

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 \$ 3,192,327,168

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

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

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

J Website: ▶ www.atlantichealth.org

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1996 **M** State of legal domicile: NJ

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	19,620
6 Total number of volunteers (estimate if necessary)	6	2,658
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,232,057
7b Net unrelated business taxable income from Form 990-T, line 39	7b	2,232

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	25,398,571	18,648,961
9 Program service revenue (Part VIII, line 2g)	2,804,240,120	3,029,936,761
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,332,351	115,347,591
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,042,122	28,183,819
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,911,013,164	3,192,117,132
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,014,536	616,618
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,524,910,740	1,611,091,162
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,626,108		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,254,769,460	1,347,990,155
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,780,694,736	2,959,697,935
19 Revenue less expenses. Subtract line 18 from line 12	130,318,428	232,419,197

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,432,959,938	4,156,051,315
21 Total liabilities (Part X, line 26)	1,609,943,234	1,875,806,812
22 Net assets or fund balances. Subtract line 21 from line 20	1,823,016,704	2,280,244,503

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: 2020-11-02
 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 if self-employed PTIN: P01683199
 Firm's name ▶ Ernst & Young US LLP Firm's EIN ▶ 34-6565596
 Firm's address ▶ 5 Times Square Phone no. (212) 773-3000
 New York, NY 10036

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 \$ 2,520,201,527 including grants of \$ 616,618) (Revenue \$ 3,030,096,511)
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 ▶ 2,520,201,527

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,059
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Main form content with rows 2a through 16, including questions about employee reporting, tax returns, foreign accounts, and charitable contributions.

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 (32), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (NJ)
18 Section 6104 requires an organization to make its 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.
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.

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

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

(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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

Section 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. Includes questions 3, 4, and 5 regarding compensation reporting.

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.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like STRUCTURE TONE, ZOTEC PARTNERS LLC, EPIC SYSTEMS CORP, HOLT CONSTRUCTION CORP, and WM BLANCHARD COMPANY.

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 178

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	1,463,611		
	e Government grants (contributions)	1e	17,185,350		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		18,648,961		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a PATIENT SERVICE REV		621990	1,551,198,095	1,551,198,095		
b MEDICARE-MEDICAID		621990	1,256,854,136	1,256,854,136		
c PHYSICIAN SERVICES		621110	220,684,549	220,684,549		
d LAB SPEC PROCESSING		621500	1,199,981		1,199,981	
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			3,029,936,761			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts)			115,397,877		19,153	115,378,724
4 Income from investment of tax-exempt bond proceeds			159,750	159,750		
5 Royalties						
6a Gross rents	6a	(i) Real	879,549			
		(ii) Personal				
	b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	879,549			
d Net rental income or (loss)			879,549			879,549
7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b	210,036			
	c Gain or (loss)	7c	-210,036			
d Net gain or (loss)			-210,036			-210,036
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Cafeteria		722514	7,936,636			7,936,636
b Parking		812930	6,768,800			6,768,800
c Corporate Health		621610	4,020,722			4,020,722
d All other revenue			8,578,112		12,923	8,565,189
e Total. Add lines 11a-11d			27,304,270			
12 Total revenue. See instructions			3,192,117,132	3,028,896,530	1,232,057	143,339,584

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	616,618	616,618		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	28,339,843		28,339,843	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	120,419		120,419	
7 Other salaries and wages	1,334,065,433	1,129,821,108	202,570,653	1,673,672
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	47,073,944	39,866,962	7,146,587	60,395
9 Other employee benefits	117,753,434	99,725,479	17,885,594	142,361
10 Payroll taxes	83,738,089	70,917,856	12,712,798	107,435
11 Fees for services (non-employees):				
a Management	65,854,095		65,854,095	
b Legal	3,523,310		3,523,310	
c Accounting	1,280,022		1,280,022	
d Lobbying	498,000		498,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,114		8,114	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,255,880	35,255,880		
12 Advertising and promotion	17,618,554		17,618,554	
13 Office expenses	91,465,950	76,409,928	14,940,267	115,755
14 Information technology	9,501,889	8,047,157	1,442,541	12,191
15 Royalties				
16 Occupancy	73,163,963	61,476,630	11,594,201	93,132
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,872,859	10,902,035	1,954,350	16,474
20 Interest	35,044,663	29,679,354	5,320,450	44,859
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,137,747	134,185,569	23,751,456	200,722
23 Insurance	46,014,957	38,063,453	7,893,841	57,663
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EXPENSES	715,990,907	715,990,907		
b REPAIRS & MAINTENANCE	45,743,639	38,740,325	6,945,222	58,092
c EQUIPMENT AND RENTAL	5,987,554	5,070,865	911,643	5,046
d DUES	3,462,150	2,932,717	524,996	4,437
e All other expenses	26,565,902	22,498,684	4,033,344	33,874
25 Total functional expenses. Add lines 1 through 24e	2,959,697,935	2,520,201,527	436,870,300	2,626,108
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	291,668,579	2	403,447,885
	3 Pledges and grants receivable, net	843,424	3	611,079
	4 Accounts receivable, net	333,189,187	4	333,026,105
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,869,098	7	0
	8 Inventories for sale or use	18,274,733	8	19,573,636
	9 Prepaid expenses and deferred charges	71,360,026	9	77,381,138
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,356,959,492		
	b Less: accumulated depreciation	10b 1,827,652,774	1,223,185,757	10c 1,529,306,718
	11 Investments—publicly traded securities	1,377,809,220	11	1,667,468,011
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	113,759,914	15	125,236,743
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,432,959,938	16	4,156,051,315	
Liabilities	17 Accounts payable and accrued expenses	293,694,524	17	357,230,029
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	455,636,262	20	442,109,784
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	475,000,000	23	475,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	385,612,448	25	601,466,999
	26 Total liabilities. Add lines 17 through 25	1,609,943,234	26	1,875,806,812
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,673,394,464	27	2,113,127,656
	28 Net assets with donor restrictions	149,622,240	28	167,116,847
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,823,016,704	32	2,280,244,503	
33 Total liabilities and net assets/fund balances	3,432,959,938	33	4,156,051,315	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,192,117,132
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,959,697,935
3	Revenue less expenses. Subtract line 2 from line 1	3	232,419,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,823,016,704
5	Net unrealized gains (losses) on investments	5	141,978,691
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	82,829,910
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,280,244,503

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 65-1301877

Name: Atlantic Health System Inc Group Return

Form 990 (2019)

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.Practice Associates Medical Group doing business as Atlantic Medical Group, PA ("AMG") is a faculty plan serving all of the Hospital divisions. It is a nonprofit corporation and an organization described in Section 501(c)(3) of the Internal Revenue Code. Originally formed to provide billing and collection services for fees generated by physicians employed by the hospital division, AMG now serves as physician-governed group practice entity with more than 1,100 providers. AMG supports the System by improving consistency, enhancing collaboration among delivering care and optimizing care system operations.Atlantic Ambulance Corp (the "Company") was established as a not-for-profit organization of August 3, 2001 in the State of New Jersey, exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Company is organized 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 land and air based ambulance services, primarily in New Jersey. The Company's sole member is Atlantic Health System, Inc. , a New Jersey based not-for-profit corporation.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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Gragnolati President & CEO	55.00	X		X				3,595,302	0	663,780
Kevin Lenahan SVP-CFO & Admin Officer	55.00	X		X				1,769,410	0	320,249
Sheilah O'Halloran VP-Ass't Gen Council	55.00	X		X				1,014,730	0	140,021
Walter Rosenfeld MD PAMG-Trustee	55.00	X						742,678	0	53,103
Katharine Driebe VP - Finance	55.00	X		X				595,915	0	102,806
Frederico Cerrone MD PAMG-Trustee	55.00	X						662,911	0	25,952
Domenick Randazzo MD PAMG-Trustee	55.00	X						581,575	0	18,961
Seth Stoller MD PAMG-Trustee	55.00	X						564,380	0	31,310
Peter Bolo MD PAMG-Trustee	55.00	X						523,504	0	45,565
Thomas Zaubler MD PAMG-Trustee	55.00	X						464,684	0	45,786

