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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

% HAK J KIM

Doing business as

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

2500 ENGLISH CREEK AVE BLDG 500

Room/suite

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

EGG HARBOR TOWNSHIP, NJ 08234

F Name and address of principal officer

LORI S HERNDON

2500 ENGLISH CREEK AVE

EGG HARBOR TWNSHIP, NJ 08234

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

5788

D Employer identification number

90-0779828

E Telephone number

(609) 569-7031

G Gross receipts \$

870,850,355

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW ATLANTICARE ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1897

M State of legal domicile

NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE ORGANIZATIONS ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NJ BY PROVIDING QUALITY, PATIENT-CENTERED HEALTHCARE SERVICES

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)

15

4 Number of independent voting members of the governing body (Part VI, line 1b)

7

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5,930

6 Total number of volunteers (estimate if necessary)

171

7a Total unrelated business revenue from Part VIII, column (C), line 12

272,617

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

18,154,491

9 Program service revenue (Part VIII, line 2g)

785,749,962

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

27,109,651

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

3,175,430

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

834,189,534

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,251,825

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

415,789,927

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25)

0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

336,694,431

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

753,736,183

19 Revenue less expenses Subtract line 18 from line 12

80,453,351

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,449,161,769

21 Total liabilities (Part X, line 26)

489,876,546

22 Net assets or fund balances Subtract line 21 from line 20

959,285,223

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

Signature of officer

HAK J KIM vp/cfo

2020-05-05

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name WithumSmithBrown PC

Firm's address 200 Jefferson Park Suite 400 Whippany, NJ 079811070

Preparer's signature

Firm's EIN

Phone no (973) 898-9494

Check if self-employed

PTIN P00642486

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE ORGANIZATIONS ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NEW JERSEY BY PROVIDING QUALITY, PATIENT-CENTERED HEALTHCARE SERVICES THE ENTITIES WORK TOGETHER TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	104,297,241	including grants of \$	0)	(Revenue \$	92,750,178)
See Additional Data							

4b	(Code)	(Expenses \$	74,909,103	including grants of \$	0)	(Revenue \$	82,144,139)
See Additional Data							

4c	(Code)	(Expenses \$	69,072,531	including grants of \$	0)	(Revenue \$	96,696,274)
See Additional Data							

4d Other program services (Describe in Schedule O)

(Expenses \$	466,546,139	including grants of \$	1,339,943)	(Revenue \$	541,572,710)
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4e	Total program service expenses ▶	714,825,014
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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	4 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	5	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	6	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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	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	10 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	11a 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	11b	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	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	14b 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	15	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	16	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)	17	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	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 618	
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	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	5,930			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
HAK J KIM 2500 ENGLISH CREEK AVE EGG HARBOR TWNSHP, NJ 08234 (609) 569-7031

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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,733,908	9,431,796	2,212,647

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 ▶ 541

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SANTA ROSA CONSULTING INC, PO BOX 347747 PITTSBURGH, PA 15251	CONSULTING	6,495,300
LABORATORY CORP OF AMERICA, PO BOX 12140 BURLINGTON, NC 27216	LAB	5,652,538
VARIAN MEDICAL SYSTEMS, 70140 NETWORK PLACE CHICAGO, IL 60673	IT	5,453,653
PHILIPS MEDICAL SYSTEMS, PO BOX 100355 ATLANTA, GA 303840355	IT	4,938,840
MEDLINE, THREE LAKES DRIVE NORTHFIELD, IL 60093	CONSULTING	4,844,977

<p>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 ▶ 317</p>	
--	--

Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	482,896		
	d Related organizations	1d	1,165,915		
	e Government grants (contributions)	1e	7,722,776		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,468,389		
	g Noncash contributions included in lines 1a - 1f \$		175,024		
	h Total. Add lines 1a-1f		18,839,976		
Program Service Revenue	2a NET PATIENT SERVICE REVENUE		Business Code		
			541900	790,426,666	790,426,666
	b OTHER HEALTHCARE RELATED REVENUE		541900	22,736,429	22,464,018
	c				272,411
	d				
	e				
	f All other program service revenue				
	9 Total. Add lines 2a-2f		813,163,095		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,710,422		206
	4 Income from investment of tax-exempt bond proceeds		0		29,710,216
	5 Royalties		0		
	6a Gross rents		(i) Real	(ii) Personal	
			8,636,585		
	b Less rental expenses		4,148,232		
	c Rental income or (loss)		4,488,353	0	
	d Net rental income or (loss)		4,488,353		4,488,353
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	
				103,588	
	b Less cost or other basis and sales expenses				
	c Gain or (loss)			103,588	
	d Net gain or (loss)		103,588		103,588
	8a Gross income from fundraising events (not including \$ 482,896 of contributions reported on line 1c) See Part IV, line 18		a	369,269	
	b Less direct expenses		b	369,269	
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19		a	27,420	
	b Less direct expenses		b	14,446	
	c Net income or (loss) from gaming activities		12,974		12,974
	10a Gross sales of inventory, less returns and allowances		a	0	
b Less cost of goods sold		b	0		
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		0			
12 Total revenue. See Instructions		866,318,408	812,890,684	272,617	34,315,131

