing Act A392 Permits certain physical therapists to perform dry needling The following represents the compensation the vendors were paid totaling \$476,000 in 2018 for lobbying expenses 1 EDGE ADVOCACY LLC 84,000 2 ROSEMONT ASSOCIATES LLC 135,000 3 CAMMARANO LAYTON AND BOMBARDIERI 42,000 4 OPTIMUS 180,000 5 KEYWOOK STRATEGIES 35,000

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

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

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

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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	150,320,337	135,415,433	127,490,232	127,978,403	109,665,354
<b>b</b> Contributions . . . . .	38,062,956	38,098,907	32,141,880	32,240,327	43,163,359
<b>c</b> Net investment earnings, gains, and losses	-2,684,750	8,223,395	4,168,419	-1,192,411	2,101,888
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-36,076,305	-31,417,398	-28,385,098	-31,536,087	-26,952,198
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	149,622,240	150,320,337	135,415,433	127,490,232	127,978,403

- 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 ▶ 36 000 %
  - c** Temporarily restricted endowment ▶ 64 000 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		65,324,753		65,324,753
<b>b</b> Buildings . . . . .		1,444,065,932	937,072,465	506,993,467
<b>c</b> Leasehold improvements		81,756,401	10,539,473	71,216,928
<b>d</b> Equipment . . . . .		1,335,134,839	755,484,230	579,650,609
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,223,185,757

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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	59,022,029
ACCRUED EMPLOYEE BENEFITS AND OTHER	326,590,419
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 385,612,448

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,877,468,848
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	22,072,135	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	22,072,135
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,855,396,713
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	55,616,451	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	55,616,451
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	2,911,013,164

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,727,746,760
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,727,746,760
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	52,947,975	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	52,947,975
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	2,780,694,735

**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 22,072,135

## Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Physician revenue recorded as an offset in the AFS expenses 33,773,042 Grant revenue recorded as an offset to the AFS expenses 19,174,933 Interest Income -Temp Restricted 2,668,476

## Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Physician Expenses - Not Allocated in Functional Expenses



## Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Revenue recorded as an offset in the AFS expenses 33,773,042 Grant revenue recorded as an offset to the AFS expenses 19,174,933

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

OMB No 1545-0047 2018 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...
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 )

Table with 6 columns: (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) 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. Includes rows for Central America and the Caribbean, sub-totals, and totals.

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

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 III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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



**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Hospitals**

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

**Name of the organization**  
 Atlantic Health System Inc Group Return

**Employer identification number**  
 65-1301877

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			32,889,163	9,419,180	23,469,983	0 840 %
<b>b</b> Medicaid (from Worksheet 3, column a)			244,394,368	160,889,085	83,505,283	3 000 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			277,283,531	170,308,265	106,975,266	3 840 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			9,711,347	66,729	9,644,618	0 350 %
<b>f</b> Health professions education (from Worksheet 5)			57,305,028	16,129,598	41,175,430	1 480 %
<b>g</b> Subsidized health services (from Worksheet 6)			26,631,599	8,323,607	18,307,992	0 660 %
<b>h</b> Research (from Worksheet 7)			2,764,457	1,211,995	1,552,462	0 060 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,014,536		1,014,536	0 040 %
<b>j Total.</b> Other Benefits			97,426,967	25,731,929	71,695,038	2 590 %
<b>k Total.</b> Add lines 7d and 7j			374,710,498	196,040,194	178,670,304	6 430 %

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

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

**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?	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.		
			83,143,053
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.		
			25,506,754
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	756,223,544
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	752,668,359
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	3,555,185
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)  
 Morristown 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
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

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			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

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
<b>23</b>		No
<b>24</b>		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 \_\_\_\_\_

Community Health Needs Assessment		Yes	No
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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



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

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

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
<b>23</b>		No
<b>24</b>		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
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

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			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

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
<b>23</b>		No
<b>24</b>		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
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www atlantichealth org/patients-visitors/education-support/community-resour</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www njhealthmatters org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>ww atlantichealth org/patients-visitors/education-support/community-resour</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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



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

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

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
<b>23</b>		No
<b>24</b>		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
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

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			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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

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

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

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
<b>23</b>		No
<b>24</b>		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
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>6b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>www.njhealthmatters.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.atlantichealth.org/patients-visitors/education-support/community-resour</u>	Yes	
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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



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

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

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
<b>23</b>		No
<b>24</b>		No



**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)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 6a	The 2018 community benefit report will be made available to the public via the Atlantic Health System website ( <a href="http://www.atlantichealth.org">www.atlantichealth.org</a> )

## 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 2018 the organization provided 37 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 2018 cost to charge ratio as calculated on worksheet 2

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 3	<p>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.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4	<p>Patient Service Revenue and Related Adjustments Effective January 1, 2018, the Hospital adopted FASB ASU 2014-09, Revenue from Contracts with Customers (Topic 606), using a modified retrospective method of adoption. The adoption of ASU 2014-09 resulted in changes to the Hospital's presentation and disclosure of revenue primarily related to uninsured or underinsured patients. Under ASU 2014-09, the estimated uncollectible amounts due from these patients are generally considered implicit price concessions that are a direct reduction to patient service revenues. For the year ended December 31, 2018, the Hospital recorded \$91,563,000 of implicit price concessions as a direct reduction of patient service revenues that would have been recorded as provision for bad debts prior to the adoption of ASU 2014-09. For the year ended December 31, 2017 the Hospital recorded \$74,646,000 of provision for bad debts.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8	<p>2018 Medicare Allowable payments received as calculated per the 2018 Medicare Cost report exceeds the 2018 Medicare costs generating a Medicare surplus to the organization of over \$3.5 million. Although there was a surplus in 2018, 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"). 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. 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. 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. 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. 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-eligible.</p>

Form and Line Reference	Explanation
Part III, Line 9b	<p>y determination 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 <a href="http://njhealthmatters.org">njhealthmatters.org</a> 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 <a href="http://www.atlantichealth.org/financialassistance">www.atlantichealth.org/financialassistance</a> 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</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>to reach the Customer Service Department at 1-800-619-4024 or visit or contact the Financial Counseling Offices listed above G Signs or displays will be conspicuously posted in public hospital locations including admissions areas, emergency departments, and Financial Counseling Offices that notify and inform patients about the availability of financial assistance H The PLS will be offered to all patients as part of the intake process I Atlantic Health System is committed to offering financial assistance to eligible patients who do not have 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 communities it serves through collaborations with local social service and non-profit agencies J Patients or their representatives may request financial assistance Patients or their representatives may be referred to financial counselors by Atlantic Health System employees, referring physicians or others Financial counselors will explain the requirements for the available financial assistance programs and will determine whether a patient is eligible for an available financial assistance program Those patients requesting financial assistance will be required to complete the Atlantic Health System application for financial assistance (including the certification pages) and to provide the supporting documentation 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 communication with individuals who have limited English proficiency K An uninsured patient has up to 365 days after the first post-discharge billing statement to submit a completed application for financial assistance An insured or underinsured patient has up to 365 days from the first post-discharge billing statement reflecting processing by an insurer to submit a completed application for financial assistance IV Financial Assistance Programs Patients of Atlantic Health System may qualify for free or discounted care under the various programs 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 reimbursement 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 provided by the organization A New Jersey State Programs 1 Charity Care 2 Eligibility For Discounted Care Under N.J.S.A. 26:2H--12 523 Catastrophic Illness in Children Relief Fund Program 4 New Jersey Victim of Crime Compensation Office B 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 2018 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 2018, Atlantic Health System trained 303 residents and fellows, 207 at Morristown Medical Center and 96 at Overlook Medical Center. AHS graduated 78 residents from various programs in June 2018. 36 of these graduates chose to pursue fellowship training. 17 stayed in the Atlantic Health System catchment area. Of these, 4 stayed on as chief residents, 5 practiced in family medicine, 1 in internal medicine, 1 as a hospitalist (internal medicine), 1 in emergency medicine, 1 in primary care sports medicine, and 5 in AHS fellowships. 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. 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 2018. 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**

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Morristown Medical Center 100 Madison Avenue Morristown, NJ 07960 www atlanticealth org 11403	X	X	X	X	X		X			
2	Overlook Medical Center 99 Beauvoir Avenue Summit, NJ 07902 www atlanticealth org 11902	X	X	X	X	X		X			
3	Newton Medical Center 175 High Street Newton, NJ 07960 www atlanticealth org 12005	X	X					X			
4	Chilton Medical Center 97 West Parkway Pompton Plains, NJ 07444 www atlanticealth org 11401	X	X					X			
5	Atlantic Rehabilitation Institute 95 Mt Kemble Avenue Morristown, NJ 07962 www atlanticealth org 11404	X								Comprehensive Rehabilitaiton Hospital	

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

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>											
Name, address, primary website address, and state license number											
6	Hackettstown Medical Center 631 Willow Grove Street Hackettstown, NJ 07840 www.atlantichealth.org 12101	X	X					X			

**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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section A	In addition to the non-hospital based facilities listed separately in Schedule H, Part V, Section D, AHS operates numerous physician offices related to it's various medical disciplines throughout the tristate area. These physician facilities practice under Practice Associates Medical Group (D/B/A Altantic Medical Group)

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

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Form and Line Reference	Explanation
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 -</p> <ul style="list-style-type: none"><li>- Demographic Data - Key Data Indicator report of over 140 indicators on njhealthmatters org and other sources</li><li>- Key Informant Survey with responses from 74 community leaders</li><li>- Show Us Health Community Art Contest with 50 participants</li></ul> <p>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</p> <ol style="list-style-type: none"><li>1 Obesity</li><li>2 Access to Behavioral Health Care</li><li>3 Heroin Use</li><li>4 Diabetes Treatment</li><li>5 Cardiovascular Diseases</li></ol> <p>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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 -</p> <p>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</p> <p>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</p> <ol style="list-style-type: none"><li>1 Diabetes</li><li>2 Access to Mental Health Services</li><li>3 Health Literacy</li><li>4 Obesity</li><li>5 Heart Disease</li></ol> <p>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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Newton Medical Center	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 Abuse 2 Access to Care 3 Obesity 4 Mental Health 5 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