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			
Brenda Matti-Orozco MD PAMG-Trustee	55.00	X						330,750	0	25,014
Navpreet Minhas MD Physician	55.00	X						309,912	0	30,062
Joseph Cirello MD PAMG-Trustee	55.00	X						264,150	0	32,046
Alan Meltzer MD PAMG-Trustee	55.00	X						238,968	0	42,056
Albert Ritter MD Trustee-Atlantic Ambulance	2.00	X						0	0	0
Anne S Rooke Trustee-AHS	2.00	X						0	0	0
Christopher R Reidy Trustee-AHS	2.00	X						0	0	0
David FergusonAA Director Trustee-Atlantic Ambulance	2.00 55.00	X						0	288,654	17,293
David Taylor MD PAMG-Trustee	2.00	X						0	0	0
Dexter D Earle Trustee-AHS, Chairman	2.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
John F Vigorita MD Trustee-AHS	2.00	X						0	0	0
John Pilla MD PAMG-Trustee	2.00	X						0	0	0
Laura A Kelly Trustee-AHS	2.00	X						0	0	0
Richard W Herbst Trustee-AHS, Officer	2.00	X		X				0	0	0
Robert E McCracken Trustee-AHS	2.00	X						0	0	0
Robert Toohey Trustee-AHS	2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sean Nicholson Trustee-AHS	2.00	X						0	0	0
Christopher Amalfitano MD Trustee-AHS	2.00	X						37,500	0	0
Amy Perry SVP - Delivery & CEO Hosp. Div.	55.00			X				1,954,894	0	266,767
Jan Schwartz-Miller MD SVP-Chief Medical & Academ	55.00			X				1,573,891	0	198,757
Steven Sheris MD PAMG-President, SVP	55.00			X				1,276,505	0	174,440
Patricia O'Keefe President-MMC	55.00			X				1,181,469	0	184,726
Alan Lieber President - OMC	55.00			X				1,150,546	0	225,586
Joseph Di Paolo President-NMC Termed 10/11/19	55.00			X				946,269	0	12,904
Stephanie Schwartz President CMC	55.00			X				857,890	0	127,546
Nichell Sumpster SVP-Chief HR Officer	55.00			X				840,573	0	133,355

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			
Christopher Zipp MD PAMG-Vice Chair	55.00			X				504,002	0	37,182
Christopher Herzog PAMG- CFO & Treasurer	55.00			X				442,262	0	65,358
Linda Gilligan PAMG-COO & Sec Termed 1/4/19	55.00			X				413,356	0	0
Greg Mulford MD PAMG-Chairman	55.00			X				272,461	0	30,024
James Wittig MD Physician-Chair	55.00				X			2,324,807	0	13,616
Rolando Rolandelli MD Chairman-Dep of Surgery	55.00				X			1,033,663	0	47,514
Eric Whitman MD Physician	55.00				X			947,689	0	45,582
Philippe Genereux MD Physician	55.00					X		1,240,800	0	19,116
Paul Starker MD Chairman-Dept of Surgery	55.00					X		1,088,225	0	40,450
Eric Lazar MD Physician Director	55.00					X		1,055,469	0	48,210

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			
Yaser Daramna MD Physician	55.00					X		1,055,155	0	30,959
James Gardner MD Physician	55.00					X		1,024,293	0	19,116
Joseph Wilkins-Termed 62218 SVP-Chief Trans Officer	0.00						X	383,875	0	0
Karen Flaherty-Oxler SVP-Chief Nursing-Termed 7/21/18	0.00						X	250,670	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 for instructions and the latest information.

OMB No. 1545-0047
2019
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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Listing of Subordinates in this Group 990:	Atlantic Health System - AHS Hospital Corp 52-1958352 Atlantic Ambulance Corp 22-3820288 Practice Associates Medical Group PC 20-2088165 Hackettstown Regional Medical Center Emergency Medical Serv Inc 27-0820164 Medical Center Partners, Inc 45-4789273

990 Schedule A, Supplemental Information

Return Reference	Explanation
Determination of the Organizations in this Group IRS 990	<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. This organization's supported organization (AHS Hospital Corp) appoints the organization's trustees of this supporting organization. The organization operated only for the benefit of the supported organization (AHS Hospital Corp). 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. This organization's supported organization (AHS Hospital Corp) appoints the organization's trustees of this supporting organization. The organization operated only for the benefit of the supported organization (AHS Hospital Corp). 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. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp. Hackettstown Regional Medical Center Emergency Services, Inc. is a Box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2)</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Determination of the Organizations in this Group IRS 990	. 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. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

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 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
---	--

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		498,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			498,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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 6. 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 S2020: Appropriates \$38,748,610,000 in State funds and \$16,748,645,972 in federal funds for the State budget for fiscal year 2019-2020 A5369: "Patient Protection Act;" establishes requirements concerning the transfer and referral of certain patients receiving health care services. A5363: Requires carriers that offer health benefits plans to provide new or existing subscribers with notification of certain hospital and health system contract expirations. A3670: Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database and requires development of emergency medical services stroke care protocols. S4204: Concerns employment status of individuals with respect to wage and hour and unemployment status. A5582: Expressly prohibits examination of patient by healthcare practitioner without patient's informed written consent. A2164: Healthy Small Food Retailer Act; provides funding to smaller food retailers to sell fresh and nutritious foods A392: Permits certain physical therapists to perform dry needling Also, the following represents the vendors were paid \$498,000 in 2019 for lobbying expenses. 1. EDGE ADVOCACY LLC \$ 84,000 2. ROSEMONT ASSOCIATES LLC 150,000 3. CAMMARANO LAYTON AND BOMBARDIERI 42,000 4. OPTIMUS 180,000 5. KEYWOOD STRATAGIES 42,000

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number
65-1301877

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	149,622,240	150,320,337	135,415,433	127,490,232	127,978,403
b Contributions	52,656,881	38,062,956	38,098,907	32,141,880	32,240,327
c Net investment earnings, gains, and losses	5,050,049	-2,684,750	8,223,395	4,168,419	-1,192,411
d Grants or scholarships					
e Other expenditures for facilities and programs	-40,212,323	-36,076,305	-31,417,398	-28,385,098	-31,536,087
f Administrative expenses					
g End of year balance	167,116,847	149,622,240	150,320,337	135,415,433	127,490,232

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 31.300 %
- c** Temporarily restricted endowment ▶ 68.700 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		74,772,350		74,772,350
b Buildings		1,860,686,946	1,133,561,125	727,125,821
c Leasehold improvements		50,081,606	10,545,922	39,535,684
d Equipment		1,371,418,590	683,545,727	687,872,863
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 1,529,306,718

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	601,466,999

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,301,888,155
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	141,978,691
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	21,371,412
e	Add lines 2a through 2d	2e	163,350,103
3	Subtract line 2e from line 1	3	3,138,538,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	53,579,081
c	Add lines 4a and 4b	4c	53,579,081
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,192,117,133

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

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

1	Total expenses and losses per audited financial statements	1	2,908,064,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,908,064,938
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	51,632,997
c	Add lines 4a and 4b	4c	51,632,997
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,959,697,935

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 21,371,412.

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Physician revenue recorded as an offset in the AFS expenses 34,447,647. Grant revenue recorded as an offset to the AFS expenses 17,185,350. Interest Income -Temp Restricted 1,946,084.

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Revenue recorded as an offset in the AFS expenses 34,447,647. Grant revenue recorded as an offset to the AFS expenses 17,185,350.