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.	1,314,358	1,314,358		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	25,585	25,585		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	5,682,325	5,114,093	568,232	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	273,981,491	246,583,342	27,398,149	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	21,933,317	19,739,985	2,193,332	
9 Other employee benefits.	34,311,504	30,880,354	3,431,150	
10 Payroll taxes.	20,705,849	18,635,264	2,070,585	
11 Fees for services (non-employees):				
a Management.	70,855,618	63,770,056	7,085,562	
b Legal.	644,221	579,799	64,422	
c Accounting.	249,212	224,291	24,921	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,022,646	6,320,381	702,265	
12 Advertising and promotion.	676,548	608,893	67,655	
13 Office expenses.	13,101,809	11,791,628	1,310,181	
14 Information technology.	1,396,988	1,257,289	139,699	
15 Royalties.	0			
16 Occupancy.	14,321,901	12,889,711	1,432,190	
17 Travel.	1,690,403	1,521,363	169,040	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,256,576	1,130,918	125,658	
20 Interest.	6,781,384	6,103,246	678,138	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	49,099,483	44,189,535	4,909,948	
23 Insurance.	6,142,914	5,528,623	614,291	
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 SUPPLIES	129,529,576	116,576,618	12,952,958	0
b PHYSICIAN SVCS COST	78,721,349	70,849,214	7,872,135	0
c PURCHASED SERVICES	43,987,249	39,588,524	4,398,725	0
d REPAIRS & MAINTENANCE	4,298,349	3,868,514	429,835	0
e All other expenses	6,380,833	5,733,430	647,403	
25 Total functional expenses. Add lines 1 through 24e.	794,111,488	714,825,014	79,286,474	0
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 SheetCheck 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		12,359,820	1	20,901,270	
	2	Savings and temporary cash investments		3,950,037	2	2,313,520	
	3	Pledges and grants receivable, net		2,356,719	3	2,030,898	
	4	Accounts receivable, net		98,174,225	4	105,181,309	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		11,561,681	8	13,057,266	
	9	Prepaid expenses and deferred charges		6,154,954	9	6,656,820	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,079,672,223			
	b	Less: accumulated depreciation	10b	584,424,849	486,564,677	10c	495,247,374
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		772,260,535	13	791,756,798	
	14	Intangible assets		19,545,877	14	22,084,077	
	15	Other assets. See Part IV, line 11		36,233,244	15	46,419,057	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,449,161,769	16	1,505,648,389		
Liabilities	17	Accounts payable and accrued expenses		112,781,930	17	113,644,747	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		232,724,673	20	224,486,053	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		22,023,965	23	14,868,002	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	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		122,345,978	25	173,018,197	
	26	Total liabilities. Add lines 17 through 25		489,876,546	26	526,016,999	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		950,042,102	27	970,276,000	
	28	Temporarily restricted net assets		9,243,121	28	9,355,390	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		959,285,223	33	979,631,390		
34	Total liabilities and net assets/fund balances		1,449,161,769	34	1,505,648,389		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	866,318,408
2	Total expenses (must equal Part IX, column (A), line 25)	2	794,111,488
3	Revenue less expenses Subtract line 2 from line 1	3	72,206,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	959,285,223
5	Net unrealized gains (losses) on investments	5	10,986,471
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	-62,847,224
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	979,631,390

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:

Software Version:

EIN: 90-0779828

Name: ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Form 990 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED BY ATLANTICARE REGIONAL MEDICAL CENTER IN PROVIDING MEDICALLY NECESSARY INPATIENT GENERAL MEDICINE SERVICES to all individuals in a non-discriminatory manner regardless of RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ability to pay

Form 990, Part III, Line 4b:

EXPENSES INCURRED BY ATLANTICARE REGIONAL MEDICAL CENTER IN PROVIDING MEDICALLY NECESSARY INPATIENT CARDIOLOGY/CARDIAC SURGERY SERVICES to all individuals in a non-discriminatory manner regardless of RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ability to pay

Form 990, Part III, Line 4c:

EXPENSES INCURRED BY ATLANTICARE REGIONAL MEDICAL CENTER IN PROVIDING MEDICALLY NECESSARY INPATIENT ORTHOPEDIC SERVICES to all individuals in a non-discriminatory manner regardless of RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ability to pay

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID GODDARD CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
MANUEL APONTE VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
PATRICIA RICH-TUOHY SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
DAVID CARR PHD TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
BLAIR A BERGEN MD TRUSTEE	55 0 0 0	X						0	659,221	34,950
THOMAS BRABSON DO TRUSTEE	1 0 0 0	X						0	0	0
JOHN B BULGER DO MBA TRUSTEE	55 0 0 0	X						0	545,670	48,972
MOHAMED H ELNAHAL MD TRUSTEE	55 0 0 0	X						0	473,914	39,219
MATHEW D FINKELSON DMD TRUSTEE	1 0 0 0	X						0	0	0
LORI S HERNDON TRUSTEE - AHS PRESIDENT/CEO	55 0 0 0	X		X				0	1,204,325	182,403

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			
ROSALIND KINCAID TRUSTEE	1 0 0 0	X						0	0	0
ALDALBERTO LOPEZ TRUSTEE	1 0 0 0	X						0	0	0
GINA MERRITT-EPPS ESQ TRUSTEE	1 0 0 0	X						0	0	0
EDELYN L MILLER TRUSTEE	55 0 0 0	X						0	1,248,958	267,108
PRIYESH THAKKAR DO TRUSTEE	1 0 0 0	X						28,000	0	0
PACIFICO AGNELLINI ESQ CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
ROBERT HORDES VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
JOHANNA PERSKIE SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
FATEN DIB TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
JOHN BECHER DO TRUSTEE	1 0 0 0	X						0	36,127	1,019

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			
MARGARET A BELFIELD TRUSTEE - EVP & COO	55 0 0 0	X						785,216	0	125,724
LOUIS BONGIOVANNI TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL CONNOR ESQ TRUSTEE	1 0 0 0	X						0	0	0
BERNADETTE DOUGHERTY TRUSTEE	1 0 0 0	X						0	0	0
THOMAS GLENN III TRUSTEE	1 0 0 0	X						0	0	0
GARY HANSON TRUSTEE	1 0 0 0	X						0	0	0
GARY L HILL TRUSTEE	1 0 0 0	X						0	0	0
ROBERT HIMMELSTEIN TRUSTEE	1 0 0 0	X						0	0	0
LARRY KAUFMAN MD TRUSTEE	1 0 0 0	X						0	0	0
RANDOLPH C LAFFERTY ESQ TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CORNELIUS MCPEAK TRUSTEE	1 0 0 0	X						0	0	0
ALVIN ONG MD TRUSTEE	1 0 0 0	X						0	0	0
FABIO OROZCO MD TRUSTEE	1 0 0 0	X						0	0	0
ALEXANDER ONOPCHENKO MD TRUSTEE	55 0 0 0	X						0	491,026	42,843
T ERIC REICH TRUSTEE	1 0 0 0	X						0	0	0
ANTHONY RODIO TRUSTEE	1 0 0 0	X						0	0	0
MAUREEN SHAY TRUSTEE	1 0 0 0	X						0	0	0
CAROLINE TILL TRUSTEE	1 0 0 0	X						0	0	0
BENJAMIN ZELTNER ESQ TRUSTEE	1 0 0 0	X						0	0	0
MARY THOMPSON TRUSTEE (TERMED 02/2019)	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD D LOVERING TRST-VICE CHAIR/SVP ADMIN CHRO	55 0 0 0	X		X				0	521,610	115,274
HAK J KIM TRUSTEE - TREASURER/VP & CFO	55 0 0 0	X		X				0	454,678	47,827
DONNA MICHAEL-ZIEREIS ESQ VP GENERAL COUNSEL/ASST SEC	55 0 0 0			X				0	421,053	79,674
JOAN MARY BRENNAN SR VP, QUALITY & PERFORM EXCEL	55 0 0 0			X				665,681	0	103,036
MARILLOUISE VENDITTI MD SR VP, CHIEF MEDICAL OFFICER	55 0 0 0			X				0	636,691	67,301
TERRI LU SCHIEDER SR VP, POPULATION HEALTH	55 0 0 0			X				500,660	0	76,521
CHRISTOPHER A SCANZERA VP & CHIEF INFORMATION OFFICER	55 0 0 0			X				0	427,939	77,991
CHARISSE FIZER VP CLINICAL OPS & AMB SERVICES	55 0 0 0			X				399,634	0	46,628
ROBERTA O BEGLEY VP NURSING/CNO (TERM 10/27/18)	55 0 0 0			X				392,707	0	31,479
KATHERINE BIRKENSTOCK VP NURSING/CNO (EFF 10/27/18)	55 0 0 0			X				288,208	0	35,071