**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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 -</p> <ul style="list-style-type: none"><li>Demographic Data- Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources-</li><li>Key Informant Survey with responses from 74 community leaders-</li><li>Show Us Health Community Art Contest with 50 participants</li></ul> <p>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</p> <ol style="list-style-type: none"><li>1 Access to HealthCare</li><li>2 Caregiver Health</li><li>3 Heroin</li><li>4 Diabetes</li><li>5 Cardiovascular Diseases</li></ol> <p>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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Atlantic Rehabilitation Institute	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 Obesity 2 Access to Behavioral Health Care 3 Heroin Use 4 Diabetes Treatment 5 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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hackettstown Medical Center	<p>Part V, Section B, Line 5 Hackettstown Medical Center (HMC) 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 To that end, beginning in June 2018, HMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of 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 residents of HMC's service area The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health The completion of the CHNA provided HMC with an health-centric view of the population it serves, enabling HMC to prioritize relevant health issues and develop a community health implementation plan focused on meeting community needs This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA findings This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for HMC's service area, but rather an overview that highlights statistics relevant to HMC's health priorities for the next CHNA/CHIP planning and implementation period CHNA Components- Secondary Data Research- Key Informant Survey- Prioritization Session- Implementation Plan- Key Community Health Issues Key Community Health Issues Hackettstown Medical Center, in conjunction with community partners, examined the findings of qualitative and quantitative data review to prioritize key community health issues The following issues were identified - Substance Use Disorders- Diabetes- Need for Mental Health Providers- Overweight/Obesity- Preventive Care-based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Hackettstown Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts in 2019 This document will be shared with the public shortly thereafter Organization Overview Hackettstown Medical Center has been providing care to the community since 1973, primarily serving Warren, Sussex and Morris counties in New Jersey From preventive services and outpatient testing, to care for minor injuries and life-threatening illness HMC offers a wide range of services to keep our local population healthy The medical center is a designated a Primary Stroke Center by the New Jersey Department of Health and The Joint Commission's advanced certification program Other accreditations include mammography, nuclear medicine and ultrasound from the American</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hackettstown Medical Center	<p>College of Radiology, sleep disorder center accreditation from the American Academy of Sleep Medicine, and Quality of Care recognition for our cardiopulmonary department from the American Association for Respiratory Care HMC provides education, screenings, support groups and wellness programs for people of all ages through our Center for Healthier Living Hackettstown Medical Center provides emergency care that is close to home for many in north western New Jersey with access to high tech specialty services available through Atlantic Health System, when needed Atlantic Health System Cancer Care provides access to renowned specialists, clinical trials, innovative technology and medical treatments, and compassionate support services right here in NJ Our vast network of hospitals and providers span 11 counties, so patients can enter our all-encompassing community of cancer care no matter where they live or work HMC's Women's Imaging Suite community access to 3D mammograms and other high-tech imaging services HMC has received numerous awards and designations, including -American College of Radiology Accreditation for C/T Services, Mammography, Nuclear Medicine, PET and Ultrasound-Certificate of Accreditation from the Undersea and Hyperbaric Medical Society for the Wound Healing Center Hyperbaric Oxygen Therapy Program-American Academy of Sleep Medicine Accreditation for the Sleep Disorders Center-Joint Commission Advanced Certification as a Primary Stroke Center-Joint Commission Certification for Joint Replacement V Hip and Knee-Certificate of Accreditation from the American Association of Diabetes Educators- American Association for Respiratory Care Recognition for Quality of Respiratory Care- College of American Pathologists Accreditation for the Clinical Laboratory- Top Hospitals Castle Connolly Medical Ltd - Get With the Guidelines Stroke Silver Plus Performance Achievement Award with Target Stroke HonorRoll Elite Plus American Heart Association and American Stroke Association- Accredited in adult transthoracic and adult transeophageal echocardiography by the Intersocietal Accreditation Commission (IAC) Hackettstown Medical Center employs more than 650 staff and volunteers, operates 111 licensed hospital beds and is staffed by more than 275 physicians and allied health providers HMC treated more than 3,000 inpatients, nearly 23,000 emergency room visits and approximately 54,000 outpatient visits in 2017 (the most recent full year of data available) As part of its community benefit programs, HMC provides screenings, health education programs, classes, support groups, vaccinations, and health professions education Community Overview HMC receives 75 % of its inpatient admission from 10 ZIP Codes, encompassing portions of Warren, Morris and Sussex counties in New Jersey Methodology HMCs CHNA comprised quantitative and qualitative research components A brief synopsis of the components is included below with further details provided throughout the</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Hackettstown Medical Center	<p>document A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for primary and secondary service areas was compiled with findings presented to advisory committees for review and deliberation of priority health issues in the community A Key Informant Survey was conducted with community leaders and partners Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, public schools, and the business community Analytic SupportAtlantic Health System Corporate Planning &amp; System Development staff provided HMC with administrative and analytic support throughout the CHNA process Staff collected and interpreted data from secondary data sources, collected and analyzed data from key informant surveys, and prepared all reports Community RepresentationCommunity engagement and feedback were an integral part of the CHNA process HMC sought community input through key informant surveys of community leaders and partners and included community leaders in the prioritization and implementation planning process Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations Research LimitationsTimelines and other restrictions impacted the ability to survey all potential community stakeholders HMC sought to mitigate these limitations by including representatives or and/or advocates for diverse and underserved populations throughout the assessment process Prioritization of Needs Following the completion of the CHNA research, HMC's Community Health Advisory Sub-Committee prioritized community health issues and will develop an implementation plan to address prioritized community needs, the content of which will be shared publicly in 2019</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Morristown Medical Center	Part V, Section B, Line 6a St Clare's Health System



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

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Form and Line Reference	Explanation
Overlook Medical Center	Part V, Section B, Line 6a Newton Medical CenterTrinitas Regional 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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.**

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Form and Line Reference	Explanation
Chilton Medical Center	Part V, Section B, Line 6a No other hospital facilities

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

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Form and Line Reference	Explanation
Atlantic Rehabilitation Institute	Part V, Section B, Line 6a St Clare's Health System

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

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Form and Line Reference	Explanation
Hackettstown Medical Center	Part V, Section B, Line 6a No other hospital facilities

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Form and Line Reference	Explanation
Morristown Medical Center	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 YMC Madison Board of Health Madison Health Department MCOHAM CPIK/CARE 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 Meternal and Child Health of NNJ 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 Visting Nurse Association of New Jersey Voorhees Transportation Center/Nj Health Impact Collaborative Wind of the Spirit Zufall Health Center

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Form and Line Reference	Explanation
Overlook Medical Center	Part V, Section B, Line 6b American Cancer Society Board of Health- Clark Borough of Roselle Bridgeway Rehabilitation Services CASA of Union County Catholic Charities of Archdiocese of Newark Cerebral Palsy League City of Elizabeth, Dept of Health & Human Services City of Rahway Community Access Unlimited Community Coordinated Child Care Contact We Care Curemonos Diabetes Foundation, Inc Division of Human Services Ehrhart Gardens-Union Elizabeth Coalition to House the Homeless Enright Melanoma Foundation Family & Children's Services Family Intervention Services Fanwood-Scotch Plains YMCA Gateway Family YMCA Groundwork USA Holy Redeemer Home Care Hozizon Blue Cross Blue Shield of NJ Imagine, A Center for Coping with Loss Inroads to Opportunities Interweave Jewish Community Center of Central NJ Jefferson Park Ministries Jefferon Park Pre-School Jewish Family Service of Metro West NJ Jewish Family Service of Central NJ Josephine's Place Junior League Summit Legal Services of New Jersey Legal Services of NJ Livingston Board of Health Madison Health Department Middlesex County Office of Health Services Mobile Meals of Westfield Neighborhood House New Jersey State YMCA Alliance New Providence Municipal Building New Providence Senior Citizens NJ Alliance of YMCAs North Jersey Consultation Center North Jersey Health Collaborative Partnerhip for Maternal & Child Health Pathways Pilgrim Baptist Church Plainfield Neighborhood Health Prevenention Links PROCEED, Inc Resolve Community Counseling Center Roselle Day Care Center Robert Wood Johnson Foundation-Rahway SAGE Eldercare Senior Citizens Council Shoprite South Mountain YMCAs Summit Area Public Foundation Summit Area YMCA Summit Public Schools Summit YMCA Susan G Komen North Jersey The ARCC City of Summit The Elizabethport Presbyterian Center The Gateway Family YMCAThe Summit Conservancy UCMJ-Division of Social Services Union County DHS Union County Office of Health Management Union County SNAP - ED Program Union County Worke Force Development Board SAGE Elder Care Senior Citizens Council Shop Rite South Mountain YMCA Summit Area Public Foundation Summit Area YMCA

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

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Form and Line Reference	Explanation
Newton Medical Center	Part V, Section B, Line 6b Brideway Center for Prevention and Counseling Domestic Abuse and Sexual Assault Intervention Center Family Intervention Services Family Partners of Morris & Sussex Family Promise of Sussex County Ginnie's House CAC National Alliance on Mental Illness Neighborhood Health Center McKinney Vento Education Homeless & Youth New Bridge Services NORWESCAP Sklands RSVP NORWESCAP WIC Program Partnership for Maternal & Child Health Pass it Along Project Self Sufficiency Rutgers Snap Ed Shop Rite St. Kateri Migrant Ministry/Catholic Charities Diocese of Paterson Sussex County Dept of Human Services Sussex County Division of Community & Youth Services Sussex County Division of Senior Services Sussex County Health Department Sussex County Mental Health Board Sussex County Municipal Alliance Coordinator Sussex County Skylands Ride Sussex County Special Child Sussex County Transitional Care Program Sussex County YMCASussex County Wantage Regional School Trans Options United Way of Northern New Jersey Zufall Health Center



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Form and Line Reference	Explanation
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 Bridege 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

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Form and Line Reference	Explanation
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 MCOHAM CPIK/CARE SMended Hearts of Morris County Montal 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 Meternal and Child Health of NNJ 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 Visting Nurse Association of New Jersey Voorhees Transportation Center/Nj Health Impact Collaborative Wind of the Spitit Zufall Health Center

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Form and Line Reference	Explanation
Hackettstown Medical Center	Part V, Section B, Line 6b No other organizations other than hospital facilities