**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

2019

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" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean -			Program Services	Insurance	24,854,402
3a Sub-total	0	0			24,854,402
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			24,854,402

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
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 _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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
a Financial Assistance at cost (from Worksheet 1)			33,408,229	9,909,726	23,498,503	0.790 %
b Medicaid (from Worksheet 3, column a)			259,947,848	173,861,093	86,086,755	2.910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			293,356,077	183,770,819	109,585,258	3.700 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			11,685,772	43,037	11,642,735	0.390 %
f Health professions education (from Worksheet 5)			54,549,886	16,946,853	37,603,033	1.270 %
g Subsidized health services (from Worksheet 6)			30,557,811	9,866,961	20,690,850	0.700 %
h Research (from Worksheet 7)			3,956,106	1,952,999	2,003,107	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			616,618	0	616,618	0.020 %
j Total. Other Benefits			101,366,193	28,809,850	72,556,343	2.450 %
k Total. Add lines 7d and 7j			394,722,270	212,580,669	182,141,601	6.150 %

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						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	130,135,401
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	25,340,210
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	796,713,907
6	Enter Medicare allowable costs of care relating to payments on line 5	6	755,856,493
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	40,857,414
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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	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
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Schedule O for the full URL</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>Refer to Schedule O for the full URL</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Morristown Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://atlantichealth.patientcompass.com/hc/sp/atlantichealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)
Billing and Collections

Morristown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Morristown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 2 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): Refer to Schedule O for the full URL		
b	<input checked="" type="checkbox"/> Other website (list url): www.njhealthmatters.org		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): Refer to Schedule O for the full URL	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Overlook Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://atlantichealth.patientcompass.com/hc/sp/atlantichealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Overlook Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Overlook Medical Center

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 3

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	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
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Schedule O for the full URL</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>Refer to Schedule O for the full URL</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Newton Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://atlantichealth.patientcompass.com/hc/sp/atlantichealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Newton Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Newton Medical Center

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 4 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): Refer to Schedule O for the full URL		
b	<input checked="" type="checkbox"/> Other website (list url): www.njhealthmatters.org		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): Refer to Schedule O for the full URL	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Chilton Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.atlantichealth.org/patients-visitors/financial-information/fina</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Chilton Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Chilton Medical Center

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 5 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): Refer to Schedule O for the full URL		
b	<input checked="" type="checkbox"/> Other website (list url): www.njhealthmatters.org		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): Refer to Schedule O for the full URL	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Atlantic Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://atlantichealth.patientcompass.com/hc/sp/atlantichealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Atlantic Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Atlantic Rehabilitation Institute

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 6

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Schedule O for the full URL</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>Refer to Schedule O for the full URL</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

Hackettstown Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://atlantichealth.patientcompass.com/hc/sp/atlantichealth/guarantor</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.atlantichealth.org/financialassistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Hackettstown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

Hackettstown Medical Center

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 124

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a:	The 2019 community benefit report will be made available to the public via the Atlantic Health System website (www.atlantichealth.org).

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g:	Subsidized Health Services represent clinical patient care services that are provided, despite a negative margin, because they are needed in the community. During 2019 the organization provided 39 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 2019 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, 2019, and December 31, 2018 the Hospital recorded \$111,371,000 and \$91,563,000, respectively, 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>2019 Medicare Allowable payments received as calculated per the 2019 Medicare Cost report exceeds the 2019 Medicare costs generating a Medicare surplus to the organization of over \$40.8 million. Although there was a surplus in 2019, participation in the Medicare program should be considered community benefit because:</p> <ul style="list-style-type: none">- 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.

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

Form and Line Reference	Explanation
Part III, Line 9b:	<p>ty 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); and6. 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-eligibilitydetermination 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 thediscounted amount calculated;c. Re-determine the patient's FAP-eligibility status if a completed application for financial assistance is received.</p>

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Part VI, Line 3:	<p>Per the Financial Assistance Policy (FAP).I. Purpose: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, Hackettstown Medical Center, and Atlantic Rehabilitation Institute, and any Atlantic Health System facility that is designated as provider-based pursuant to 42 C.F.R. 413.65.II. PolicyIt 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, anesthesia fees, radiology interpretation and outpatient prescriptions are separate from hospital charges and may not be eligible for financial assistance through Atlantic Health System. A list of all providers, other than the hospital facility itself, providing emergency or other medically necessary care in the hospital facility, by facility, specifying which providers are covered by this Financial Assistance Policy ("FAP") and which are not can be found at Appendix A to this FAP. The provider listings will be reviewed quarterly and updated if necessary.III.General:A. Atlantic Health System will render health care services, inpatient and outpatient, to all New Jersey residents who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this FAP.B. Atlantic Health System will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.C. Atlantic Health System's FAP, application for financial assistance and Plain Language Summary ("PLS") are all available on-line at the following website: www.atlantichealth.org/financialassistanceD. 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 5% 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 in 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 # 973-971-8964OverlookMedical Center: 99 Beauvoir Avenue, Summit, New Jersey 07901, Financial Counseling Office, Phone # 908-522-4689Chilton Medical Center: 97 West Parkway, Pompton Plains, New Jersey 07444, Financial Counseling Office, Phone # 973-831-5113Newton Medical Center: 175 High Street, Newton, New Jersey 07860, Financial Counseling Office, Phone # 973-579-8407Hackettstown Medical Center: 651 Willow Grove Street, Hackettstown, New Jersey 07840, Financial Counseling Office, Phone # 908-850-6902Atlantic 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,</p>