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH J MCCARTHY CPA VP FINANCIAL OPERATIONS	55 0 0 0			X				0	277,915	64,492
LARISA K GOGANZER VP CHIEF ADMIN OFF MAINLAND	55 0 0 0			X				266,754	0	58,469
JAMES KILMER VP CHIEF ADMIN OFF CITY	55 0 0 0			X				264,824	0	54,566
BARBARA YOUNG ASSISTANT VP SUPPLY CHAIN	55 0 0 0			X				174,753	0	17,970
JATIN MOTIWAL VP PHY PRAC ADM(TERM 12/8/18)	55 0 0 0			X				414,065	0	42,076
BENJAMIN J NEGLEY VP PHY PRAC ADM(EFF 4/14/19)	55 0 0 0			X				0	0	0
CHRISTOPHER C APGAR DIRECTOR OF FINANCE	55 0 0 0			X				114,864	0	4,839
JULIA DREW EXECUTIVE DIRECTOR	55 0 0 0			X				170,040	0	17,251
MONIKA FINNEGAN DIRECTOR OF FINANCE	55 0 0 0			X				146,732	0	8,760
MICHAEL J SAYNISCH SENIOR DIRECTOR	55 0 0 0			X				140,969	0	29,567

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			
ANGELO ADSON SENIOR DIRECTOR	55 0 0 0			X				67,548	0	7,353
SAMANTHA A KILEY EXECUTIVE DIRECTOR	55 0 0 0			X				161,005	0	41,355
NEHA CHAWLA MD PHYSICIAN	55 0 0 0					X		552,107	0	24,386
JAMES EAKINS MD PHYSICIAN	55 0 0 0					X		523,724	0	43,494
AYOOLA O ALI MD PHYSICIAN	55 0 0 0					X		520,260	0	43,355
RAYMOND C TALUCCI MD PHYSICIAN	55 0 0 0					X		512,732	0	24,277
PETER N THOMPSON MD PHYSICIAN	55 0 0 0					X		503,120	0	42,999
DOMINIC S MOFFA FORMER OFFICER	55 0 0 0						X	0	971,721	249,263
DAVID P TILTON FORMER OFFICER	0 0 0 0						X	0	829,445	6,435
JAMES P NOLAN JR CPA FORMER OFFICER	0 0 0 0						X	0	231,503	5,417

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			
STEVEN M BLUMBERG FORMER OFFICER	0 0 0 0						X	140,305	0	3,283

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

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

1
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ATLANTICARE REGIONAL MEDICAL CENTER	210634549	3	Yes		0	0
Total	1				0	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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? If "Yes" to a, b, or c, provide detail in Part VI		

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? 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		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3 Parent of Supported Organizations. Answer (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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	0	
2 Recoveries of prior-year distributions	2	0	
3 Other gross income (see instructions)	3	0	
4 Add lines 1 through 3	4	0	
5 Depreciation and depletion	5	0	
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	0	
7 Other expenses (see instructions)	7	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	

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	0	
b Average monthly cash balances	1b	0	
c Fair market value of other non-exempt-use assets	1c	0	
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI) 0			
2 Acquisition indebtedness applicable to non-exempt use assets	2	0	
3 Subtract line 2 from line 1d	3	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by .035	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

- 7** ☐ 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		0
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		0
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		0
4	Amounts paid to acquire exempt-use assets		0
5	Qualified set-aside amounts (prior IRS approval required)		0
6	Other distributions (describe in Part VI) See instructions		0
7	Total annual distributions. Add lines 1 through 6		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		0
9	Distributable amount for 2018 from Section C, line 6		0
10	Line 8 amount divided by Line 9 amount		0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2018			
a From 2013. 0			
b From 2014. 0			
c From 2015. 0			
d From 2016. 0			
e From 2017. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2018 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2014. 0			
b Excess from 2015. 0			
c Excess from 2016. 0			
d Excess from 2017. 0			
e Excess from 2018. 0			

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
SCHEDULE A, PART I	<p>THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR ATLANTICARE REGIONAL MEDICAL CENTER, THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990. OUTLINED BELOW IS THE PUBLIC CHARITY STATUS FOR ALL OTHER ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION: ATLANTICARE BEHAVIORAL HEALTH, INC., SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(a)(1) PUBLIC CHARITY, ATLANTICARE FOUNDATION, SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(a)(1) PUBLIC CHARITY, ATLANTICARE HEALTH ENGAGEMENT, INC., SCHEDULE A, PART I, LINE 12, INTERNAL REVENUE CODE SECTION 509(a)(3) PUBLIC CHARITY, ATLANTICARE HEALTH SERVICES, INC., SCHEDULE A, PART I, LINE 10, INTERNAL REVENUE CODE SECTION 509(a)(2) PUBLIC CHARITY, AND ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION, SCHEDULE A, PART I, LINE 12, INTERNAL REVENUE CODE SECTION 509(A)(3) PUBLIC CHARITY.</p>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES	Employer identification number 90-0779828
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures	0				0
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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)?		No	
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?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			
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
SCHEDULE C, PART II-B, LINE 11	THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM"). AH SYSTEM ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ALL AFFILIATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. DURING THE YEAR ENDED JUNE 30, 2019, AH SYSTEM PAID \$72,000 TO AN OUTSIDE INDEPENDENT LOBBYING FIRM TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF AH SYSTEM AND ALL AFFILIATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THE TOTAL AMOUNT OF LOBBYING EXPENDITURES MADE BY AH SYSTEM, \$72,000, ON BEHALF OF ALL AFFILIATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 IS REPORTED ON AH SYSTEM'S FORM 990 (FEIN 22-3265213), SCHEDULE C, PART II-B FOR THE YEAR ENDED JUNE 30, 2019.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135015860

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

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

1b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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	9,243,121	28,523,140	33,885,482	36,406,370	30,211,265
b Contributions	2,500,452	2,556,590	3,085,273	0	15,000,000
c Net investment earnings, gains, and losses			0	0	-20,698
d Grants or scholarships					
e Other expenditures for facilities and programs	2,388,183	21,836,609	8,447,615	2,520,888	8,784,197
f Administrative expenses					
g End of year balance	9,355,390	9,243,121	28,523,140	33,885,482	36,406,370