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Form and Line Reference	Explanation
Morristown Medical Center	<p>Part V, Section B, Line 11 All significant needs identified in the the most recently cond ucted CHNA in 2016 were identified and are being addressed in the Atlantic Health Communit y 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 &amp; Evaluation which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Chilton Medical Center was issued in 2016 During 2017 the following work groups were formed in Morris County with the following impact statements and strategies and subsequently upd ated in 2018 as follows Morris County CV/Diabetes Workgroup We will strive to prevent dia betes, improve diabetes management and reduce the prevalence of diabetes, with a focus on low-income, at-risk and elderly populations through increased access and connection to app ropriate resources for disease prevention and management We will accomplish this through educational initiatives, clinical and community partnerships and policy development STRATE GY 1 [Data development/information for action] Engage community members and organizationa l stakeholders in Plainfield, Elizabeth, and Vauxhall STRATEGY 2 [Provide Tailored Informa tion to Targeted Groups (non-professionals)] Improve diabetes and hypertension health lit eracy and awareness, with an emphasis on residents of Plainfield, Elizabeth, and Vauxhall (Health Literacy) STRATEGY 3 [Participant health improvement, disease specific] Improve management strategies for adult residents who are diabetic or pre-diabetic with an emphasi s on at risk-populations [Horizon Foundation Community Health Worker Diabetes Intervention Pilot] Workgroup Participants Atlantic Health SystemJohnson &amp; JohnsonLincoln Park Health DepartmentMorris County Office Of Health ManagementMorristown Medical CenterMount Olive Tw p Health DepartmentMorris Regional Public Health PartnershipNj-211 PartnershipNovo Nordisk ShopRite of MorristownZufal Health CenterWe will reduce obesity and chronic disease via im provement to environment, systems and policies to increase physical activity and healthy e ating for low-income residents of Morris County STRATEGY 1 [Provide programs/resources to schools/youth] Improve physical activity and nutritional intake in children in target lo w-income preschools STRATEGY 2 [Identify/Assess Current Resources/Systems in order to impr ove access or increase capacity] Develop and utilize an asset inventory of resources for healthy eating and active living in Morris County STRATEGY 3 [Identify/Assess Current Reso urces/Systems in order to improve access or increase capacity] Expand Interfaith Food Pan try food rescue program to distribute food left at local farms to food pantries STRATEGY 4 [Environment/policy/systems change] Support local policy and environmental change to enh ance physical activity and nut</p>

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Form and Line Reference	Explanation
Morristown Medical Center	<p>rition via the NJ Healthy Communities Network and other local partnerships Workgroup Parti cipants Child &amp; Family ResourcesInterfaith Food PantryJunior League of MorristownMadison A rea YMCAMorristown Medical Center Mountain Lakes Health DeptMt Olive Twp Health DeptNJ Con servation FoundationNJ SNAP EdPMCHNNJRockaway/Randolph/Jefferson HDScreen for LifeShopRite of Lincoln ParkWashington Twp Health DeptMorris County Mental Health Workgroup We will he lp Morris County residents have knowledge of and access to behavioral health programs desi gned to effectively diagnose, support and treat existing conditions via training of first responders in mental health awareness STRATEGY 1 [Provide training to professionals/provid ers/Trained volunteers] Train first responders (police, EMT, faith communities, lawyers, etc ) in mental health awareness Workgroup Participants Atlantic Behavioral HealthCommunit y Member/VeteransCommunity Soup KitchenHealth Ed ConsultantMadison Board of HealthMadison HDMember NAMI, Board Member of the Grace Counseling CenterMorristown Medical CenterMontvil le Health DeptNewBridgePequannock HDTransOptionsUnited Way NNJMorris County Heroin Workgro up We will decrease the number of heroin deaths for young adults aged 18-35 in Morris Coun ty via increasing perception of risk and harm, reducing the number of opioids prescribed a nd increasing access to Medication Assisted Treatment STRATEGY 1 [Education/Awareness camp aign] Enhance county-wide awareness campaign regarding the consequences of heroin/opiate use STRATEGY 2 [Provide programs/resources to schools/youth] Increase the # of substance use prevention programs targeting youth (10-17yrs ) in schools and/or other youth venues S TRATEGY 3 [Provide training to professionals/providers/Trained volunteers] Provide traini ngs and educational resources regarding Rx drug abuse and diversion to physicians, dentist s and other health professionals Workgroup Participants Atlantic Health SystemHanover Twp HDHomeless Solutions, Inc Lincoln Park HDMadison Chatham CoalitionMontville Health DeptMor ris County Dept of Human ServicesMorris County Office of Health ManagementMorris County Pr evention is KeyMorris County Prosecutor's OfficeMorris County SheriffSeabrook HouseTwp of Morris HDVisions &amp; PathwaysMorristown United for Healthy Living Coalition We will improve the condition of existing homes, increase access to affordable housing stock (rented and o wned), and improve the built environment/community infrastructure via resident education a nd outreach, policy change/advocacy, improvements to the physical environment, and oversig ht of existing protections for all people living in Morristown's census tract 435 STRATEG Y 1 [Provide training to targeted groups] Provide training to community members related t o housing issues/resources STRATEGY 2 [Provide training to professionals/providers/Traine d volunteers] Provide training landlords related to tenant/landlord rights and responsibi lities STRATEGY 3 [Referral Pa</p>

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Form and Line Reference	Explanation
Morristown Medical Center	<p>thway/connect to RESOURCES or services] Develop a hotline/pathway for housing violations combined with peer and organizational support STRATEGY 4 [Environment/policy/systems change] Partner with local agencies and volunteers to make repairs to the existing housing stock STRATEGY 5 [Environment/policy/systems change] Work with the local government and other organizations to help identify properties for construction/renovation/re-zoning to increase affordable housing stock STRATEGY 6 [Engage stakeholders] Actively recruit and include youth members for the Coalition STRATEGY 7 [Environment/policy/systems change] Advocate for structural improvements to neighborhood roads, sidewalks, lighting, crosswalks, parks, etc STRATEGY 8 [Environment/policy/systems change] Create a regular presence at Town Council meetings to advocate for resources to improve access to affordable housing STRATEGY 9 [Environment/policy/systems change] Provide mini-grants and support to local businesses to better meet health and social needs of community residents (e.g., improvements to storefronts and healthy corner store initiative) STRATEGY 10 [Engage stakeholders] Create regular volunteer/community engagement activities within the neighborhood (e.g., community clean-up day, community-based art projects) to increase sense of community STRATEGY 11 [Education/Awareness Campaign] Spread awareness of existing community resources via Community Organizer and Coalition meetings/communications</p>

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Form and Line Reference	Explanation
Overlook Medical Center	<p>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 &amp; Evaluation which includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and Chilton Medical Center was issued in 2016 During 2017 the following work groups were formed in Union County with the following impact statements and subsequently updated in 2018 as follows Union County CV/Diabetes Workgroup We will improve diabetes and hypertension awareness and access to preventative care and treatment via community-based education and referral services, with an emphasis on nutrition, social support and hypertension- and diabetes -related health literacy STRATEGY 1 [Data development/information for action] Engage community members and organizational stakeholders in Plainfield, Elizabeth, and Vauxhall STRATEGY 2 [Provide Tailored Information to Targeted Groups (non-professionals)] Improve diabetes and hypertension health literacy and awareness, with an emphasis on residents of Plainfield, Elizabeth, and Vauxhall (Health Literacy) STRATEGY 3 [Participant Health Improvement, Disease Specific] Improve diabetes and hypertension health literacy and outcomes, with an emphasis on residents of Plainfield, Elizabeth, and Vauxhall STRATEGY 4 [Referral Pathway/connect to resources or services] Refer community residents with diabetes, pre-diabetes, or significant risk factors to existing diabetes management and prevention programs, and to clinical services, as needed STRATEGY 5 [Engage stakeholders] Identify and establish collaborative relationships with existing health-related resources in the local community Workgroup Participants American Heart Association City of Elizabeth Clark Health Dept Congressman Payne's Office Gateway YMCA Holy Redeemer Home Care Healthcare Quality Strategies In Roads to Opportunities Johnson &amp; Johnson Madison Health Dept Neighborhood Health Center Novo Nordisk Overlook Medical Center Plainfield Health Department Plainfield YMCA Shop Rite of Garwood Shop Rite of Union Summit Health Department United Way of Greater Union County Vauxhall Library Village Supermarkets/ADA Walgreen's of Vauxhall Westfield Regional HD Union County Mental Health Workgroup We will improve access to mental health services via education and advocacy for policy change STRATEGY 1 [Provide programs/resources to schools/youth] Implement Zombie Resilience Program in schools/other sites (location and # of sites TBD) to improve youth/family resilience STRATEGY 2 [Provide tailored information to targeted groups (non-professionals)] Partner with Crisis Text line to expand services via local agencies (following Caring Contact model) STR</p>