Form and Line Reference	Explanation
Part VI, Line 3:	<p>or if they need other assistance, they can reach the Customer Service Department at 1-800-619-4024 or visit or contact the Financial Counseling Offices listed above.</p> <p>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.</p> <p>H. The PLS will be offered to all patients as part of the intake process.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 Pay C. Amounts Generally Billed</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>About Morris County Morris County's projected growth is 1.2%, MMC's service area also has a growth of 1.2%. The highest projected increases include Mount Arlington, 4.62%, Springfie ld, 4.61%, and Cedar Knolls, 5.04%. At 1,130.67 residents per square mile, Morris County i s the 10th most densely populated county in New Jersey; the 21 counties range from a low o f 183.02 population/sq. mile (Salem County) to a high of 14,864.40 population/sq. mile (Hu dson County). MMC's service area is predominately White (Non-Hispanic). The New Jersey ave rage for White (Non-Hispanic) is 53.9%, MMC's service area is 67.4%. Over 91% of the popul ation, ages 5 years and older, speak English only or speak English only or speak English " very well; this is 3 percentage points higher than the New Jersey average.For 2019, the me dian household income for the MMC service area was over \$118,281 which was \$40,298 more th an the state average (Mendham was 241% greater than the state average). There were fifty-t wo towns over \$100,000, however, in 2024 there are projected to be 62 towns over \$100,000. Six towns including Basking Ridge, Warren, Springfield, New Providence, Summit and Berkel ey Heights are all projected to increase over 12% next year, 2% higher than the state aver age.The state average for families below poverty was 7.8%; MMC's service area was 3.6% and Morris County was 3.2%. MMC's service area and Morris County have been projected to have no change in the 'number of families below poverty,' which is much lower than the state av erage.Currently, there are about 3.8% of people within MMC's service area receiving food s tamps/SNAP benefits which was lower than the state average, 9.3%, and higher than Morris c ounty, 3.4%. Within MMC's service area, there were three towns higher than the state avera ge, Dover, Plainfield and Wharton.The New Jersey unemployment rate is 7.9%, MMC's service area was 5.9% and the Morris County rate was 5.6%. Out of the towns in the service area, a pproximately 81% were below the state's unemployment rate.The percent of the population wi thin MMC's service area that had 'some high school education or less' was lower than the N ew Jersey average; meaning that the area's population was, on average, more educated.About Union CountyUnion County's projected growth is 2.7%, OMC's service area has a growth of 2.4%; due to projected increases in Elizabethport, 5.13%, Springfield, 4.61%, and Rahway, 3.85%. At 5,496.42 residents per square mile, Union County is the 3rd most densely populat ed county in New Jersey; the 21 counties range from a low of 183.02 population/sq. mile (Sa lem County) to a high of 14,864.40 population/sq. mile (Hudson County). OMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is 53.9%, OMC's service area is 40.1%. Over 84% of the population, ages 5 years and older, s peak English only or speak English "very well; this is 4 percentage points lower than the New Jersey average.For 2019, the median household income for the OMC service area was over \$102,364 which was \$24,381 more than the state average (Short Hills was 406% greater than the state average). There were twenty towns over \$100,000 however, in 2024 there are proj ected twenty-four towns over \$100,000. There are thirty towns projected to increase over t he state average.The state average for families below poverty was 7.8%; OMC's service area was 8.1% and Union County was 8.0%. OMC's service area and Union County both have been pr ojected to have a larger increase in the 'number of families below poverty' compared to th e state average.Currently, there are about 8.6% of people within OMC's service area receiv ing food stamps/SNAP benefits which was lower than the state average, 9.3%, and lower than Union County, 9.1%. Within OMC's service area, there were eleven towns higher than the st ate average.The New Jersey unemployment rate is 7.9%, OMC's service area was 8.4% and the Union County rate was 8.4%. Out of the towns in the service area, 61.5% were below the sta te's unemployment rate.The percent of the population within OMC's service area that had 's ome high school education or less educated.About Sussex CountySussex County's projected gr owth is -1.8% and NMC's service area has a growth of -0.7%; only Hamburg has a projected i ncrease of 0.39%. At 274.97 residents per square mile, Sussex County is the 2nd least dens ely populated county in New Jersey; the 21 counties range from a low of 183.02 population/ sq. mile (Salem County) to a high of 14,864.40 population/sq. mile (Hudson County). NMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non- Hispanic) is 53.9%, NMC's service area is 86.4%. Over 97% of the population, ages 5 years and older, speak English only or speak English "very well; this is 9 percentage points hig her than the New Jersey average.For 2019, the median household income for the NMC service area was over \$90,159 which was \$12,176 more than</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>the state average (Sparta was 179% greater than the state average). There were three towns over \$100,000 (Andover, Sparta and Blairstown) however, in 2024 there are projected five towns over \$100,000. No towns are projected to increase more than the state average. The state average for families below poverty was 7.8%; NMC's service area was 3.8% and Sussex County was 3.8%. NMC's service area has been projected to have a smaller increase in the 'number of families below poverty' than the state average; however, the number of Sussex County families has been projected to increase. Currently, there are about 4.8% of people within NMC's service area receiving food stamps/SNAP benefits which was lower than the state average, 9.3%, and higher than Sussex County, 4.4%. Within NMC's service area, there were no towns higher than the state average. The New Jersey unemployment rate is 7.9%, NMC's service area was 6.9% and the Sussex County rate was 7.1%. Out of the towns in the service area, 73% were below the state's unemployment rate. The percent of the population within NMC's service area that had 'some high school education or less' was lower than the New Jersey average; meaning that the area's population was, on average, more educated. About Passaic County Passaic County's projected growth is 1.6%, CMC's service area has a growth of 1.5%; due to a projected increase Wanaque, 5.01%, Riverdale, 6.83% and Haskell, 3.18%. At 2,764.88 residents per square mile, Passaic County is the 6th most densely populated county in New Jersey; the 21 counties range from a low of 183.02 population/sq. mile (Salem County) to a high of 14,864.40 population/sq. mile (Hudson County). CMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is 53.9%, CMC's service area is 80.4%. Approximately 93% of the population, ages 5 years and older, speak English only or speak English "very well; this is 5 percentage points higher than the New Jersey average. For 2019, the median household income for the CMC service area was \$95,000 which was \$17,017 more than the state average (Butler was 155% greater than the state average). There were six towns over \$100,000 (Butler, Pequannock, Hewitt, Ringwood, Wayne and West Milford) however, in 2024 there are projected ten towns over \$100,000. Ringwood has been projected to increase 10.9% in the next five years, larger than the state average. Approximately 3.0% of families living in CMC's service area are below the poverty line, compared to about 7.8% statewide. Currently, there are about 3.8% of people within CMC's service area receiving food stamps/SNAP benefits, which was lower than the state average (9.3%). The New Jersey unemployment rate is 7.9%, CMC's service area was 6.4% and the Passaic County rate was 7.6%. Out of the towns in the service area, approximately 77% were below the state's unemployment rate. The percent of the population within CMC's service area that had some high school education or less was lower than the New Jersey average; meaning that the area's population was, on average, more educated.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5:	The 2019 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 2019, Atlantic Health System trained 308 residents and fellows, 208 at Morristown Medical Center and 101 at Overlook Medical Center. AHS graduated 86 residents from various programs in June 2019. 29 of these graduates chose to pursue fellowship training. 14 stayed in the Atlantic Health System catchment area: of these, 5 stayed on as chief residents, 3 practiced in family medicine, 2 became hospitalists, 1 stayed in our Emergency Department, and three entered one of our own 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 2019. 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Description of Community Information - Continued</p>	<p>About Hackettstown Although Warren county's projected growth is]0.5%, HMC's service area has a growth of 0.7%; due to projected increases in Budd Lake, 2.94%, Flanders, 2.71%, and Hackettstown, 1.44%. At 295.89 residents per square mile, Warren County is the 4th least densely populated county in New Jersey; the 21 counties range from a low of 187.80 population/sq. mile (Salem County) to a high of 13,744.70 population/sq.mile (Hudson County). HMC's service area is predominately White (Non]Hispanic). The New Jersey average for White (Non]Hispanic) is 53.9%, HMC's service area is 79.2%. Over 95% of the population, ages 5 years and older, speak English only or speak English "very well; this is 8 percentage points higher than the New Jersey average. For 2019, the median household income for the HMC service area was over \$97,200 which was \$19,200 more than the state average (Long Valley was 196% greater than the state average). There were five towns over \$100,000 (Flanders, Long Valley, Andover, Blairstown, and Great Meadows) however, in 2024 there are projected eight towns over \$100,000. Great Meadows and Washington have been projected to increase over 11% in the next five years, both larger than the state average. The state average for families below poverty was 7.8%; HMC's service area was 3.3% and Warren county was 6.7%. HMC's service area has been projected to have a larger increase in the 'number of families below poverty' than the state average; however, the number of Warren county families has been projected to decrease. Currently, there are about 4% of people within HMC's service area receiving food stamps/SNAP benefits which was lower than the state average, 9.3%, and lower than Warren county, 6.6%. Within HMC's service area, there were no towns higher than the state average. The New Jersey unemployment rate is 7.9%, HMC's service area was 7.1% and the Warren county rate was 8.3%. Out of the towns in the service area, 60% were below the state's unemployment rate. The percent of the population within HMC's service area that had 'some high school education or less' was lower than the New Jersey average; meaning that the area's population was, on average, more educated.</p>

Additional Data

Software ID:

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

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

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

Section A. Hospital Facilities		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? 6											
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).