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 24 480 %

c

Temporarily restricted endowment ▶ 75 520 %

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		38,575,581		38,575,581
b Buildings		565,756,671	260,467,918	305,288,753
c Leasehold improvements		107,647		107,647
d Equipment		426,230,034	316,500,939	109,729,095
e Other		49,002,290	7,455,992	41,546,298
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				495,247,374

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) POOLED INVESTMENTS	2,354,613	F
(2) LIMITED USE	28,211,828	F
(3) FUNDS, CURRENT	80,789	F
(4) OTHER INVESTMENTS	15,214,594	F
(5) BOARD DESIGNATED INVESTMENTS	732,940,224	F
(6) ENDOWMENT FUND	2,179,798	F
(7) LIMITED USE	456,474	F
(8) CURRENT	7,119,418	F
(9) INVESTMENTS IN JOINT VENTURES	3,199,060	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	791,756,798	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
SETTLEMENTS	19,782,447
OTHER LIABILITIES	44,919,335
ACCRUED INTEREST PAYABLE	662,429
ACCRUED RETIREMENT BENEFITS	107,653,986
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	173,018,197

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 90-0779828
Name: ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) POOLED INVESTMENTS	2,354,613	F
(2) LIMITED USE	28,211,828	F
(3) FUNDS, CURRENT	80,789	F
(4) OTHER INVESTMENTS	15,214,594	F
(5) BOARD DESIGNATED INVESTMENTS	732,940,224	F
(6) ENDOWMENT FUND	2,179,798	F
(7) LIMITED USE	456,474	F
(8) CURRENT	7,119,418	F
(9) INVESTMENTS IN JOINT VENTURES	3,199,060	F

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	0	Program Services	FINANCIAL VEHICLE	7,722,855
3a Sub-total	0	0			7,722,855
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			7,722,855

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

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

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

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

Part III can be duplicated if additional space is needed.

[illegible]

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).

ReturnReference	Explanation

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CENTURY GALA (event type)	GOLF OUTING (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	653,480	198,685		852,165
	2 Less Contributions	366,886	116,010		482,896
	3 Gross income (line 1 minus line 2)	286,594	82,675		369,269
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	212,918	62,966		275,884
	7 Food and beverages		1,235		1,235
	8 Entertainment	17,500			17,500
	9 Other direct expenses	56,176	18,474		74,650
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				369,269
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			27,420	27,420
	2 Cash prizes			13,710	13,710
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			736	736
Direct Expenses	6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				14,446
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				12,974

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a _____ %
b An outside facility	13b 100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► SAMANTHA A KILEY

Address ► 2500 ENGLISH CREEK AVENUE
EGG HARBOR TOWNSHIP, NJ 08234

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► SAMANTHA A KILEY

Gaming manager compensation ► \$ _____ 0

Description of services provided ► MANAGING GAMING ACTIVITIES

☐ Director/officer

☒ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493135015860

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number

90-0779828

► 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.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

4

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a

Yes

5a

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5b

Yes

5b

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5c

No

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a

Yes

6a

6a

Did the organization prepare a community benefit report during the tax year?

6b

Yes

6b

6b

If "Yes," did the organization make it available to the public?

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		4,710	24,995,311	10,513,820	14,481,491	2 010 %
b Medicaid (from Worksheet 3, column a)		36,969	148,200,601	102,762,685	45,437,916	6 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		41,679	173,195,912	113,276,505	59,919,407	8 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	34,413	4,901,052	160,963	4,740,089	0 660 %
f Health professions education (from Worksheet 5)	1		7,637,212	5,480,193	2,157,019	0 300 %
g Subsidized health services (from Worksheet 6)	5	8,376	29,597,582	4,460,317	25,137,265	3 490 %
h Research (from Worksheet 7)	1		515,924	2,150	513,774	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		556,228	0	556,228	0 080 %
j Total. Other Benefits	19	42,789	43,207,998	10,103,623	33,104,375	4 600 %
k Total. Add lines 7d and 7j	19	84,468	216,403,910	123,380,128	93,023,782	12 910 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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	25,378,809	
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	230,179	
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	241,477,305
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	247,966,602
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-6,489,297
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 checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

2

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)

		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
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

ARMC

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):** _____

12

Community Health Needs Assessment

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

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

ARMC

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</u> % and FPG family income limit for eligibility for discounted care of <u>500</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 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 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>ATLANTICARE ORG/PLS</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>ATLANTICARE ORG/PLS</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>ATLANTICARE ORG/PLS</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**

ARMC

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?	19	No
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)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input 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?	21 Yes	
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)		

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

ARMC

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
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 11