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Form and Line Reference	Explanation
Overlook Medical Center	<p>ATEGY 3 [Provide training to professionals/providers/Trained volunteers] Train first resp onders (police, EMT, faith communities, lawyers, etc ) in mental health awareness, with a potential focus on active listening, basic risk assessment, and existing community/clinica l services STRATEGY 4 [Education/Awareness campaign] Support the distribution of the Unio n County Mental Health Resources 2017-2018 card and other related resources Workgroup Part icipants Academy of Clinical and Applied PsychoanalysisContact We CareElizabeth Public He alth NursingFanwood YMCAIn Roads to OpportunitiesMental Health Assn in NJOverlook Medical CenterSummitUnion County Public Health ServicesUnion County Obesity WorkgroupWe will reduc e the obesity rate of low-income children birth to 5 years in Union County via parent/care giver-targeted education and changes to policy and the built environment, with an emphasis on improving resources and opportunities for healthy eating and active living STRATEGY 1 [Data development/Information for action] Develop relationships with medical community i n Elizabeth who serve pre-natal woman and new mothers-and with mothers themselves- in orde r to assess needs and barriers related to healthy eating and active living for children in this target community STRATEGY 2 [Identify/Assess Current Resources/Systems in order to i mprove access or increase capacity] Identify and Map all food access locations within the midtown Elizabeth area with plan to visit and identify healthy food locations or influenc e location for healthy food options with a focus on those that take WIC and SNAP benefits STRATEGY 3 [Provide Tailored Information to Targeted Groups (non-professionals)] Develop strategy for engagement of pregnant and new mothers with the medical community as the "tru sted" partner provide information and education in those locations with strategies that ha ve been tested and are determined to reduce disparity and have high evidence ranking Workg roup Participants Atlantic Health SystemCity of ElizabethCommunity Food Bank of NJEat Rig ht LLCRutgers Coop Ext of Union CountyShaping ElizabethUnited Way of Greater Union County</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Newton Medical Center	<p>Part V, Section B, Line 11 All significant needs identified in the the most recently cond ucted CHNA in 2016 were identified and are being addressed in the Atlantic Heath Communit y Needs Assessment Impementation Plan for 2016 which includes Morristown Medical Center, O verlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Med ical Center In addition the 2013 CHNA Implementation Plan - Final Report &amp; Evaluation whic h includes Morristown Medical Center, Overlook Medical Center, Newton Medical Center and C hilton Medical Center was issued in 2016 During 2017 the following work groups were forme d in Sussex County with the following impact statements and subsequently updated in 2018 as follows Sussex County Mental Health WorkgroupWe will improve access to mental health s ervices for Sussex County Residents, with an emphasis on those that have low-incomes, thro ugh encouraging appropriately placed peer-support resources, training first responders on mental health issues, and monitoring the impact that the medicaid fee-for-service changes have on access within the county, while addressing the overall stigma associated with seek ing treatment for mental health issues STRATEGY 1 [Identify/Assess Current Resources/Syst ems in order to improve access or increase capacity] Increase awareness of non-profession al, peer-driven mental health support resources STRATEGY 2 [Environment/policy/systems cha nge] Normalize the existence of mental health issues with community members STRATEGY 3 [P rovide training to professionals/providers/Trained volunteers] Train first responders (e g EMS, Police, etc ) in mental health awareness and surrounding resources Workgroup Partic ipants NAMIDASIFamily Partners of Morris &amp; SussexFamily Promise of Sussex Co Ginnies House of CACNewton Medical CenterProject Self SufficiencySCDHSSussex County Obesity WorkgroupWe will increase fruit and vegetable consumption and increase physical activity for pre-scho ol, school-aged children and their families via policy level interventions within Sussex C ounty school system STRATEGY 1 [Data development/Information for action] Collect data to create a baseline for BMI data (in Sussex County schools, grades K-6) in order to track an nual change STRATEGY 2 [Data development/Information for action] Engage Schools to unders tand barriers and opportunities for healthy eating and active living STRATEGY 3 [Identify/ Assess Current Resources/Systems in order to improve access or increase capacity] Identif y and assess current resources for Healthy Living Toolkit STRATEGY 4 [Environment/policy/s ystems change] Work with targeted schools to enhance opportunities for exercise and acces s to fruits and vegetables Workgroup Participants Center for Prevention &amp; CounselingNewton Medical CenterNewton Medical Center Pastoral CareNORWESCAP - WICProject Self SufficiencyS hopRiteSNAP ED Sussex County Division of HealthSussex County YMCASussex Wantage Regional S choolsWe will improve access t</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Newton Medical Center	<p>o care for populations in need via addressing the system of free and reduced care, connecting residents with insurance coverage, and addressing barriers to primary care utilization STRATEGY 1 [Identify/Assess Current Resources/Systems in order to improve access or increase capacity] Increase understanding of system of free and reduced cost care in Sussex County (for the workgroup members) in order to identify and address gaps in the system, as well as better inform residents of care access points STRATEGY 2 [Referral Pathway/connect to RESOURCES or services] Aid eligible residents in signing-up for and using health insurance STRATEGY 3 [Data development/Information for action] Identify and address barriers specific to primary care utilization for individuals who are the most in need Workgroup Participants Newton Medical Center NORWESCAP Project Self Sufficiency St. Kateri Migrant Ministry/Diocese of Patterson Sussex County Division of Senior Services Sussex County Special Child Health Services United Way of Northern New Jersey Sussex County Substance Use Disorders Workgroup We will reduce the presence of addictive prescription medication in our community via a targeted education for prescribers and non-prescribers, prescription drug monitoring, and the collection of un-used prescription medications STRATEGY 1 [Provide training to professionals/providers/Trained volunteers] Educate prescribers on addiction and addictive prescription medications to specifically utilize the CDC Guidelines for Prescribing Opioids for Chronic Pain STRATEGY 2 [Provide training to professionals/providers/Trained volunteers] Educate non-prescribers about the dangers of addictive prescription medications to support and purposely refer to the CDC Guidelines for Prescribing Opioids for Chronic Pain STRATEGY 3 [Environment/policy/systems change] Advocate for the use of the NJ Prescription Drug Monitoring Program within the county by prescribers and other authorized users, including all staff that register within a physician's practice/office STRATEGY 4 [Environment/ policy/systems change] Enhance the prescription drug disposal system with the addition of mobile drop box units throughout Sussex County and specifically targeting communities that lack access to the permanent disposal sites (Montague, Sussex, Sandyston) and specific populations, such as senior citizens Workgroup Participants Sussex Coalition for Healthy &amp; Safe Communities Center for Prevention &amp; Counseling Chilton Medical Center Community Volunteers Newton Medical Center Project Self Sufficiency Sussex County Transportation Workgroup Due to a change in group composition, the Sussex Transportation Workgroup is currently re-focusing their efforts New information will be added here shortly!</p>

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Form and Line Reference	Explanation
Chilton Medical Center	<p>Part V, Section B, Line 11 All significant needs identified in the the most recently cond ucted CHNA in 2016 were identified and are being addressed in the Atlantic Health Communit y Needs Assessment Impementation Plan for 2016 which includes Morrystown Medical Center, O verlook Medical Center, Newton Medical Center, Chilton Medical Center and Hackettstown Med ical Center In addition the 2013 CHNA Implementation Plan - Final Report &amp; Evaluation whic h includes Morrystown Medical Center, Overlook Medical Center, Newton Medical Center and C hilton Medical Center was issued in 2016 During 2017 the following work groups were formed in Passaic County with the following impact statements and subsequently updated in 2018 a s follows Passaic County Access to Care WorkgroupWe will work to increase access to heath care among underserved and migrant populations in Passaic County via increased access to p rimary care STRATEGY 1 [Data development/Information for action] Engage underserved popul ations to understand their unique challenges to accessing healthcare STRATEGY 2 [Identify/ Assess Current Resources/Systems in order to improve access or increase capacity] Identif y and establish collaborative relationships with existing healthcare resources in the loca l community STRATEGY 3 [Referral Pathway/connect to RESOURCES or services] Connect existi ng screening programs to free clinics in underserved communities to establish a continuum of care STRATEGY 4 [Identify/Assess Current Resources/Systems in order to improve access o r increase capacity] Increase the capacity of existing free healthcare providers to reach more people in the communities they serve STRATEGY 5 [Provide Tailored Information to Tar geted Groups (non-professionals)] Work with existing health resource databases to offer i nformation in languages other than English and Spanish Workgroup Participants Atlantic Hea lth SystemChilton Medical CenterCenter for Family ResourcesChristian Health Care CenterPas saic County Department of HealthPassaicCounty Human Services - Addiction and Mental Health Ringwood Health Dept Wayne Health Dept West Milford Health Dept Passaic County CV/Diabetes WorkgroupWe will increase participation and engagement with diabetes education programs f or Medicare beneficiaries and underserved minority populations with the aim of impacting a ssociated cardiovascular risk factors via geographically targeted evidence-based education , partnerships, and advocacy, while encouraging primary prevention efforts that address th e built environment in support of healthy eating and active living STRATEGY 1 [Engage sta keholders] Engage and collaborate with stakeholders from targeted populations representin g underserved and high diabetes prevalence areas of Passaic County to be part of this work group STRATEGY 2 [Identify/Assess Current Resources/Systems in order to improve access or increase capacity] Increase use of and participation in diabetes education programs that offer standards of care and e</p>

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Form and Line Reference	Explanation
Chilton Medical Center	<p>vidence based practice to improve management of diabetes and associated complications STR ATEGY 3 [Referral Pathway/connect to resources or services] Work to develop a referral ne twork of DSME and prevention programs including lower or no cost options as well as organi zations that offer people with diabetes access to affordable supplies/medications with the goal of expanding access to these services STRATEGY 4 [Environment/policy/systems change] Look for oppo rtunities to improve the built environment in support of healthy eating/act ive living in Passaic County neighborhoods, especially those where residents are at high r isk for diabetes and cardiovascular disease Workgroup Participants American Lung Associat ionAtlantic Health SystemChilton Medical CenterClifton Health DeptDiabetes Foundation Inc HQSIInserra Supermarkets, Inc Montclair State University PHDNovoNordiskRingwood Health Dep t ShopRite Little FallsSt Joseph's Medical CenterSt Joseph's Wayne HospitalUnited Way of Passaic CountyWayne YMCAWilliam Paterson UniversityPassaic County Heroin WorkgroupWe will reduce the impact of heroin in Passaic County for impacted persons via education in schoo ls, engagement with physician networks, increased information on the dangers of heroin and dissemination of available resources through collaborative relationships with community a gencies and local law enforcement STRATEGY 1 [Provide programs/resources to schools/youth] Engage Schools on developing and deploying a comprehensive sustainable substance abuse c urriculum STRATEGY 2 [Provide training to professionals/providers/Trained volunteers] Eng age Physicians and prescribers with educational opportunities and access to referral resou rces to reduce over prescription of opioids STRATEGY 3 [Referral Pathway/connect to RESOUR CES or services] Work to establish a referral network for Substance Use Disorders among C ommunity Partners Workgroup Participants Parent Advocate/St Mary's Support Group A Change for NickChilton Medical CenterChilton Medical Center Crisis InterventionCircle of CareCou nty Alliance CoordinatorEva's VillageLiasion PCSNANJ State School Nurses AssnPequannock He alth DeptPompton Lakes Prevention CoalitionRetired PhysicianSeabrook HouseUnited for Preve ntion Action TeamUnited for Prevention PCWayne Alliance for Prevention of Substance AbuseW ayne Police DeptWayne SchoolsWilliam Paterson UniversityPassaic County Caregivers Workgrou pWe will improve the health status of unpaid caregivers in Passaic County via increased aw areness and support, facilitated by the creation of a local caregiver advisory council STR ATEGY 1 [Environment/policy/systems change] Advocate for self and external awareness of u npaid caregivers STRATEGY 2 [Engage stakeholders] Establish Caregivers Advisory Council t o guide workgroup plans and ensure that the voice of the caregiver is always at the table STRATEGY 3 [Identify/Assess Current Resources/Systems in order to improve access or increa se capacity] Look at current</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Chilton Medical Center	system of caregiver support and identify gaps in order to create action Workgroup Participants Alzheimer's Association American Cancer Society Cedar Crest Chilton Medical Center Community Access Unlimited Community Volunteers/Family Caregivers Home Care Options VNS New Bridge Services Inc NORWESCAP Push to Walk Siena Village

**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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 Refer to the Morris County CHNA 2018 Morris County implemenation plan within Scheudle H of this section