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	<p>Part V, Section B, Line 5: Morristown Medical Center (MMC) 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 2019, MMC, 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 Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren 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 MMC'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 MMC with a health-centric view of the population it serves, enabling MMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. 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 MMC's service area, but rather an overview that highlights statistics relevant to MMC's health priorities for the CHNA/CHIP planning and implementation period. Key components of the MMC CHNA process include: Secondary Data Research Key Informant Survey Prioritization Session Implementation Plan Key Community Health Issues Morristown 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 and adopted as the key health priorities for MMC's 2019-2021 CHNA: Behavioral Health (Including Substance Use Disorders) Diabetes & Obesity Geriatrics & Healthy Aging Cancer Heart Disease Based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Morristown Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts, to be shared with the public on an annual basis. Methodology MMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the 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</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
Morristown Medical Center	<p>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 Support Atlantic Health System's corporate Planning & System Development staff provided MMC 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, provided key market insights and prepared all reports. Community Representation Community engagement and feedback were an integral part of the CHNA process. MMC 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 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 Limitations Timelines and other restrictions impacted the ability to survey all potential community stakeholders. MMC sought to mitigate these limitations by including in the assessment process a diverse cohort of representatives or and/or advocates for underserved populations in the service area. Prioritization of Needs Following the completion of the CHNA research, MMC's Community Health Advisory Sub-Committee prioritized community health issues, which are documented herein. MMC will utilize these priorities in its ongoing development of a Community Health Improvement Plan which will be shared publicly on an annual basis.</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
Overlook Medical Center	<p>Part V, Section B, Line 5: Overlook Medical Center (OMC) 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 2019, OMC, 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 Union, Essex, Morris, Somerset, Hudson and Middlesex 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 OMC'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 OMC with a health-centric view of the population it serves, enabling OMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. 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 OMC's service area, but rather an overview that highlights statistics relevant to OMC's health priorities for the CHNA/CHIP planning and implementation period. Key components of the OMC CHNA process include: Secondary Data Research Key Informant Survey Prioritization Session Implementation Plan Key Community Health Issues Overlook 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 and adopted as the key health priorities for OMC's 2019-2021 CHNA: Obesity / Unhealthy Weight / Food Insecurity Mental Health & Substance Misuse Heart Disease & Diabetes End of Life Care Cancer Stroke Based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Overlook Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts, to be shared with the public on an annual basis. Methodology OMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the 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.</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
Overlook Medical Center	<p>w 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 Support Atlantic Health System's corporate Planning & System Development staff provided OMC 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, provided key market insights and prepared all reports. Community Representation Community engagement and feedback were an integral part of the CHNA process. OMC's Community Health Department played a critical role in obtaining 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 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 Limitations Timelines and other restrictions impacted the ability to survey all potential community stakeholders. OMC sought to mitigate these limitations by including in the assessment process a diverse cohort of representatives or and/or advocates for underserved population in the service area. Prioritization of Needs Following the completion of the CHNA research, OMC's Community Health Advisory Sub-Committee prioritized community health issues, which are documented herein. OMC will utilize these priorities in its ongoing development of a Community Health Improvement Plan which will be shared publicly on an annual basis.</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 5: Newton Medical Center (NMC) 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 2019, NMC, 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 Sussex and Warren counties in New Jersey as well as portions of Pike County in Pennsylvania. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of NMC'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 NMC with a health-centric view of the population it serves, enabling NMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. 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 NMC's service area, but rather an overview that highlights statistics relevant to NMC's health priorities for the 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 Newton Medical Center, in conjunction with community partners, examined the findings of the Secondary Data and Key Informant Interviews to select Key Community Health Issues. The following issues were identified and adopted as the key health priorities for NMC's 2019-2021 CHNA: Barriers to Access to Health Education & Resources Cancer Diabetes & Unhealthy Weight Heart Disease & Stroke Mental Health Substance Misuse Based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Newton Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts, to be shared with the public on an annual basis. Methodology NMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the 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 committee.</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>tees 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 Support Atlantic Health System's corporate Planning & System Development staff provided NMC 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, provided key market insights and prepared all reports. Community Representation Community engagement and feedback were an integral part of the CHNA process. NMC's Community Health Department played a critical role in obtaining 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 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 Limitations Timelines and other restrictions impacted the ability to survey all potential community stakeholders. NMC sought to mitigate these limitations by including in the assessment process a diverse cohort of representatives or and/or advocates for underserved population in the service area. Prioritization of Needs Following the completion of the CHNA research, NMC's Community Health Advisory Sub-Committee prioritized community health issues, which are documented herein. NMC will utilize these priorities in its ongoing development of a Community Health Improvement Plan which will be shared publicly on an annual basis.</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	<p>Part V, Section B, Line 5: Chilton Medical Center (CMC) 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 2019, CMC, 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 Morris and Passaic 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 CMC'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 CMC with a health-centric view of the population it serves, enabling CMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. 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 CMC's service area, but rather an overview that highlights statistics relevant to CMC's health priorities for the CHNA/CHIP planning and implementation period. Key components of the CMC CHNA process include: Secondary Data Research Key Informant Survey Prioritization Session Implementation Plan Key Community Health Issues Chilton 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 and adopted as the key health priorities for CMC's 2019-2021 CHNA: Pulmonary Disease Heart Disease Diabetes Stroke Cancer Behavioral Health (including Substance Use as it pertains to Mental Health) Based on feedback from community partners, health care providers, public health experts, health and human service agencies, and other community representatives, Chilton Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts, to be shared with the public on an annual basis. Methodology CMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the 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.</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	<p>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 Support Atlantic Health System's corporate Planning & System Development staff provided CMC 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, provided key market insights and prepared all reports. Community Representation Community engagement and feedback were an integral part of the CHNA process. CMC 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 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 Limitations Timelines and other restrictions impacted the ability to survey all potential community stakeholders. CMC sought to mitigate these limitations by including in the assessment process a diverse cohort of representatives or and/or advocates for underserved populations in the service area. Prioritization of Needs Following the completion of the CHNA research, CMC's Community Health Advisory Sub-Committee prioritized community health issues, which are documented here in. CMC will utilize these priorities in its ongoing development of a Community Health Improvement Plan which will be shared publicly on an annual basis.</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: Refer to the MMC CHNA

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.</p> <p>CHNA Components. Secondary Data Research. Key Informant Survey. Prioritization Session. Implementation Plan. Key Community Health Issues</p> <p>Key Community Health Issues Hackettstown Medical Center, in conjunction with community partners, examined the findings of qualitative and quantitative data to prioritize key community health issues. The following issues were identified: Substance Use Disorders. Diabetes. Need for Mental Health Providers. Overweight/Obesity. Preventive Care</p> <p>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.</p> <p>Methodology HMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the 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 p</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>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 Support Atlantic Health System Corporate Planning & 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.</p> <p>Community Representation Community 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.</p> <p>Research Limitations Timelines 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.</p> <p>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: No other hospital facilities

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	Part V, Section B, Line 6a: No other hospital facilities

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: No other hospital facilities

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	Part V, Section B, Line 6a: No other hospital facilities

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 6a: No other hospital facilities

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
Hackettstown 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.

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	Part V, Section B, Line 6b: No other organizations other than hospital facilities

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 11: Refer to the July 2020 Community Health Improvement Plan (CHIP) for the significant needs indentified in the 2019 CHNA per the URL in Schedule O.Refer to the updated May 2019 Community Health Improvement Plan (CHIP)for the signifcant needs identified in the 2016 CHNA per the URL in Schedule O.

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	Part V, Section B, Line 11: Refer to the July 2020 Community Health Improvement Plan (CHIP) for the significant needs indentified in the 2019 CHNA per the URL in Schedule O.Refer to the updated May 2019 Community Health Improvement Plan (CHIP)for the signifcant needs identified in the 2016 CHNA per the URL in Schedule O.

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 11: Refer to the July 2020 Community Health Improvement Plan (CHIP) for the significant needs indentified in the 2019 CHNA per the URL in Schedule O. Refer to the updated May 2019 Community Health Improvement Plan (CHIP) for the signifcant needs identified in the 2016 CHNA per the URL in Schedule O.

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	Part V, Section B, Line 11: Refer to the July 2020 Community Health Improvement Plan (CHIP) for the significant needs indentified in the 2019 CHNA per the URL in Schedule O.Refer to the updated May 2019 Community Health Improvement Plan (CHIP)for the signifcant needs identified in the 2016 CHNA per the URL in Schedule O.

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: Refer to the July 2020 Community Health Improvement Plan (CHIP) for the significant needs indentified in the 2019 CHNA per the URL in Schedule O. Refer to the updated May 2019 Community Health Improvement Plan (CHIP) for the signifcant needs identified in the 2016 CHNA per the URL in Schedule O.

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
Hackettstown Medical Center	Part V, Section B, Line 11: Refer to the July 2020 Community Health Improvement Plan (CHIP) for the significant needs indentified in the 2018 CHNA per the URL in Schedule O.Refer to the updated May 2019 Community Health Improvement Plan (CHIP)for the signifcant needs identified in the 2018 CHNA per the URL in Schedule O.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name and address	Type of Facility (describe)
106 109 - Morristown Surgical Center at Madison Av 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
1 110 - MMC Radiolgy at 111 Madison Avenue 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
2 111 - MMC Internal Medicine Faculty Associates 435 South Street - Suite 360 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
3 112 - The Wound Care Center at MMC 435 South Street - Level 3 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
4 113 - The Medical Institute of New Jersey 11 Saddle Road Cedar Knolls, NJ 07927	Off-Site Ambulatory Care Facility
5 114 - Morristown Outpatient Radiology 310 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
6 115 - Overlook Health Services 1 Springfield Avenue Summit, NJ 07901	Off-Site Ambulatory Care Facility
7 116 - Ryan White HIV Clinic 200 South Street Morristown, NJ 07962	Physican Clinic
8 117 - HRMC's Counseling & Addiction Center 112 East Avenue Suite 9 Hackettstown, NJ 07840	Behavioral Health Services
9 118 - Infusion Ctr Rockaway 333 Mount Hope Road Suite 210A Rockaway, NJ 07866	Infusion Center
10 119 - MMC Endoscopy 111 Madison Ave Suite 401 Morristown, NJ 07960	Gastroenterology
11 120 - Cardiovascular Imaging Center-CV Imaging 242 West Parkway Pompton Plains, NJ 07444	Cardiac Imaging
12 121 - Atlantic Heath Sports OT Rockaway 333 Mount Hope Road Rockaway, NJ 07866	Rehab Services
13 122 - Mountain Lakes Physical Therapy 333 Route 46 Mt Lakes, NJ 07046	Rehab Services
14 123 - Atlantic Health Adult Rehab 6 Saddle Road Cedar Knolls, NJ 07927	Rehab Services

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

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

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

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

Name and address

Type of Facility (describe)

121 124 - Randolph YMCA Physical Therapy
14 Dover Chester Road
Randolph, NJ 07869

Rehab Services

1 125 - OMC Warren Physical Therapy
23 Mountain Blvd
Warren, NJ 07059

Rehab Services

2 126 - Rehab Byram
90 US Rt 206
Byram Township, NJ 07874

Rehab Services

3 127 - Chilton West Parway ASC
97 W Parkway 1
Pompton Plains, NJ 07844

Ambulatory Surgery Center

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

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.