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
SCHEDULE H, PART I	IN ADDITION TO THE NET COMMUNITY BENEFIT COSTS INCURRED BY THE ORGANIZATION AS REPORTED IN SCHEDULE H, PART I, LINE 7, PLEASE REFER TO SCHEDULE O OF THIS FORM 990 FOR THE ORGANIZATION'S NARRATIVE COMMUNITY BENEFIT STATEMENT FOR ADDITIONAL INFORMATION ON HOW THE ORGANIZATION PROMOTES HEALTH AND PROVIDES HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY IN FURTHERANCE OF ITS CHARITABLE TAX EXEMPT PURPOSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2019 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE IN ADDITION TO THE FEDERAL POVERTY GUIDELINES ELIGIBILITY CRITERIA NOTED ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE CONSIDERED FOR THOSE INDIVIDUALS WHO ARE UNINSURED, INELIGIBLE FOR ANY GOVERNMENT HEALTHCARE BENEFIT PROGRAM, AND THOSE WHO ARE UNABLE TO PAY FOR THEIR CARE, BASED UPON DETERMINATION OF FINANCIAL NEED IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY PATIENTS WHOSE FAMILY INCOME EXCEEDS 300% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF ATLANTICARE ATLANTICARE PROVIDES, WITHOUT DISCRIMINATION, CARE FOR ALL EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARDLESS OF THEIR FINANCIAL ASSISTANCE ELIGIBILITY OR ABILITY TO PAY IT IS THE POLICY OF ATLANTICARE TO COMPLY WITH THE STANDARDS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR TRANSPORT ACT OF 1986 ("EMTALA") AND THE EMTALA REGULATIONS IN PROVIDING A MEDICAL SCREENING EXAMINATION AND SUCH FURTHER TREATMENT AS MAY BE NECESSARY TO STABILIZE AN EMERGENCY MEDICAL CONDITION FOR ANY INDIVIDUAL COMING TO THE EMERGENCY DEPARTMENT SEEKING TREATMENT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 6A	SINCE 2012, THE ORGANIZATION HAS BEEN PARTICIPATING IN A DATA COLLECTION AND SHARING EXERCISE WITH THE NEW JERSEY HOSPITAL ASSOCIATION ("NJHA") TO PUBLICLY REPORT COMMUNITY BENEFITS DERIVED FROM COMMUNITY HOSPITALS AND HEALTH SYSTEMS ATLANTICARE CONTINUES TO CONTRIBUTE TO THIS EFFORT BY SPECIFICALLY REPORTING ALL OF ITS PROGRAMMING AND SERVICES THAT ARE DEEMED A BENEFIT TO OUR SERVICE AREA ATLANTICARES COMMUNITY BENEFIT INFORMATION IS A PART OF THE AGGREGATE DATA THAT IS REPORTED ANNUALLY BY NJHA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7G	SUBSIDIZED HEALTH SERVICES INCLUDE PRIMARY CARE, OB-GYN, BEHAVIORAL HEALTH, AND PSYCHIATRIC INTERVENTION PROGRAM, AND HIV COUNSELING, ENDOCRINOLOGY, RHEUMATOLOGY AND OUTPATIENT DIALYSIS THOSE PROGRAMS ARE IDENTIFIED AS NEEDS IN THE COMMUNITY AND ARE SUBSIDIZED BY EXTERNAL AND INTERNAL FUNDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	THE ORGANIZATION UTILIZED MCKESSONS COST ACCOUNTING SYSTEM TO ESTIMATE COSTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTION 4	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS, ADJUSTED FOR SELF-PAY CONTRACTUAL ALLOWANCES MULTIPLIED BY ITS COST TO CHARGE RATIO ATLANTICARE REGIONAL MEDICAL CENTER IS AN AFFILIATE WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") GEISINGER HEALTH AND AFFILIATES ("GH") PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF GEISINGER HEALTH AND AFFILIATES CHARITY CARE GH PROVIDES SERVICES TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY IN ACCORDANCE WITH GHS POLICY, A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BASED ON INCOME ELIGIBILITY CRITERIA GH ALSO PROVIDES FREE CARE TO PATIENTS THAT EITHER DO NOT PURSUE CHARITY CARE ELIGIBILITY OR ARE OTHERWISE DETERMINED TO BE IN NEED THE CHARGES FOR CHARITY CARE PROVIDED BY GH ARE ENTIRELY OFFSET BY THE RELATED IMPLICIT PRICE CONCESSIONS AND THEREFORE, ARE NOT RECOGNIZED AS NET PATIENT SERVICE REVENUE ADDITIONALLY, GH SPONSORS OTHER CHARITABLE PROGRAMS THAT PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO THE NEEDY AND ELDERLY POPULATION REQUIRING SPECIAL SUPPORT, VARIOUS CLINICAL OUTREACH PROGRAMS, AND HEALTH EDUCATION AND PROMOTION</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT AND THE COST ACCOUNTING SYSTEM. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE," A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS HAD TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE. EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL:</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE FINANCIALLY DISADVANTAGED. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- REFERRED TO AS "ELIGIBLES." THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON THE FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASS</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	<p>ATLANTICARE MANAGEMENT DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENTS GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FINANCIAL ASSISTANCE FROM ATLANTICARE AND A PATIENTS GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS BILLING & COLLECTION POLICY ----- THE BILLING AND COLLECTION POLICY IS ADMINISTERED IN ACCORDANCE WITH THE MISSION AND VALUES OF THE HOSPITAL AS WELL AS FEDERAL AND STATE LAW THE POLICY IS DESIGNED TO PROMOTE APPROPRIATE ACCESS TO MEDICAL CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY WHILE MAINTAINING ATLANTICARES FISCAL RESPONSIBILITY TO MAXIMIZE REIMBURSEMENT AND MINIMIZE BAD DEBT THE ORGANIZATION'S BILLING AND COLLECTION POLICY IS INTENDED TO TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE THE ORGANIZATION MAKES SURE THAT PATIENTS ARE ASSISTED IN OBTAINING HEALTH INSURANCE COVERAGE FROM PRIVATELY AND PUBLICLY FUNDED SOURCES, WHENEVER POSSIBLE ALL BUSINESS OFFICE CUSTOMER SERVICE DEPARTMENT REPRESENTATIVES ARE EDUCATED ON ALL ASPECTS OF THE BILLING AND COLLECTION POLICY AND ARE EXPECTED TO ADMINISTER THE POLICY ON A REGULAR AND CONSISTENT BASIS BUSINESS OFFICE CUSTOMER SERVICE REPRESENTATIVES ARE HELD ACCOUNTABLE TO TREAT ALL PATIENTS WITH COURTESY, RESPECT, CONFIDENTIALITY AND CULTURAL SENSITIVITY THE BILLING AND COLLECTION POLICY IS ADMINISTERED IN CONJUNCTION WITH THE PROCEDURES OUTLINED IN INTERNAL ADMINISTRATIVE POLICIES THE CHIEF FINANCIAL OFFICER AND VICE PRESIDENT FINANCIAL PLANNING HAVE OVERALL RESPONSIBILITY FOR THE BILLING AND COLLECTION ACTIVITIES OF THE HOSPITAL THE BUSINESS OFFICE CUSTOMER SERVICE DEPARTMENT STAFF IS RESPONSIBLE FOR THE DAY-TO-DAY ENFORCEMENT OF APPROVED POLICIES AND PROCEDURES ATLANTICARE MAY OFFER EXTENDED PAYMENT PLANS TO PATIENTS WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS EMERGENCY & MEDICALLY NECESSARY SERVICES -----</p> <p>ATLANTICARE DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE THE ORGANIZATION WILL NEVER DEMAND THAT AN EMERGENCY DEPARTMENT PATIENT PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS ADDITIONALLY, ATLANTICARE DOES NOT PERMIT DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIMINATORY BASIS ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF ABILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTANCE OR THE ATLANTICARE FINANCIAL ASSISTANCE PROGRAM ADVANCE PAYMENT IS NOT REQUIRED FOR ANY MEDICALLY NECESSARY SERVICES COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6) -----</p> <p>----- ATLANTICARE DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(R)(6) PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD OR GREATER, WHICH BEGINS ON THE DATE OF THE 1ST POST-DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS ARE INITIATED AGAINST THE PATIENT SUBSEQUENT TO THE NOTIFICATION PERIOD ATLANTICARE, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE ATLANTICARE MAY AUTHORIZE THIRD PARTIES TO REPORT ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD THE ORGANIZATION ENSURES REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY AND ENSURES THE FOLLOWING ACTIONS ARE TAKEN AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA 1) THE PATIENT IS PROVIDED WITH WRITTEN NOTICE WHICH - INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS, - IDENTIFIES THE ECA(S) THAT ATLANTICARE INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE, AND - STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED 2) THE PATIENT IS PROVIDED WITH A COPY OF THE PLAIN LANGUAGE SUMMARY, AND 3) REASONABLE EFFORTS ARE MADE TO ORALLY NOTIFY THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS ATLANTICARE ACCEPTS AND PROCESSES ALL APPLICATIONS FOR FINANCIAL ASSISTANCE SUBMITTED DURING THE APPLICATION PERIOD THE APPLICATION PERIOD BEGINS ON THE DATE THE CARE IS PROVIDED AND ENDS ON THE 240TH DAY AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	IN ADDITION TO THE INTERNAL REVENUE CODE SECTION 501(R) COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION OUTLINED IN THE FORM 990, SCHEDULE H, PART V, SECTION B, ATLANTICARE REGIONAL MEDICAL CENTER PARTICIPATES IN A COUNTY WIDE COMMUNITY NEEDS ASSESSMENT IN CONJUNCTION WITH THE ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH WHICH OCCURS ON A REGULARLY SCHEDULED BASIS THE ATLANTIC COUNTY PUBLIC HEALTH DEPARTMENT ALSO REGULARLY CONDUCTS THE YOUTH BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY THIS DATA AIDS ATLANTICARE IN PREDICTING FUTURE HEALTH ISSUES AND BEHAVIORS THAT OUR PROVIDERS WILL NEED TO ADDRESS