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

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Form and Line Reference	Explanation
Hackettstown Medical Center	<p>Part V, Section B, Line 11 IDENTIFICATION OF COMMUNITY HEALTH NEEDSPrioritizationFollowing a review of secondary data and key informant findings, a select group of providers, community health agency representatives and community stakeholders were asked to participate in a prioritization session The prioritization ballot listed 19 issues identified during the analysis phase of the community health needs assessment Participants in the prioritization process were asked to assign a value of 1 (Very Low) to 5 (Very High)to 7 prioritization criteria for each of the 19 identified health issues Weighted averages for each impact on an issue were calculated For each of the seven potential impacts on an issue, the weighted averages were combined to create an overall weighted average for each issue (the overall ranking) The most impactful factor for each issue had the highest weighted average of the seven impacts for that issue, the least impactful factor had the lowest weighted average for that issue Two ballots were omitted due to improper responses One ballot with incomplete responses was included in the overall weighting The 19 issues identified for prioritization were Access to Care for Low Income / Uninsured Access to Health Services Access to Specialists When Needed Cancer Diabetes Educational Attainment in Adult Population Exercise, Nutrition, &amp; Weight Heart Disease &amp; Stroke Income Disparities &amp; Poverty Maternal, Fetal &amp; Infant Health Disparities Mental Health &amp; Mental Disorders Need for Bilingual Providers Need for Health Care Providers Who Accept Medicaid Need for Mental Health Providers Overweight/Obesity Preventative Care Substance Use Disorders Transportation for Medical Appointments Use of the Emergency Room for Primary CareThe 7 prioritization criteria used to evaluate each issue were - Number of people impacted- The risk of morbidity and mortality associated with the problem- Impact of the problem on vulnerable populations- Availability of resources to address the problem- Relationship of issue to other community issues- Meaningful progress can be made within a 3]year period- Is within the organizationfs capability/ competency to impactWeighted results were presented to the Hackettstown Medical Center Community Advisory Board, which adopted the 5 highest weighted issues as community health priorities for the 2018-2020-HMC Community Health NeedsAssessment - Substance Use Disorders- Diabetes- Need for Mental Health Providers- Overweight/Obesity- Preventive CareFollowing is a broad overview of each of the 5 health priorities HMC will develop a Community Health Improvement Plan (CHIP) to address these 5 health priorities in 2019</p>

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Form and Line Reference	Explanation
Morristown 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



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Form and Line Reference	Explanation
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

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Form and Line Reference	Explanation
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

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Form and Line Reference	Explanation
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

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Form and Line Reference	Explanation
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

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Form and Line Reference	Explanation
Hackettstown 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

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

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

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Name and address	Type of Facility (describe)
<b>31</b> 31 - Cardiac Imaging at Union -Suburban Group 1000 Galloping Hill Road Union, NJ 07083	Cardiac Imaging
<b>1</b> 32 - Milford Health & Wellness 111 East Catherine Street Suite 130 Milford, PA 18337	Wellness Center
<b>2</b> 33 - Overlook-Wound Healing Ctr-Union 1000 Galloping Hill Road Union, NJ 07083	Wound Care
<b>3</b> 34 - Chilton Health Network at 242 West Pkwy 242 West Parkway Pompton Plains, NJ 07444	Off-Site Ambulatory Care Facility
<b>4</b> 35 - Cardiac Imaging at MDA Cardiology 1511 Park Avenue - 2nd Floor South Plainfield, NJ 07080	Cardiac Imaging
<b>5</b> 37 - OP Radiology at Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Radiology Services
<b>6</b> 38 - Overlook-Atlantic Laboratory - Union PSC 1000 Galloping Hill Road Union, NJ 07083	Laboratory Services
<b>7</b> 39 - Sparta Health & Wellness 89 Sparta Avenue - Suite 205 Sparta, NJ 07871	Wellness Center
<b>8</b> 40 - Pulmonary & Allergy Associates Technical 8 Saddle Road Cedar Knolls, NJ 07927	Pulmonary Group
<b>9</b> 41 - Cardiac Imaging at Cedar Knolls 11 Saddle Road Cedar Knolls, NJ 07927	Cardiac Imaging
<b>10</b> 42 - CV Imaging at Advance Cardiolgy 449 Mount Pleasant Ave - Suite 1 West Orange, NJ 07052	Imaging Services
<b>11</b> 43 - Cardiac Imaging at Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Daignostic Cardiology Group
<b>12</b> 44 - Atlantic Rehabilitation 1000 Galloping Hill Road Union, NJ 07083	Rehab Services
<b>13</b> 45 - Pulmonary Allergy Associates 1 Springfield Avenue Summit, NJ 07901	Pulmonary Group
<b>14</b> 47 - Milford Urgent Care 111 East Catherine Street Suite 130 Milford, PA 18337	Urgent Care Center



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Name and address	Type of Facility (describe)
<b>46</b> 49 - Diabetes Center Adult and Endocrinology 435 South Street - Suite 340 Morristown, NJ 07960	Wellness Center
<b>1</b> 50 - West Parkway Physical Therapy 22 West Parkway Pompton Plains, NJ 07080	Rehab Services
<b>2</b> 51 - Cardiac Rehab 435 South Street - Suite 160 Morristown, NJ 07962	Rehab Services
<b>3</b> 52 - Cardiac Imaging at MDA Cardiology 215 North Ave Westfield, NJ 07090	Cardiac Imaging
<b>4</b> 53 - Cardiovascular Imaging at Barone-Catania 89 Mountain Boulevard - Suite 200 Watchung, NJ 07069	Cardiovascular Imaging Center
<b>5</b> 54 - Chilton Health Network at Pike Drive 1 Pike Drive Wayne, NJ 07470	Off-Site Ambulatory Care Facility
<b>6</b> 55 - Overlook Imaging at One Springfield Ave 1 Springfield Avenue Summit, NJ 07901	Imaging Services
<b>7</b> 56 - Assoc Rehab ARI 95 Mt Kemble Avenue Morristown, NJ 07962	Rehab Services
<b>8</b> 57 - Cardiac Imaging at Dr Wall 50 Cherry Hill Road Parsippany, NJ 07054	Imaging Services
<b>9</b> 58 - Metabolic Medicine 435 South Street - Suite 330 Morristown, NJ 07960	Physician Practice
<b>10</b> 59 - Child Development Center 435 South Street - Suite 250 Morristown, NJ 07962	Child Development Center
<b>11</b> 60 - Cardiac Imaging 14 Smull Avenue - Suite 402 West Caldwell, NJ 07006	Imaging Services
<b>12</b> 61 - MMC Health Pavilion Vascular Serv 333 Mount Hope Road Rockaway, NJ 07866	Cardiology Group
<b>13</b> 62 - Ped family Practice 200 South ST 200 South Street Morristown, NJ 07962	Pediatric Physician Practice
<b>14</b> 63 - Chatham Physical Therapy 14-B Roosevelt Avenue Chatham, NJ 07928	Rehab/Physical Therapy Services

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Name and address	Type of Facility (describe)
<b>61</b> 64 - Atlantic Maternal Fetal 784-792 Chimney Rock Road Martinsville, NJ 08836	Imaging Services
<b>1</b> 65 - Vascular Imaging 182 South Street Morristown, NJ 07962	Imaging Services
<b>2</b> 66 - Clark Multicare - Radiology 100 Commerce Place Clark, NJ 07066	Radiology Services
<b>3</b> 67 - Imaging at Children's Orth & Sports 261 James Street Morristown, NJ 07960	Imaging Services
<b>4</b> 68 - Atlantic Maternal Fetal Medicine 333 Mount Hope Road Rockaway, NJ 07866	Obstetrics Group
<b>5</b> 69 - West Parkway Physical Therapy 22 West Parkway Parsippany, NJ 07080	Rehab Services
<b>6</b> 70 - Radiology Imaging Bio-Sport 720 US highway 202-206 Bridewater, NJ 08807	Radiology Services
<b>7</b> 71 - Overlook - Developmnetal Disabilities Ctr 1000 Galloping Hill Road Union, NJ 07083	Development Disabilities Center
<b>8</b> 72 - Radiology Services Sports Medicine 150 North Finley Ave C Basking Ridge, NJ 07920	Radiology Services
<b>9</b> 73 - Rippel Screening Breast Center Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Womens Health Group
<b>10</b> 74 - Geriatric Assessment Center 465 South Street Morristown, NJ 07962	Geriatric Services
<b>11</b> 75 - Cadiology Practice 100 Madison Avenue Morristown, NJ 07960	Cardiology Services
<b>12</b> 76 - Growth House 91 Plotts Road Newton, NJ 07860	Supportive Living Group Arrangement
<b>13</b> 77 - Respiratory Services MMC Health Pavili 333 Mount Hope Road Rockaway, NJ 07866	Pulmonary Therapy
<b>14</b> 78 - PALS House 272 Andover Sparta Road Newton, NJ 07860	Supportive Living Group Arrangement

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Name and address	Type of Facility (describe)
<b>76</b> 79 - Northfield Infusion 741 Northfield Ave - Suite 202 West Orange, NJ 07052	Infusion Center
<b>1</b> 80 - The Family Health Center 200 South Street Morristown, NJ 07962	Ambulatory Care Facility
<b>2</b> 81 - Adult Cystic Fibrosis Center 435 South Street - Suite 350 Morristown, NJ 07962	Pulmonary Rehab Group
<b>3</b> 82 - Total Cardiology 1777 Hamburg Turnpike Suite 10 Wayne, NJ 07470	Cardiology Group
<b>4</b> 83 - Autism Center 435 South Street - Suite 255 Morristown, NJ 07962	Autism Support Group
<b>5</b> 84 - Pre-Procedural EvaluationOP Lab 435 South Street - Suite 140 Morristown, NJ 07962	OP Lab Services
<b>6</b> 85 - Newton Infusion 89 Sparta Avenue - Suite 207A Sparta, NJ 07871	Infusion Center
<b>7</b> 86 - Arthritis Center Pre-Joint Testing Cente 435 South Street - Suite 150 Morristown, NJ 07962	Pain Management
<b>8</b> 87 - Atlantic Health Sports Physical Therapy 333 Mount Hope Road Rockaway, NJ 07866	Rehab Services
<b>9</b> 88 - Cedar Crest One Cedar Crest-Medical Suite 2 Pompton Plains, NJ 07080	Off-Site Ambulatory Care Facility
<b>10</b> 89 - CV Imaging at PHANorthern NJ Cardiology 242 West Parkway Pompton Plains, NJ 07444	Cardiac Imaging
<b>11</b> 90 - Atlantic Health Sports Phy Therapy-Rock 333 Mount Hope Road Rockaway, NJ 07866	Rehab Services
<b>12</b> 91 - Cardiac Imaging at MDA Cardiology 99 Beauvoir Avenue - Mac II Summit, NJ 07901	Cardiac Imaging
<b>13</b> 92 - PT NEW PROV AQUATIC 629 Central Avenue New Providence, NJ 07974	Rehab Services
<b>14</b> 93 - CV Imaging At Livingston 340 East Northfield Ave Suite 1D Livingston, NJ 07039	Imaging Services