OMB No. 1545-0047

2019

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 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.

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, (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 31
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF RINGWOOD 60 Margeret King Ave Ringwood, NJ 07456	22-6002256		7,000				General Support
BOROUUGH OF KENILWORTH 567 Boulevard Kenilworth, NJ 07033	22-3084400		10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF LINCOLN PARK 34 CHAPEL HILL ROAD LINCOLN PARK, NJ 07035	22-6002031		10,000				General Support
CENTER FOR PREVENTION AND COUNSELING 61 SPRING STREET 3RD FLOOR NEWTON, NJ 07860	23-7387757	501(c)(3)	52,750				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALLENGE DAY 2520 Stanwell Dr Concord, CA 94520	94-3386810	501(c)(3)	9,282				General Support
COLLEGE OF ST ELIZABETH 2 Convent Rd Morristown, NJ 07960	22-1529785	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SOUP KITCHEN OF MORRISTOWN INC 36 South St Morristown, NJ 07960	22-3084025	501(c)(3)	20,000				General Support
COUNTY OF SUSSEX One Spring St Newton, NJ 07860		501(c)(3)	6,980				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC ABUSESEXUAL ASSAULT CRISIS CENTER 29C Broad Street Washington, NJ 07882	22-2357790	501(c)(3)	25,166				General Support
FAMILY PROMISE 71 Summit Avenue Summit, NJ 07901	52-1591461	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GODLEN RULE CRAFTSMAN CLUB 221 Oswald Pl Vauxhall, NJ 07088	22-0384400	501(c)(3)	10,000				General Support
METROPOLITAN YMCA OF THE ORANGES 139 EAST MCCLELLAN AVE LIVINGSTON, NJ 07039	22-1487387	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTVILLE TOWNSHIP 195 Changebridge Rd Montville, NJ 07045	22-6002103	501(c)(3)	7,293				General Support
MORRIS MUSEUM 6 Normandy Heights Road Morristown, NJ 07960	22-1514241	501(c)(3)	20,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORRIS COUNTY PARK COMMISSION 353 E Hanover Ave Morristown, NJ 07960	22-3626871	501(c)(3)	10,800				General Support
PASS IT ALONG 60 Blue Heron Road Suite 101 Sparta, NJ 07871	80-0018706	501(c)(3)	47,700				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Northern NJ 222 Ridgedale Avenue Cedar Knolls, NJ 07927	22-1487247	501(c)(3)	15,000				General Support
WAYNE HEALTH DEPARTMENT 475 Valley RD Wayne, NJ 07470	22-6002384	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST MILFORD HELATH DEPARTMENT 1480 Union Valley Rd West Milford, NJ 07480	26-6002392	501(c)(3)	10,000				General Support
NEW YORK JETS FOUNDATION One Jets Dr Florham Park, NJ 07932	23-7108291	501(c)(3)	14,100				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENT TO PARENT ADDICTION SERVICE 325B W Washington Ave Washington, NJ 07882	83-2031762	501(c)(3)	50,700				General Support
ROOTS AND WINGS 75 Bloomfield Ave-Suite 303 Denville, NJ 07834	22-3683539	501(c)(3)	25,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAGE ELDER CARE 290 Broad St Summit, NJ 07901	22-1657929	501(c)(3)	112,655				General Support
WILLIAM PATERSON UNIVERSITY FOUNDATION 300 Pompton Rd-Hobart Manor Wayne, NJ 07470	22-3160107	501(c)(3)	10,250				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROCEED COMMUNITY DEVELOPMENT 1126 Dickenson St Elizabeth, NJ 07201	31-1709249	501(c)(3)	8,491				General Support
VNA OF SOMERSET HILLS 200 Mt Airy Rd Basking Ridge, NJ 07920	22-2888648	501(c)(3)	8,840				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN COUNTY HABITAT FOR HUMANITY 31 Belvidere Ave Washington, NJ 07882	22-3575191	501(c)(3)	10,000				General Support
Vision Loss Alliance of NJ 155 Morris Avenue-Suite 2 Denville, NJ 07834	22-1592609	501(c)(3)	25,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISIONS AND PATHWAYS 49 Brahama Ave Bridgewater, NJ 08807	23-7061564	501(c)(3)	25,000				General Support
TRINITY UNITED METHODIST CHURCH 213 Main St Hackettstown, NJ 07840	22-1723319	501(c)(3)	8,300				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY NAME MEDICAL CENTER FOUNDATOIN 718 Teaneck Rd Teaneck, NJ 07666	22-2737143	501(c)(3)	6,010				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 for instructions and the latest information.**