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	<p>ATLANTICARE IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE SERVICES TO OUR COMMUNITY ATLANTICARE IS COMMITTED TO A SERVICE EXCELLENCE PHILOSOPHY THAT STRIVES TO MEET OR EXCEED PATIENT EXPECTATIONS ALL PATIENTS WILL RECEIVE A UNIFORM STANDARD OF CARE THROUGHOUT ALL ATLANTICARE FACILITIES, REGARDLESS OF SOCIAL, CULTURAL, FINANCIAL, RELIGIOUS, RACIAL, GENDER OR SEXUAL ORIENTATION FACTORS ATLANTICARE STRIVES TO ENSURE THAT ALL PATIENTS RECEIVE ESSENTIAL EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY ATLANTICARE IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, INELIGIBLE FOR GOVERNMENT ASSISTANCE, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION ALL PERSONS WHO PRESENT THEMSELVES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES ARE ADMITTED AND TREATED, THEY ARE REGISTERED AS PATIENTS OF THE HOSPITAL AND RECEIVE ANY NECESSARY SERVICES AS PRESCRIBED BY THE PATIENTS PHYSICIAN A PROSPECTIVE PATIENT OF ATLANTICARE IS NEVER DENIED NECESSARY HEALTHCARE SERVICES ON THE BASIS OF THEIR ABILITY TO PAY ATLANTICARE DOES ITS BEST TO EDUCATE AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THE BENEFIT OF THE PATIENTS, THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE ALL AVAILABLE ON-LINE ADDITIONALLY, PAPER COPIES ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE THE HOSPITAL FACILITY REGISTRATION AREAS WHICH INCLUDE EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BASED CLINICS AND PATIENT FINANCIAL SERVICES THE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTES THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE ATLANTICARES PRIMARY SERVICE AREA SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC HOSPITAL LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, ADMISSIONS DEPARTMENT AND REGISTRATION DEPARTMENT THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ATLANTICARE ALSO MAKES REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE REFERRALS CAN BE MADE BY A MEMBER OF THE HOSPITAL STAFF OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND RELIGIOUS SPONSORS ALL PATIENTS ARE OFFERED A COPY OF THE PLAIN LANGUAGE SUMMARY AS PART OF THE INTAKE OR DISCHARGE PROCESS ADDITIONALLY, FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS WITH QUESTIONS CONCERNING CHARGES, PAYMENTS OR ANY OTHER CONCERNS</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	ATLANTICARE REGIONAL MEDICAL CENTER PROVIDES URGENT AND EMERGENT HEALTHCARE SERVICES TO ALL INDIVIDUALS AND ALSO PROVIDES ELECTIVE PROCEDURES TO APPROXIMATELY 690,000 MEMBERS IN THE SOUTH JERSEY COMMUNITY IN A NON-DISCRIMINATORY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, CREED, AGE, SEX, LIFESTYLE OR ABILITY TO PAY THE PRIMARY SERVICE AREA IS ATLANTIC COUNTY (32 ZIP CODES) THE SECONDARY SERVICE AREAS ARE COMPRISED OF SOUTHERN SSA-CAPE MAY COUNTY AND NORTHERN SSA-SOUTHERN OCEAN COUNTY (18 ZIP CODES)

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM") IS A TAX-EXEMPT ORGANIZATION LOCATED IN ATLANTIC CITY, NEW JERSEY IT IS AN AFFILIATE MEMBER OF THE GEISINGER HEALTH AND AFFILIATES, HAVING JOINED THE ENTERPRISE IN OCTOBER OF 2015 AH SYSTEM IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES (COLLECTIVELY "ATLANTICARE") PLEASE REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE AH SYSTEM'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES WHICH COMPRISE ATLANTICARE FOR FURTHER INFORMATION ON HOW THE ORGANIZATION'S HOSPITALS AND OTHER HEALTHCARE FACILITIES FURTHER ATLANTICARES CHARITABLE TAX-EXEMPT PURPOSES BY PROMOTING THE HEALTH OF THE COMMUNITY AND MEET THE CRITERIA OUTLINED IN REVENUE RULING 69-545