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Name and address	Type of Facility (describe)
<b>91</b> 94 - Newton Infusion Sparta Health & Wellness 89 Sparta Avenue - Suite 207A Sparta, NJ 07871	Wellness Center
<b>1</b> 95 - Imaging Center-Atlantic Cardiology 95 Madison Avenue - Suite 300 Morristown, NJ 07960	Imaging Services
<b>2</b> 96 - Urgent Care-MMCAHS 57 US Highway Route 46 Hackettstown, NJ 07840	Urgent Care Center - Closed 9/16/2016
<b>3</b> 97 - CV Imaging Medicor 331 Rt 206 Hillsborough, NJ 08844	Imaging Services
<b>4</b> 98 - Atlantic Behavioral Services 46-48 Beauvoir Avenue Summit, NJ 07901	Behavioral Health Services
<b>5</b> 99 - Atlantic Rehabilitation Institute 95 Mt Kemble Avenue Morristown, NJ 07962	Long Term Care Facility
<b>6</b> 100 - Atlantic Home Care and Hospice 111 East Catherine Street Suite 2400 Milford, PA 18337	Home Health Agency, Hospice Care Program
<b>7</b> 101 - Atlantic Home Care and Hospice 465 South Street Morristown, NJ 07960	Hospice Care Program and Home Health Agency
<b>8</b> 102 - Atlantic Maternal Fetal Med Bridgewater 784-792 Chimney Rock Road Martinsville, NJ 08886	Off-Site Ambulatory Care Facility
<b>9</b> 103 - Atlantic Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
<b>10</b> 104 - Atlantic Health Sleep Centers 95 Mt Kemble Avenue Morristown, NJ 07962	Off-Site Ambulatory Care Facility
<b>11</b> 105 - Morristown Medical Center Care Now 57 US Highway Route 46 Hackettstown, NJ 07840	Off-Site Ambulatory Care Facility
<b>12</b> 106 - Geriatric Assessment Center 435 South Street - Suite 390 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
<b>13</b> 107 - Cardiac Imaging at Florham Park 10 James Street Florham Park, NJ 07932	Off-Site Ambulatory Care Facility
<b>14</b> 108 - Cardiac Imaging at 435 South Street 435 South Street-Level 1 Morristown, NJ 07962	Off-Site Ambulatory Care Facility

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

Name and address	Type of Facility (describe)
<b>106</b> 109 - Morristown Surgical Center at Madison Av 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
<b>1</b> 110 - MMC Radiolgy at 111 Madison Avenue 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
<b>2</b> 111 - MMC Internal Medicine Faculty Associates 435 South Street - Suite 360 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
<b>3</b> 112 - The Wound Care Center at MMC 435 South Street - Level 3 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
<b>4</b> 113 - The Medical Institute of New Jersey 11 Saddle Road Cedar Knolls, NJ 07927	Off-Site Ambulatory Care Facility
<b>5</b> 114 - Morristown Outpatient Radiology 310 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
<b>6</b> 115 - Overlook Health Services 1 Springfield Avenue Summit, NJ 07901	Off-Site Ambulatory Care Facility
<b>7</b> 116 - Ryan White HIV Clinic 200 South Street Morristown, NJ 07962	Physican Clinic
<b>8</b> 117 - HRMC's Counseling & Addiction Center 112 East Avenue Suite 9 Hackettstown, NJ 07840	Behavioral Health Services
<b>9</b> 118 - Infusion Ctr Rockaway 333 Mount Hope Road Suite 210A Rockaway, NJ 07866	Infusion Center
<b>10</b> 119 - MMC Endoscopy 111 Madison Ave Suite 401 Morristown, NJ 07960	Gastroenterology
<b>11</b> 120 - Cardiovascular Imaging Center-CV Imaging 242 West Parkway Pompton Plains, NJ 07444	Cardiac Imaging

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I - Part I, 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 7 Ridgedale Road Cedar Knolls, NJ 07927	13-1788491	501(c)(3)	40,000				General Support
AMERICAN HEART ASSOCIATION 122 east 42nd Street New York, NY 10168	13-5613797	501(c)(3)	15,000				General Support



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOROUGH OF POMPTON LAKES 25 LENOX AVE POMPTON LAKES, NJ 07442	22-6002227	501(c)(3)	7,140				General Support
BOROUGH OF LINCOLN PARK 34 CHAPEL HILL ROAD LINCOLN PARK, NJ 07035	22-6002031	501(c)(3)	10,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR PREVENTION AND COUNSELING 61 SPRING STREET 3RD FLOOR NEWTON, NJ 07860	23-7387757	501(c)(3)	41,322				General Support
CETENARY UNIVERSITY 400 Jefferson Street-University Advancement Hackettstown, NJ 07840	22-1500484	501(c)(3)	22,400				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHALLENGE DAY 2520 Stanwell Dr Concord, CA 94520	94-3386810	501(c)(3)	49,610				General Support
COURT APPOINTED SPECIAL ADVOCATES 150 Boulevard - Suite 1 Washington, NJ 07882	20-2625203	501(c)(3)	5,121				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOMESTIC ABUSESEXUAL ASSAULT CRISIS CENTER 29C Broad Street Washington, NJ 07882	22-2357790	501(c)(3)	19,978				General Support
FAMILY PROMISE 71 Summit Avenue Summit, NJ 07901	62-1591461	501(c)(3)	30,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GODLEN RULE CRAFTSMAN CLUB 221 Oswald Pl Vauxhall, NJ 07088	22-0384400	501(c)(3)	10,000				General Support
GOOD GRIEF 38 Elm Street Morristown, NJ 07960	20-0514996	501(c)(3)	15,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMELESS SOLUTIONS 3 Wing St - Ste 245 Cedar Knolls, NJ 07927	22-2491675	501(c)(3)	20,000				General Support
HUNTERDON MEDICAL CENTER FOUNDATION 2100 Wescott Drive Flemington, NJ 08822	22-3599504	501(c)(3)	70,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENILWORTH BOARD OF EDUCATION 426 Boulevard Kenilworth, NJ 07033	22-6002562	501(c)(3)	10,000				General Support
MAYO PERFORMING ARTS CENTER 100 South Street Morristown, NJ 07960	22-3348540	501(c)(3)	15,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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
MORRIS COUNTY ORGANIZATION FOR HISPANIC 95-97 Bassett Highway Dover, NJ 07801	22-2137333	501(c)(3)	20,000				General Support



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MORRISTOWN NEIGHBORHOOD HOUSE 12 Flagler Street Morristown, NJ 07960	22-1487584	501(c)(3)	20,000				General Support
NJSIAA 1161 Route 130 North Robbinsville, NJ 08691	21-0638152	501(c)(3)	10,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH JERSEY HEALTH COLLABORATIVE PO Box 150 Green Village, NJ 07935	46-3715246	501(c)(3)	20,000				General Support
NORTHWEST NJ COMMUNITY ACTION PROGRAM 350 Marshall Street Philipsburg, NJ 08865	22-1777156	501(c)(3)	10,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OVERLOOK MEDICAL CENTER FOUNDATION 36 Upper Overlook Rd Summit, NJ 07902	51-0194054	501(c)(3)	29,100				General Support
PARTNERSHIP FOR MATERNALCHILD HEALTH 50 Park Place - Suite 700 Newark, NJ 07102	52-1815234	501(c)(3)	20,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PASS IT ALONG 76 State Rt 15 - Unit 62 Lafayette, NJ 07848	80-0018706	501(c)(3)	57,050				General Support
POMPTON LAKES COMMUNITY PARTNERSHIP 25 Lenox Ave Pompton Lakes, NJ 07442	22-6002227	501(c)(3)	7,140				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY 95 Spring Street Morristown, NJ 07960	13-5562351	501(c)(3)	70,757				General Support
ST JOSEPHS HEALTH 703 Main St Paterson, NJ 07503	22-2448138	501(c)(3)	7,700				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TERESA SOTO VEGA 1126 DICKINSON St Elizabeth, NJ 07201	22-2088378	501(c)(3)	10,000				General Support
United Way of Northern NJ 222 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAYNE ALLIANCE FOR THE PREVENTIONSUBS ABUSE 475 VALLEY RD WAYNE, NJ 07470	22-6002384	501(c)(3)	6,000				General Support
WAYNE HEALTH DEPARTMENT 475 Valley RD Wayne, NJ 07470	22-6002384	501(c)(3)	18,407				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST MILFORD HELATH DEPARTMENT 1480 Union Valley Rd West Milford, NJ 07480	26-6002392	501(c)(3)	10,000				General Support
LEUKEMIA & LYMPHOMA SOCIETY 14 COMMERCE DRIVE SUITE 301 CRANFORD, NJ 07016	13-5644916	501(c)(3)	15,000				General Support



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIBERTY SCIENCE CENTER 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	22-2302253	501(c)(3)	150,000				General Support
CHILTON MEDICAL CENTER FOUNDATION 97 WEST PARKWAY POMPTON PLAINS, NJ 07444	22-2883605	501(c)(3)	58,800				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Womens Association of Morristown Medical Center 100 Madison Avenue Morristown, NJ 07962	22-3392808	501(c)(3)	53,050				General Support

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Atlantic Health System Inc Group Return

Employer identification number  
65-1301877

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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>	<b>1b</b>	Yes			
<p><b>2</b> 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>	<b>2</b>	Yes			
<p><b>3</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes			
<p><b>8</b> 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>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	<p>The organization pays for and/or provides life insurance premiums and long term disability premiums and executive health physical examinations for certain officers, directors and key employees. Such payments made on behalf of these individuals are generally grossed up and imputed and included as taxable compensation in their respective W-2's. The organization provided the following individual with an Executive Physical Exam during 2018 with the following estimated value: Amy Perry \$8,500. The organization provided the following individuals with additional Basic Long Term Disability, Supplemental Long Term Disability, Life Insurance and Long Term Care. The value of these premiums indicated below were included in each of the individual's 2018 W-2 as taxable compensation: Joseph DiPaolo \$19,720; Katharine Driebe 1,342; Karen Flaherty-Oxler 39,529; Brian Gragnolati 76,244; Kevin Lenahan 21,586; Alan Lieber 20,929; Sheilah O'Halloran 39,940; Patricia O'Keefe 38,779; Amy Perry 41,756; Stephanie Schwartz 22,957; Jan Schwarz Miller 28,170; Steven Sheris 35,676; Nichell Sumpter 15,039; Joseph Wilkins 33,600; Linda Gilligan 37,315.</p>