OMB No. 1545-0047

2019

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>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b Yes									
		4c No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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	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 2019 with the following estimated value: Christopher Herzog \$11,000 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 2019 W-2 as taxable compensation. Joseph DiPaolo \$18,377 Brian Gragnolati 74,902 Kevin Lenahan 20,443 Alan Lieber 19,839 Sheilah O'Halloran 38,598 Patricia O'Keefe 37,437 Amy Perry 36,722 Stephanie Schwartz 21,615 Jan Schwarz Miller 14,934 Steven Sheris 32,973 Nichell Sumpter 13,697 Christopher Herzog 3,562
Part I, Lines 4a-b	The organization provides a supplemental non-qualified retirement plan (457f plan) known as the Mid Career Hire Plan (MCHP) for officers. During 2019, 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 \$246,492 - Jan Schwarz-Miller 519,657 2019 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 \$274,667 - Alan Lieber 183,683 - Jan Schwartz-Miller, MD 145,643 The above amount represents earned credits which have not vested and were not included in the respective 2019 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 2019 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. 2019 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 2019, the following Officers (Executives) received SERP credits: Brian Gragnolati Steven Sheris, MD Katharine Driebe Sheilah O'Halloran Patricia O'Keefe Nichelle Sumpter Stephanie Schwartz Amy Perry Christopher Herzog The above amounts represent earned credits which have not vested and were not included in their respective 2019 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 2019 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. 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 2019. 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 \$250,965 in severance pay during 2019. Joseph DiPaolo-Summary of Separation Agreement: Effective as of October 11, 2019 (the Separation Date), Mr. DiPaolo's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Mr. DiPaolo \$21,012 bi-weekly by way of regular payroll check for 52 weeks until employee receives the total sum of \$546,312. Mr. DiPaolo received \$105,060 in severance pay during 2019. Linda Gilligan -Summary of Separation Agreement: Effective as of January 4, 2019 (the Separation Date), Ms. Gilligan's employment with Atlantic Health was terminated. The terms of the agreement are as follows: Atlantic Health will pay Ms. Gilligan \$17,600 bi-weekly by way of regular payroll check for 52 weeks until employee receives the total sum of \$105,602. Ms. Gilligan received \$105,602 in severance pay during 2019.
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				
1 Brian Gragnolati President & CEO	(i)	1,781,240	1,259,509	554,553	647,077	16,703	4,259,082	407,955
	(ii)	0	0	0	0	0	0	0
1 Kevin Lenahan SVP-CFO & Admin Officer	(i)	1,007,693	722,504	39,213	299,867	20,382	2,089,659	0
	(ii)	0	0	0	0	0	0	0
2 Sheilah O'Halloran VP-Ass't Gen Council	(i)	527,056	228,822	258,852	123,307	16,714	1,154,751	194,140
	(ii)	0	0	0	0	0	0	0
3 Walter Rosenfeld MD PAMG-Trustee	(i)	622,812	116,538	3,328	36,400	16,703	795,781	0
	(ii)	0	0	0	0	0	0	0
4 Katharine Driebe VP - Finance	(i)	399,467	192,298	4,150	79,796	23,010	698,721	0
	(ii)	0	0	0	0	0	0	0
5 Frederico Cerrone MD PAMG-Trustee	(i)	471,654	0	191,257	8,300	17,652	688,863	0
	(ii)	0	0	0	0	0	0	0
6 Domenick Randazzo MD PAMG-Trustee	(i)	419,400	0	162,175	1,003	17,958	600,536	0
	(ii)	0	0	0	0	0	0	0
7 Seth Stoller MD PAMG-Trustee	(i)	378,481	0	185,899	8,300	23,010	595,690	0
	(ii)	0	0	0	0	0	0	0
8 Peter Bolo MD PAMG-Trustee	(i)	442,398	73,918	7,188	25,200	20,365	569,069	0
	(ii)	0	0	0	0	0	0	0
9 Thomas Zaubler MD PAMG-Trustee	(i)	382,485	81,399	800	25,200	20,586	510,470	0
	(ii)	0	0	0	0	0	0	0
10 Brenda Matti-Orozco MD PAMG-Trustee	(i)	292,069	0	38,681	8,300	16,714	355,764	0
	(ii)	0	0	0	0	0	0	0
11 Navpreet Minhas MD Physician	(i)	235,737	0	74,175	7,069	22,993	339,974	0
	(ii)	0	0	0	0	0	0	0
12 Joseph Cirello MD PAMG-Trustee	(i)	215,961	0	48,189	9,036	23,010	296,196	0
	(ii)	0	0	0	0	0	0	0
13 Alan Meltzer MD PAMG-Trustee	(i)	199,895	0	39,073	25,342	16,714	281,024	0
	(ii)	0	0	0	0	0	0	0
14 David Ferguson AA Director Trustee-Atlantic Ambulance	(i)	0	0	0	0	0	0	0
	(ii)	241,100	47,554	0	11,792	5,501	305,947	0
15 Amy Perry SVP - Delivery & CEO Hosp. Div.	(i)	1,122,899	779,754	52,241	243,757	23,010	2,221,661	0
	(ii)	0	0	0	0	0	0	0
16 Jan Schwartz-Miller MD SVP-Chief Medical & Academ	(i)	637,947	371,926	564,018	182,043	16,714	1,772,648	0
	(ii)	0	0	0	0	0	0	0
17 Steven Sheris MD PAMG-President, SVP	(i)	736,613	397,789	142,103	151,430	23,010	1,450,945	102,304
	(ii)	0	0	0	0	0	0	0
18 Patricia O'Keefe President-MMC	(i)	685,259	332,477	163,733	168,012	16,714	1,366,195	91,470
	(ii)	0	0	0	0	0	0	0
19 Alan Lieber President - OMC	(i)	584,655	270,073	295,818	208,883	16,703	1,376,132	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Joseph Di Paolo President-NMC Termed 10/11/19	(i)	438,769	235,693	271,807	0	12,904	959,173	142,459
	(ii)	0	0	0	0	0	0	0
1 Stephanie Schwartz President CMC	(i)	509,342	262,883	85,665	104,940	22,606	985,436	58,477
	(ii)	0	0	0	0	0	0	0
2 Nichell Sumpter SVP-Chief HR Officer	(i)	532,539	277,092	30,942	110,075	23,280	973,928	0
	(ii)	0	0	0	0	0	0	0
3 Christopher Zipp MD PAMG-Vice Chair	(i)	428,036	75,000	966	16,800	20,382	541,184	0
	(ii)	0	0	0	0	0	0	0
4 Christopher Herzog PAMG- CFO & Treasurer	(i)	354,462	69,193	18,607	42,348	23,010	507,620	0
	(ii)	0	0	0	0	0	0	0
5 Linda Gilligan PAMG-COO & Sec Termed 1/4/19	(i)	29,526	212,414	171,416	0	0	413,356	62,016
	(ii)	0	0	0	0	0	0	0
6 Greg Mulford MD PAMG-Chairman	(i)	281,300	0	-8,839	9,642	20,382	302,485	0
	(ii)	0	0	0	0	0	0	0
7 James Wittig MD Physician-Chair	(i)	2,198,841	125,000	966	2,800	10,816	2,338,423	0
	(ii)	0	0	0	0	0	0	0
8 Rolando Rolandelli MD Chairman-Dep of Surgery	(i)	758,466	93,750	181,447	30,800	16,714	1,081,177	0
	(ii)	0	0	0	0	0	0	0
9 Eric Whitman MD Physician	(i)	720,482	128,472	98,735	25,200	20,382	993,271	0
	(ii)	0	0	0	0	0	0	0
10 Philippe Genereux MD Physician	(i)	864,226	350,000	26,574	8,300	10,816	1,259,916	0
	(ii)	0	0	0	0	0	0	0
11 Paul Starker MD Chairman-Dept of Surgery	(i)	1,001,385	81,844	4,996	25,200	15,250	1,128,675	0
	(ii)	0	0	0	0	0	0	0
12 Eric Lazar MD Physician Director	(i)	674,875	0	380,594	25,200	23,010	1,103,679	0
	(ii)	0	0	0	0	0	0	0
13 Yaser Daramna MD Physician	(i)	239,652	0	815,503	7,949	23,010	1,086,114	0
	(ii)	0	0	0	0	0	0	0
14 James Gardner MD Physician	(i)	516,731	0	507,562	8,300	10,816	1,043,409	0
	(ii)	0	0	0	0	0	0	0
15 Joseph Wilkins-Termed 62218 SVP-Chief Trans Officer	(i)	-1,814	130,689	255,000	0	0	383,875	0
	(ii)	0	0	0	0	0	0	0
16 Karen Flaherty-Oxler SVP-Chief Nursing-Termed 7/21/18	(i)	-295	0	250,965	0	0	250,670	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

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 9 main columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include NJ Healthcare Facilities Series 2008B, 2008C, 2008A, and 2011.

Part II Proceeds

Table with 13 rows detailing bond proceeds. Columns include descriptions (1-13) and amounts for categories A, B, C, and D. Includes rows for amount of bonds retired, legally defeased, total proceeds, and issuance costs.

Part III Private Business Use

Table with 2 rows regarding private business use. Columns include descriptions (1-2) and Yes/No responses for categories A, B, C, and D.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.730 %		0.730 %		0.730 %		0.730 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0.730 %		0.730 %		0.730 %		0.730 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name: NJ Healthcare Facilities Series 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

Return Reference	Explanation
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

Return Reference	Explanation
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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Bond Issues

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

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	27,669,730			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	224,800,000			
4 Gross proceeds in reserve funds	9,347,651			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,782,471			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	213,643,391			
12 Other unspent proceeds				
13 Year of substantial completion	2016			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.730 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0.730 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

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

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

Total \$

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Medemerge	Refer to below	9,911,739	John Pilla (Board Member - Trustee-PAMG) is a 68% owner physician partner at Medemerge. The organization paid Medemerge \$9,911,739 during 2019 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
(2) Michael Lieber	Refer to below	74,883	Performance. Michael Lieber is the son of Alan Lieber (Officer-AHS). The organization compensated Michael Lieber \$74,883 during 2019 via W-2 payments. Transaction is considered to be negotiated at arms-length.		No
(3) Ellen Carbone	Refer to below	45,536	Performance. Ellem Carbone is the sister of Alan Lieber (Officer-AHS). The organization compensated Ellen Carbone \$45,536 during 2019 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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 for the latest information.