Form and Line Reference	Explanation
Schedule H, Part VI, Question 6	<p>Atlanticare Health System, Inc ("AH system") is a tax-exempt organization located in Atlantic City, New Jersey. It is an affiliate member of the Geisinger health and affiliates, having joined the enterprise October of 2015. AH system is the sole corporate member of various healthcare related organizations, the majority of which are tax-exempt entities (collectively "Atlanticare"). Please refer to form 990, schedule o, which contains the organization's community benefit statement. The following are the not for-profit Atlanticare Healthcare System, Inc entities: Atlanticare Health System, Inc</p> <p>===== Atlanticare Health System, Inc ("AH system") is the tax-exempt parent of the Atlanticare Health System, Inc and affiliates system ("system"). This integrated healthcare delivery system consists of a group of affiliated healthcare organizations. The sole member or stockholder of each entity is either AH system or another system affiliate controlled by AH system. System is an integrated network of healthcare providers throughout the state of New Jersey. Atlanticare Health System, Inc Is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to internal revenue code 501(c)(3) and as a supporting organization pursuant to internal revenue code 509(a)(3). AH system ensures that its system provides medically necessary healthcare services to all individuals regardless of race, color, creed, sex, national origin or ability to pay. No individuals are denied necessary medical care, treatment or services. AH system is the sole corporate member of Atlanticare regional medical center ("AMRC"), a hospital providing comprehensive inpatient, outpatient and emergency services. AMRC operates consistently with the following criteria outlined in IRS revenue ruling 69-545: 1. Provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients, 2. Operates an active emergency department for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3. Maintains an open medical staff, with privileges available to all qualified physicians, 4. Control of it rests with its board of trustees and the board of trustees of Atlanticare Health System, Inc. Both boards are comprised of independent civic leaders and other prominent members of the community, and 5. Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities. Atlanticare Regional Medical Center</p> <p>===== Atlanticare regional medical center ("AMRC") is a 593-bed non-profit acute care medical center located in Atlantic City, Atlantic county, New Jersey. AMRC is recognized by the Internal Revenue Service as an internal revenue code section 501(c)(3) tax-exempt organization. Pursuant to its charitable purposes, AMRC provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin or ability to pay. Moreover, AMRC operates consistently with the criteria outlined in IRS revenue ruling 69-545. Atlanticare Regional Health Services, a New Jersey nonprofit corporation</p> <p>=====</p> <p>===== Atlanticare Regional Health Services, a New Jersey nonprofit organization is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to internal revenue code 501(c)(3) and as a non-private foundation pursuant to internal revenue code 509(a)(3). Atlanticare Behavioral Health, Inc =====</p> <p>===== Atlanticare Behavioral Health, Inc Is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to internal revenue code 501(c)(3) and as a non-private foundation pursuant to internal revenue code 509(a)(1). The organization provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin, religion or ability to pay. Atlanticare Behavioral Health, Inc manages a 34-bed acute care psychiatric facility in Atlantic County, New Jersey and operates 26 locations throughout the region. The organization provides inpatient, partial hospitalization, and intensive outpatient programs for adults and older adults diagnosed with psychiatric and dual disorders. Atlanticare Behavioral Health, Inc Is accredited by the Joint Commission on Accreditation for Healthcare Organizations. Atlanticare Foundation ===== Atlanticare Foundation, Inc is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to internal revenue code 501(c)(3) and as a non-private foundation pursuant to internal revenue code 509(a)(1). Through fundraising activities the organization supports the charitable purposes, programs and services of Atlanticare.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Question 6	<p>e Regional Medical Center, a related internal revenue code 501(c)(3) tax-exempt organization, that provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin, religion or ability to pay Atlanticare Health Engagement, Inc ===== Atlanticare Health Engagement, Inc Is an organization recognized by the internal revenue service as tax-exempt pursuant to internal revenue code 501(c)(3) The organization supports and deploys health status improvement initiatives and strategies related to population health for the community it serves Atlanticare Health Services, Inc ===== Atlanticare Health Services, Inc is an organization recognized by the internal revenue service as tax-exempt pursuant to internal revenue code 501(c)(3) and as a non-private foundation pursuant to internal revenue code 509(a)(2) The organization is primarily an ambulatory care network that reaches beyond Atlanticare Regional Medical Center to address the health and wellness needs for the regions residents throughout all stages of life Atlanticare Physician Group, P A ===== Atlanticare Physician Group, P A is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to internal revenue code 501(c)(3) and as a non-private foundation pursuant to internal revenue code 509(a)(3) The organization provides services outside of the hospital atmosphere to specialize in preventive care and in diagnosing and treating various illnesses The following are the for-profit Atlanticare Healthcare System, Inc entities Atlanticare Assurance Alliance, Inc ===== A for-profit entity whose sole shareholder is AH system The organization provides benefits related to malpractice liability insurance to its members Atlanticare Health Solutions, Inc ===== A for-profit entity whose sole shareholder is AH system The entity is an accountable care organization for Atlanticare Health System Atlanticare Surgery Center, LLC ===== A limited liability company taxed as a partnership located in Egg Harbor Township, Atlantic County, New Jersey The organization provides healthcare services to individuals Cooperative Healthcare Services of South Jersey, LLC ===== A limited liability company taxed as a partnership owned by Atlanticare Health System, Inc The organization provides healthcare services to individuals English Creek Assurance, LTD ===== A controlled foreign corporation by Atlanticare Health System, Inc The organization was formed and operates solely in Bermuda South Jersey Oncology Properties, LLC ===== A limited liability company taxed as a partnership with a percentage owned by Atlanticare Health Services, Inc The organization provides healthcare services to individuals</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW JERSEY

Additional Data

Software ID:
Software Version:
EIN: 90-0779828
Name: ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

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? 2		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	ARMC - MAINLAND CAMPUS 65 W JIMMIE LEEDS ROAD POMONA, NJ 08240 WWW ATLANTICARE ORG 10101	X	X		X	X		X			1
2	ARMC - CITY CAMPUS 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 WWW ATLANTICARE ORG 10102	X	X		X	X		X			1

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
SCHEDULE H, PART V, SECTION B, QUESTION 5	IN 2019, ATLANTICARE REGIONAL MEDICAL CENTER CONDUCTED ITS REQUIRED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR ATLANTIC COUNTY, NEW JERSEY. IN ADDITION TO A REVIEW OF PRIMARY AND SECONDARY DATA SOURCES, THE ASSESSMENT ENSURED THAT THE ORGANIZATION RECEIVED FEEDBACK FROM COMMUNITY LEADERS THROUGH FORMAL MEETINGS WHERE FINDINGS WERE SHARED FOR VALIDATION AND INPUT. COMMUNITY RESIDENT FEEDBACK WAS ALSO COLLECTED THROUGH A FORMAL SURVEY AND A SERIES OF FOCUS GROUPS WHICH WERE CONDUCTED IN VARIOUS LOCATIONS ACROSS OUR COMMUNITY. ADDITIONAL EFFORTS WERE TAKEN TO ENSURE THAT ALL MEMBERS OF OUR COMMUNITY, INCLUDING MINORITY AND UNDERSERVED MEMBERS WERE INCLUDED AS PART OF THESE FEEDBACK SESSIONS. A FOLLOW-UP IMPLEMENTATION STRATEGY WILL ALSO BE DRAFTED TO DOCUMENT HOW ATLANTICARE WILL MEET THE COMMUNITY'S IDENTIFIED NEEDS. THE 2019 CHNA EXPANDED UPON THEMES FOUND IN THE 2013 AND 2016 ASSESSMENTS. IT ALSO TOOK INTO ACCOUNT OUR GROWING KNOWLEDGE AROUND THE SOCIAL DETERMINANTS OF HEALTH.
SCHEDULE H, PART V, SECTION B, QUESTIONS 7A & 7D	THE ORGANIZATION IS AN AFFILIATE WITHIN ATLANTICARE HEALTH SYSTEM ("ATLANTICARE"), A MEMBER OF GEISINGER HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR ATLANTICARE. THE CHNA CAN BE ACCESSSED AT THE FOLLOWING PAGE INCLUDED ON ATLANTICARE'S WEBSITE: WWW.ATLANTICARE.ORG/COMMUNITY . ALL OF ATLANTICARE REGIONAL MEDICAL CENTER'S CHNAs CAN BE FOUND ON THE ABOVE WEBSITE.