Return Reference	Explanation
Part I, Lines 4a-b	<p>The organization provides a supplemental non-qualified retirement plan (457f plan) known as the Mid Career Hire Plan (MCHP) for officers. During 2018, 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 - Alan Lieber \$230,331 - Jan Schwarz-Miller 639,334 2018 Mid Career Hire Plan Earned Credits. The following Officer/trustee earned credits in the non-qualified retirement plan-457(f) plan known as the Mid-Career Hire Plan (MCHP) - Kevin Lenahan \$203,874. The above amount represents earned credits which have not vested and were not included in the respective 2018 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 2018 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>2018 Supplemental Executive Retirement Plan (SERP) Earned Credits. 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 2018, the following Officers (Executives) received SERP credits: Brian Gagnolati, Steven Sheris, MD, Katharine Driebe, Sheila O'Halloran, Patricia O'Keefe, Joseph Di Paolo, Nichelle Sumpter, Stephanie Schwartz, Amy Perry, Linda Gilligan. The above amounts represent earned credits which have not vested and were not included in their respective 2018 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 2018 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> <p>Jason Coe - Summary of Separation Agreement Effective as of March 31, 2017 (the Separation Date), Mr. Coe's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Mr. Coe \$12,689.66 bi-weekly by way of regular payroll check on Atlantic Health's regular pay day for 78 weeks until employee receives the total sum of \$494,896.71. Mr. Coe received \$253,793 in severance pay during 2018.</p> <p>Kimberly Simensen - Summary of Separation Agreement Effective as of December 2, 2017 (the Separation Date), Ms. Simensen's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Ms. Simensen \$17,827.12 bi-weekly by way of regular payroll check on Atlantic Health's regular pay day after December 10, 2017 for 52 weeks until employee receives the total sum of \$463,505. Ms. Simensen received \$445,678 in severance pay during 2018.</p> <p>Joseph Wilkins-Summary of Separation Agreement Effective as of June 22, 2018 (the Separation Date), Mr. Wilkin's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Mr. Wilkins \$19,615.39 bi-weekly by way of regular payroll check for 52 weeks until employee receives the total sum of \$510,000. Mr. Wilkins received \$255,000 in severance pay during 2018.</p> <p>Karen Flaherty-Oxler -Summary of Separation Agreement Effective as of July 21, 2018 (the Separation Date), Ms. Flaherty-Oxler's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Ms. Flaherty-Oxler \$16,731 bi-weekly by way of regular payroll check for 52 weeks until employee receives the total sum of \$435,006. Ms. Flaherty-Oxler received \$167,310 in severance pay during 2018.</p>

<b>Return Reference</b>	<b>Explanation</b>
Part I, Line 7	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





**Additional Data**

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

**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				
Alan Meltzer MD PAMG-Trustee	(i)	199,153	0	30,021	25,026	14,256	268,456	0
	(ii)	0	0	0	0	0	0	0
Brenda Matti-Orozco MD PAMG-Trustee	(i)	295,577	0	33,455	8,150	17,065	354,247	0
	(ii)	0	0	0	0	0	0	0
Brian Gragnolati President & CEO	(i)	1,540,105	918,600	133,162	397,837	14,256	3,003,960	0
	(ii)	0	0	0	0	0	0	0
David Ferguson Trustee-Atlantic Ambulance	(i)	0	0	0	0	0	0	0
	(ii)	221,314	36,033	0	10,575	5,375	273,297	0
Federico Cerrone MD PAMG-Trustee	(i)	469,496	21,385	82,371	8,150	16,662	598,064	0
	(ii)	0	0	0	0	0	0	0
Joseph Cirello MD PAMG-Trustee	(i)	210,237	0	130,745	11,000	19,393	371,375	0
	(ii)	0	0	0	0	0	0	0
Katharine Driebe VP - Finance	(i)	384,445	158,266	6,390	74,728	19,393	643,222	0
	(ii)	0	0	0	0	0	0	0
Kevin Lenahan SVP-CFO & Admin Officer	(i)	845,036	397,756	29,284	228,624	17,065	1,517,765	0
	(ii)	0	0	0	0	0	0	0
Navpreet Minhas Physician	(i)	228,511	0	93,427	6,936	19,393	348,267	0
	(ii)	0	0	0	0	0	0	0
Peter Bolo MD PAMG-Trustee	(i)	423,223	70,111	2,571	24,750	17,065	537,720	0
	(ii)	0	0	0	0	0	0	0
Seth Stoller PAMG-Trustee	(i)	370,042	0	98,313	8,150	19,393	495,898	0
	(ii)	0	0	0	0	0	0	0
Sheilah O'Halloran VP-Ass't Gen Council	(i)	464,707	187,450	59,066	96,216	14,256	821,695	0
	(ii)	0	0	0	0	0	0	0
Steve A Maser MD-Termed 122118 Trustee-AHS	(i)	468,197	0	29,039	0	13,294	510,530	0
	(ii)	0	0	0	0	0	0	0
Thomas Zaubler MD PAMG-Trustee	(i)	379,403	62,183	1,765	24,750	18,376	486,477	0
	(ii)	0	0	0	0	0	0	0
Walter Rosenfeld PAMG-Trustee	(i)	616,515	100,138	12,246	35,750	14,256	778,905	0
	(ii)	0	0	0	0	0	0	0
Alan Lieber President - OMC	(i)	558,645	265,700	288,362	24,750	14,256	1,151,713	0
	(ii)	0	0	0	0	0	0	0
Amy Perry SVP - Delivery & CEO Hosp Div	(i)	914,533	443,683	64,515	173,439	19,393	1,615,563	0
	(ii)	0	0	0	0	0	0	0
Christopher Zipp MD PAMG-Trustee	(i)	423,067	71,732	1,944	16,500	17,065	530,308	0
	(ii)	0	0	0	0	0	0	0
Christopher Herzog PAMG- CFO & Treasurer	(i)	312,120	47,928	420	2,458	19,393	382,319	0
	(ii)	0	0	0	0	0	0	0
Greg Mulford MD PAMG Physician	(i)	482,504	79,047	11,502	8,250	19,393	600,696	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
Jan Schwartz-Miller SVP-Chief Medical & Academ	(i)	652,075	285,672	678,157	35,750	14,256	1,665,910	0
	(ii)	0	0	0	0	0	0	0
Joseph Di Paolo President - NMC	(i)	520,160	205,543	22,792	115,139	14,627	878,261	0
	(ii)	0	0	0	0	0	0	0
Joseph Wilkins-Termed 62218 SVP-Chief Trans Officer	(i)	258,501	202,596	304,495	0	7,159	772,751	0
	(ii)	0	0	0	0	0	0	0
Karen Flaherty-Oxler SVP-Chief Nursing - Termed 7/2/18	(i)	283,320	160,599	281,041	0	394	725,354	70,697
	(ii)	0	0	0	0	0	0	0
Linda Gilligan PAMG-COO & Secretary	(i)	449,239	162,557	94,755	66,187	14,319	787,057	48,305
	(ii)	0	0	0	0	0	0	0
Nichell Sumpter SVP-Chief HR Officer	(i)	462,522	197,708	31,753	87,163	13,223	792,369	0
	(ii)	0	0	0	0	0	0	0
Patricia O'Keefe President-MMC	(i)	572,305	244,200	41,751	139,476	14,256	1,011,988	0
	(ii)	0	0	0	0	0	0	0
Stephanie Schwartz President CMC	(i)	482,596	196,790	35,352	94,600	19,393	828,731	0
	(ii)	0	0	0	0	0	0	0
Steven Sheris MD SVP-Physician Enterprise	(i)	713,194	309,143	44,750	138,271	19,393	1,224,751	0
	(ii)	0	0	0	0	0	0	0
Eric Whitman Physician	(i)	701,307	94,147	60,471	24,750	17,065	897,740	0
	(ii)	0	0	0	0	0	0	0
James Wittig Chairman	(i)	871,275	0	223	0	2,150	873,648	0
	(ii)	0	0	0	0	0	0	0
John Halperin Director - MD	(i)	616,062	100,113	11,190	24,750	14,256	766,371	0
	(ii)	0	0	0	0	0	0	0
Daniel Tobias Physician	(i)	658,219	0	284,457	19,250	19,393	981,319	0
	(ii)	0	0	0	0	0	0	0
Mark Widmann Physician	(i)	896,338	0	111,656	8,150	15,402	1,031,546	0
	(ii)	0	0	0	0	0	0	0
Paul Starker Chairman-Dept of Surgery	(i)	964,679	75,228	3,537	24,750	13,642	1,081,836	0
	(ii)	0	0	0	0	0	0	0
Rolando Rolandelli Chairman-Dep of Surgery	(i)	752,136	119,515	76,623	24,750	14,256	987,280	0
	(ii)	0	0	0	0	0	0	0
Yaser Daramna Physician	(i)	240,824	0	749,600	5,715	17,244	1,013,383	0
	(ii)	0	0	0	0	0	0	0
Jason Coe-Termed 33117 Former-Pres HMC	(i)	0	0	256,157	0	0	256,157	0
	(ii)	0	0	0	0	0	0	0
Kimberly Simensen-Term 12717 Former-SVP-Sys & Network Planning	(i)	0	179,465	466,895	0	0	646,360	0
	(ii)	0	0	0	0	0	0	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

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
<b>A</b>	NJ Healthcare Facilities Series 2008B	22-1987084	64579FWP4	05-14-2008	88,555,000	To redeem revenue bonds		X		X		X
<b>B</b>	NJ Healthcare Facilities Series 2008C	22-1987084	64579FWQ2	05-14-2008	88,555,000	To redeem revenue bonds		X		X		X
<b>C</b>	NJ Healthcare Facilities Series 2008A	22-1987084	64579FWL3	05-14-2008	181,712,419	To redeem revenue bonds		X		X		X
<b>D</b>	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	
<b>1</b>	Amount of bonds retired . . . . .					177,247,419		127,749,619	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	88,555,000		88,555,000		177,110,000		130,545,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .	249,371		249,371		498,743		769,370	
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	510,043		510,043		1,329,584		1,970,739	
<b>8</b>	Credit enhancement from proceeds . . . . .	65,914		65,914					
<b>9</b>	Working capital expenditures from proceeds . . . . .							106,458,053	
<b>10</b>	Capital expenditures from proceeds . . . . .								
<b>11</b>	Other spent proceeds . . . . .	87,729,672		87,729,672		175,281,674		127,804,891	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2008		2008		2008		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	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
<b>1</b>	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
<b>2</b>	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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 950 %		0 950 %		0 950 %		0 950 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 950 %		0 950 %		0 950 %		0 950 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	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 2008A Date the Rebate Computation was Performed 05/17/2018 Issuer Name NJ Healthcare Facilities Series 2011 Date the Rebate Computation was Performed 06/21/2016

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Proceeds - Line 3	Series 2011 - Issue Price and Total Proceeds of Issuance 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
Schedule K, Part II, Proceeds - Line 3	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

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Proceeds - Line 3	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



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 65-1301877

**Name:** Atlantic Health System Inc Group Return

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name NJ Healthcare Facilities Series 2008A Date the Rebate Computation was Performed 05/17/2018 Issuer Name NJ Healthcare Facilities Series 2011 Date the Rebate Computation was Performed 06/21/2016
Schedule K, Part II, Proceeds - Line 3	Series 2011 - Issue Price and Total Proceeds of Issuance 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
Schedule K, Part II, Proceeds - Line 3	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
Schedule K, Part II, Proceeds - Line 3	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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No 1545-0047

2018

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

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased, (h) On behalf of issuer, (i) Pool financing. Row 1: NJ Healthcare Facilities Series 2016, 22-1987084, 645790FA9, 10-06-2016, 252,386,641, To redeem revenue bonds.