Department of the Treasury

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 32 voting trustees: 1. AHS Hospital Corp. This organization primarily consists of major health care programs for five hospitals and its supporting administrative functions. It comprises the majority of Atlantic Health Care System's resources in terms of operational, financial and management decision making. Thirteen (13) of the fifteen (15) voting trustees are deemed to be independent in conjunction with IRS guidance. 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. 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. 4. 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 12/31/19. 5. Medical Center Partners, Inc. - Due to 4/1/16 merger with Atlantic Health System, trustees consist of those from Atlantic Health System at 12/31/19.</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 2019 IRS 990 was distributed to Senior Management and the Board of Trustees for their review. Any comments were addressed accordingly.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>A review of officer compensation by an independent 3rd party (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 & CEO, Hospital Division SVP, Chief Financial Officer & Chief Administrative Officer SVP, Physician Enterprise SVP, Chief Medical Officer & 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 & Post Acute Care VP, Coordinated Care Transitions VP, Insurance Networks VP, Physician Enterprise Strategy VP, Compliance, Privacy & Audit VP, Finance VP, Revenue Cycle VP, Facilities Management and Real Estate VP, Government Affairs VP, Network Planning & Development VP, Integrated Care VP, Marketing & Communications VP, Diversity and Inclusion 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

Return Reference	Explanation
Form 990, Part XI, line 9:	Investment in Non Controlling Interest 3,823,000. Change in funded status of benefit plans 27,413,412. Contributions - Temp Restricted Net Assets 51,593,498.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 7a	Community Health Needs Assessment: https://www.atlantichealth.org/patients-visitors/education-support/comm

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 10a	Community Health Improvement Plan: https://www.atlantichealth.org/patients-visitors/education-support/comm

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) AMBULATORY SURGICAL CENTER AT MMC HEALTH PAVILION LLC 475 South Street Morristown, NJ 07960 84-4303225	To own and operate an ambulatory surgical center	NJ	0	0	AHS Hospital Corp

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Morris Photopheresis 100 Madison Avenue Morristown, NJ 07960 22-3314012	Healthcare Research	NJ						No			No	
(2) Affiliated Collection Services LLC 17 Prospect Street Morristown, NJ 07960 27-0555659	Collection Services	NJ						No			No	
(3) Morristown Medical Investors 200 American Road Morris Plains, NJ 07950 65-0840535	Real Estate	NJ						No			No	
(4) Primary Care Partners LLC 475 South Street Morristown, NJ 07960 27-4980253	Physician Services	NJ						No			No	
(5) Atlantic Rehabilitation Institute LLC 680 South Fourth Street Louisville, KY 40202 81-4711074	Rehabilitation Facility	KY						No			No	
(6) Atlantic Health Partners LLC 475 SOUTH STREET Morristown, NJ 07960 82-4198770	Physician Services	NJ						No			No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)	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).

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 22-3084817	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
Atlantic Health Management Corp and Subsidiaries 200 American Road Morris Plains, NJ 07950 22-3538027	Healthcare Related Services	NJ		C					No
AHS Insurance Company Ltd 200 American Road Morris Plains, Grand Cayman 07950 CJ 22-3380375	Insurance	NJ		C					No
Nutley Medical Care PA 100 Madison Ave Morristown, NJ 07960 22-3645010	Healthcare	NJ	Atlantic Health System Inc	C			100.000 %	Yes	
Non-Invasive Diagnostics PA 100 Madison Ave Morristown, NJ 07960 20-2027439	Healthcare	NJ	Atlantic Health System Inc	C			100.000 %	Yes	
Speciality Care of Practice Associates PA 100 Madison Ave Morristown, NJ 07960 03-0376428	Healthcare	NJ	Atlantic Health System Inc	C			100.000 %	Yes	
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	
Madison Pediatrics PA 100 Madison Ave Morris Plains, NJ 07960 22-3645007	Healthcare	NJ	Atlantic Health System Inc	C			100.000 %	Yes	
AHS ACO LLC 475 South Street Morristown, NJ 07960 27-3800813	Physician Practice	NJ		C					No
The Northwest New Jersey MedicalSurgical Alliance PC 175 High Street Newton, NJ 07860 45-0577942	Healthcare Services	NJ		C					No
The Northwest New Jersey Urgent Care Alliance PC 175 High Street Newton, NJ 07860 83-0492357	Healthcare Services	NJ		C					No
Chilton Community Care Inc and Subs 97 West Parkway Pompton Plains, NJ 07444 22-2869148	Healthcare	NJ		C					No
Atlantic Advanced Urgent Care LLC 475 South Street Morristown, NJ 07960 83-1558799	Healthcare	NJ		C					No
Care Better ACO LLC 475 South Street Morristown, NJ 07960 83-1224464	Physician Practice	NJ		C					No
Atlantic Executive Health PA 475 South Street Morristown, NJ 07960 47-1944011	Physician Practice	NJ		C					No
AHS Health Network LLC 475 South Street Morristown, NJ 07960 47-4079001	Physician Practice	NJ		C					No

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	Yes	No
Atlantic Health ACO LLC 475 South Street Morristown, NJ 07960 47-4126650	Physician Practice	NJ		C						No
Tertiary Care Specialists of Practice Associates PA 475 South Street Morristown, NJ 07960 83-0713277	Physician Practice	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
At Home Medical	P	391,297	Actual amount of transaction.
At Home Medical	P	169,565	Actual amount of transaction.
Atlantic Private Care Services (APCS)	O	50,356	Actual amount of transaction.
Morristown Medical Investors (MMI)	K	5,546,497	Actual amount of transaction.
AHS Investment Corp	K	1,685,479	Actual amount of transaction.
AHS Investment Corp	K	180,670	Actual amount of transaction.
AHS Investment Corp	K	86,919	Actual amount of transaction.
AHS Investment Corp	K	309,000	Actual amount of transaction.
AHS Investment Corp	Q	92,144	Actual amount of transaction.
AHS Investment Corp	K	93,189	Actual amount of transaction.
AHS Investment Corp	K	55,916	Actual amount of transaction.
AHS Investment Corp	K	445,833	Actual amount of transaction.
AHS Investment Corp	K	422,200	Actual amount of transaction.
AHS Investment Corp	K	266,514	Actual amount of transaction.
AHS Investment Corp	K	486,459	Actual amount of transaction.
AHS Investment Corp	K	1,431,092	Actual amount of transaction.
AHS Investment Corp	K	3,087,143	Actual amount of transaction.
AHS Investment Corp	Q	765,609	Actual amount of transaction.
AHS Investment Corp	S	2,870,494	Actual amount of transaction.
AHS Investment Corp	Q	996,938	Actual amount of transaction.
AHS Investment Corp	Q	512,059	Actual amount of transaction.
AHS Investment Corp	Q	1,842,311	Actual amount of transaction.
AHS Investment Corp	Q	1,981,862	Actual amount of transaction.
AHS Investment Corp	Q	736,032	Actual amount of transaction.
AHS Investment Corp	S	314,003	Actual amount of transaction.

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AHS Investment Corp	S	384,921	Actual amount of transaction.
AHS Investment Corp	Q	530,441	Actual amount of transaction.
AHS Investment Corp	Q	469,067	Actual amount of transaction.
Eagle Ambulance	Q	1,512,206	Actual amount of transaction.
AHP	K	256,008	Actual amount of transaction.
AHP	K	60,735	Actual amount of transaction.
PCP	K	3,438,244	Actual amount of transaction.
Atlantic Health System (Parent)	S	18,465,316	Actual amount of transaction.
Atlantic Health System (Parent)	S	15,390,886	Actual amount of transaction.
Overlook Foundation	C	3,150,211	Actual amount of transaction.
Foundation For Morristown Medical Center	C	12,618,642	Actual amount of transaction.
Newton Medical Center Foundation	C	1,144,195	Actual amount of transaction.
Overlook Foundation	P	2,010,400	Actual amount of transaction.
Atlantic Ambulance	Q	22,028,107	Actual amount of transaction.
Chilton Medical Center Foundation Inc	C	2,363,410	Actual amount of transaction.
Chilton Medical Center Foundation Inc	Q	2,363,410	Actual amount of transaction.
Newton Medical Center Foundation	Q	642,844	Actual amount of transaction.
Foundation For Morristown Medical Center	Q	306,944	Actual amount of transaction.
Foundation For Morristown Medical Center	P	316,812	Actual amount of transaction.
Foundation For Morristown Medical Center	C	30,148,819	Actual amount of transaction.
Foundation For Morristown Medical Center	C	26,503,596	Actual amount of transaction.