Part II Proceeds

Table with 4 main columns: A, B, C, D. Rows 1-13 list various proceeds items and their amounts. Row 14-17 are yes/no questions regarding bond issuance and allocation.

Part III Private Business Use

Table with 4 main columns: A, B, C, D. Rows 1-2 are yes/no questions regarding partnership and lease arrangements.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 950 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 950 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation

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

**2018**

**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
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**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

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

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

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

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Elizabeth Lenahan	Refer to below	43,184	Performance Elizabeth Lenahan is the mother of Kevin Lenahan (Trustee and Officer) The organization compensated Elizabeth Lenahan \$43,184 during 2018 Transaction is considered to be negotiated at arms-length		No
(2) Medemerge	Refer to below	9,859,582	John Pilla (Board Member - Trustee-PAMG) is a 68% owner physician partner at Medemerge The organization paid Medemerge \$9,859,582 during 2018 via 1099 payments for expenses and Physician RVUs Medemerge is an AMG/PAMG physician practice which is a subordinate in this Group IRS 990 Transaction is considered to be negotiated at arms-length		No
(3) Michael Lieber	Refer to below	72,772	Performance Michael Lieber is the son of Alan Lieber (Officer-AHS) The organization compensated Michael Lieber \$72,772 during 2018 via W-2 payments Transaction is considered to be negotiated at arms-length		No
(4) Ellen Carbone	Refer to below	28,639	Performance Ellem Carbone is the sister of Alan Lieber (Officer-AHS) The organization compensated Ellen Carbone \$28,639 during 2018 via W-2 payments 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)

Department of the Treasury

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
 Atlantic Health System Inc Group Return

**Employer identification number**  
 65-1301877

**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 31 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 System's resources in terms of operational, financial and management decision making Thirteen (13) of the fourteen (14) 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, four (4) of its (5) voting trustees represent management employees from an affiliated organization (AHS Hospital Corp) As a result, one (1) of the five (5) trustees are deemed to be independent</p> <p>3 Practice Associates Medical Group This organization consists of a physician group providing physician programs Eleven (11) out of the twelve (12) voting trustees are physicians and are generally affiliated with Atlantic Health System, Inc either through employment or by practice leasing agreements As a result, one (1) of the twelve (12) 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 12/31/18</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 12/31/17</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 12/31/18</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 2018 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	<p>We require disclosure of potential conflicts. This policy governs all personnel at Atlantic City, 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 (Sullivan Cotter) is completed every year. The most recent survey was conducted in 2019. Officers reviewed include President and Chief Executive Officer, SVP, Integrated Service Delivery &amp; CEO, Hospital Division SVP, Chief Financial Officer &amp; Chief Administrative Officer SVP, Physician Enterprise SVP, Chief Medical Officer &amp; Chief Academic Officer SVP, Chief Human Resources Officer President, OMC President, MMC President, Western Region President CMC VP, Information Technology VP, Clinical and Business Intelligence SVP, General Counsel VP AHS, President ACO VP, COO Atlantic Medical Group VP, Ambulatory &amp; Post Acute Care VP, Coordinated Care Transitions VP, Insurance Networks VP, Physician Enterprise Strategy VP, Compliance, Privacy &amp; Audit VP, Finance VP, Revenue Cycle VP, Facilities Management and Real Estate VP, Government Affairs VP, Network Planning &amp; Development VP, Integrated Care VP, Marketing &amp; Communications. On behalf of Atlantic Health, Sullivan Cotter 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9	Government grants used for capital purchases 43,643 Change in funded status of benefit pl ans -21,615,850 Contributions - Temp Restricted Net Assets 37,357,686



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

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

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	
<b>(1)</b> Morris Photopheresis 100 Madison Avenue Morristown, NJ 07960 22-3314012	Healthcare Research	NJ						No			No	
<b>(2)</b> Affiliated Collection Services LLC 17 Prospect Street Morristown, NJ 07960 27-0555659	Collection Services	NJ						No			No	
<b>(3)</b> Morristown Medical Investors 200 American Road Morris Plains, NJ 07950 65-0840535	Real Estate	NJ						No			No	
<b>(4)</b> Primary Care Partners LLC 475 South Street Morristown, NJ 07960 27-4980253	Physician Services	NJ						No			No	
<b>(5)</b> Atlantic Rehabilitation Institute LLC 680 South Fourth Street Louisville, KY 40202 81-4711074	Rehabilitation Facility	KY						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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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 VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**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
475 South Street Morristown, NJ 07960 22-3380375	Human Health through AHS Hospital Corp	NJ	501(c)(3)	Line 12, I	N/A		No
475 South Street Morristown, NJ 07960 22-3392808	Fundraising for Morristown Medical Center	NJ	501(c)(3)	7	Atlantic Health System	Yes	
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	
175 High Street Newton, NJ 07860 22-2759566	Provides home health and other healthcare services	NJ	501(c)(3)	Line 11	Atlantic Health System	Yes	
175 High Street Newton, NJ 07860 22-3519709	Own commercial buildings and conducts leasing activities	NJ	501(c)(2)		Atlantic Health System	Yes	
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	
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	
97 West Parkway Pompton Plains, NJ 07444 22-2883605	Support Charitable Exempt Programs and Services of Medical Hospital	NJ	501(c)(3)	Line 12b, II	Atlantic Health System	Yes	
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	
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	329,118	Actual amount of transaction
(1)	At Home Medical	P	231,225	Actual amount of transaction
(2)	Atlantic Private Care Services (APCS)	O	72,908	Actual amount of transaction
(3)	Morristown Medical Investors (MMI)	K	5,295,535	Actual amount of transaction
(4)	AHS Investment Corp	K	1,315,355	Actual amount of transaction
(5)	AHS Investment Corp	K	107,138	Actual amount of transaction
(6)	AHS Investment Corp	K	198,320	Actual amount of transaction
(7)	AHS Investment Corp	K	296,500	Actual amount of transaction
(8)	AHS Investment Corp	K	123,083	Actual amount of transaction
(9)	AHS Investment Corp	K	441,103	Actual amount of transaction
(10)	AHS Investment Corp	K	419,197	Actual amount of transaction
(11)	AHS Investment Corp	K	264,628	Actual amount of transaction
(12)	AHS Investment Corp	K	494,613	Actual amount of transaction
(13)	AHS Investment Corp	K	1,432,205	Actual amount of transaction
(14)	AHS Investment Corp	K	2,735,300	Actual amount of transaction
(15)	AHS Investment Corp	Q	358,606	Actual amount of transaction
(16)	AHS Investment Corp	S	1,086,850	Actual amount of transaction
(17)	AHS Investment Corp	Q	89,028	Actual amount of transaction
(18)	AHS Investment Corp	Q	137,533	Actual amount of transaction
(19)	AHS Investment Corp	Q	2,364,171	Actual amount of transaction
(20)	AHS Investment Corp	Q	1,682,573	Actual amount of transaction
(21)	AHS Investment Corp	Q	737,713	Actual amount of transaction
(22)	AHS Investment Corp	S	206,378	Actual amount of transaction
(23)	AHS Investment Corp	Q	195,000	Actual amount of transaction
(24)	AHS Investment Corp	Q	302,726	Actual amount of transaction



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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b> AHS Investment Corp	Q	104,282	Actual amount of transaction
<b>(1)</b> Eagle Ambulance	Q	914,676	Actual amount of transaction
<b>(2)</b> Primary Care Partners (PCP)	Q	215,886	Actual amount of transaction
<b>(3)</b> Primary Care Partners (PCP)	Q	3,428,285	Actual amount of transaction
<b>(4)</b> Atlantic Health System (Parent)	S	4,032,112	Actual amount of transaction
<b>(5)</b> Atlantic Health System (Parent)	S	13,408,026	Actual amount of transaction
<b>(6)</b> Overlook Foundation	C	2,027,041	Actual amount of transaction
<b>(7)</b> Foundation For Morristown Medical Center	C	7,493,060	Actual amount of transaction
<b>(8)</b> Newton Medical Center Foundation	C	362,443	Actual amount of transaction
<b>(9)</b> Overlook Foundation	P	1,764,115	Actual amount of transaction
<b>(10)</b> Atlantic Ambulance	Q	21,791,763	Actual amount of transaction
<b>(11)</b> AHS ACO LLC	Q	0	Actual amount of transaction
<b>(12)</b> Chilton Medical Center Foundation Inc	C	1,768,472	Actual amount of transaction
<b>(13)</b> Chilton Medical Center Foundation Inc	Q	631,451	Actual amount of transaction
<b>(14)</b> Newton Medical Center Foundation	Q	723,576	Actual amount of transaction
<b>(15)</b> Foundation For Morristown Medical Center	Q	392,999	Actual amount of transaction
<b>(16)</b> Foundation For Morristown Medical Center	P	378,347	Actual amount of transaction
<b>(17)</b> Foundation For Morristown Medical Center	C	13,487,781	Actual amount of transaction
<b>(18)</b> Foundation For Morristown Medical Center	C	22,730,794	Actual amount of transaction