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
SCHEDULE H, PART V, SECTION B, QUESTION 8	IN 2019, ATLANTICARE REGIONAL MEDICAL CENTER CONDUCTED ITS THIRD REQUIRED COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTIC COUNTY, NEW JERSEY THROUGH THE ASSESSMENT, SEVERAL NEEDS WITHIN THE COUNTY WERE IDENTIFIED AS A RESULT ATLANTICARE, ALONG WITH SUPPORT FROM ITS COMMUNITY PARTNERS, WILL WORK TO FIND SOLUTIONS FOR THOSE PRIORITIZED NEEDS ONE STRATEGY PER PRIORITIZED NEED WILL BE IDENTIFIED AND CONTINUED IMPLEMENTATION AND REVISIONS OF PROPOSED STRATEGIES CONTINUE TO BE ONGOING THE NEWEST ASSESSMENT IDENTIFIED A NEW PRIORITY FOR OUR COMMUNITY THESE INCLUDED AFFORDABLE HOUSING, IN ADDITION TO EMPLOYMENT OPPORTUNITIES, DRUG AND ALCOHOL ADDICTION, OTHER MENTAL HEALTH NEEDS, AND FOOD INSECURITY ATLANTICARE REGIONAL MEDICAL CENTER IS ACTIVELY SEEKING OUT PARTNERSHIPS TO BETTER UNDERSTAND THE ROOT CAUSES OF THESE SOCIAL DETERMINANTS OF HEALTH IT IS ALSO WORKING TO IDENTIFY OPPORTUNITIES AND PARTNERS TO ACCELERATE AND SUPPORT ONGOING EFFORTS TO MAKE A GREATER IMPACT AND IMPROVE THE HEALTH OF OUR COMMUNITY WE HAVE BEGUN IMPLEMENTING PROGRAMS SUCH AS OUR OPIOID RESPONSE, FOOD SECURITY INITIATIVE AND HAVE LAUNCHED A HOUSING COMMITTEE IN RESPONSE TO IDENTIFIED NEEDS IN THE CHNA
SCHEDULE H, PART V, SECTION B, QUESTION 10	THE ORGANIZATION IS AN AFFILIATE WITHIN ATLANTICARE HEALTH SYSTEM ("ATLANTICARE"), A MEMBER OF GEISINGER HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR ATLANTICARE THE IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN ATLANTICARES WEBSITE HTTPS //WWW ATLANTICARE ORG/ASSETS/IMAGES/SERVICES/FOUNDATION/2016-COMMUNI TY-IMPLEMENTATION-STRATEGY PDF

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
SCHEDULE H, PART V, SECTION B, QUESTION 11	IN 2013, ATLANTICARE REGIONAL MEDICAL CENTER CONDUCTED ITS INITIAL REQUIRED CHNA IN COLLABORATION WITH BACHARACH INSTITUTE FOR REHABILITATION, WHICH IS ALSO LOCATED IN ATLANTIC COUNTY, NEW JERSEY. IT AGAIN ASSESSED THE COMMUNITY IN 2016 AND 2019, WITH REPORTS IN THE PUBLISHED IN THE SAME YEARS. IN ADDITION TO A REVIEW OF PRIMARY AND SECONDARY DATA SOURCES, ATLANTICARE REGIONAL MEDICAL CENTER ENSURED THAT FEEDBACK FROM COMMUNITY LEADERS THROUGH FORMAL MEETINGS WHERE FINDINGS WERE SHARED FOR VALIDATION AND INPUT WAS OBTAINED. COMMUNITY RESIDENT FEEDBACK WAS ALSO COLLECTED THROUGH A SERIES OF FOCUS GROUPS AND THROUGH THE IMPLEMENTATION OF A RESIDENT SURVEY. ADDITIONAL EFFORTS WERE TAKEN TO ENSURE THAT ALL MEMBERS OF OUR COMMUNITY, INCLUDING MINORITY AND UNDERSERVED MEMBERS, WERE INCLUDED AS PART OF THESE FEEDBACK EFFORTS. COMMUNITY NEEDS THAT EMERGED FROM THIS ASSESSMENT WERE REVIEWED AND WERE PRIORITIZED FOR GREATER ORGANIZATIONAL SUPPORT IN ORDER TO ADDRESS THE 2019 CHNA IDENTIFIED THE FOLLOWING NEEDS: ADDICTIONS/MENTAL HEALTH SERVICES, FOOD INSECURITY/ACCESS TO HEALTHY FOODS, AND AFFORDABLE HOUSING. OUR COMMUNITY IS ALSO FACING A SIGNIFICANT RISE IN DRUG USE, SPECIFICALLY OPIOIDS, AND HOUSING AND EMPLOYMENT CHALLENGES ONE FACES POST RECOVERY. AN UPDATED IMPLEMENTATION STRATEGY WILL BE ADOPTED TO SHARE OUR PROGRESS ON PREVIOUSLY STATED NEEDS, AND TO INCORPORATE OUR ACTIONS TO THE NEW NEEDS THAT HAVE EMERGED AS COMMUNITY PRIORITIES. WEAVED INTO OUR IMPLEMENTATION STRATEGY IS THE UNDERSTANDING THAT, IN ORDER TO HAVE A GREATER IMPACT ON OUR COMMUNITY, MORE FORMALIZED PARTNERSHIPS NEED TO BE ESTABLISHED WITH OUR LOCAL SOCIAL SERVICE AND GOVERNMENT AGENCIES TO DEVELOP A MORE COMPREHENSIVE APPROACH TO MEETING THE STATED NEEDS OF OUR COMMUNITY. HOSPITALS ARE NOT REQUIRED TO, NOR CAN THEY RESPOND TO ALL UNMET NEEDS IN THE COMMUNITY. ANY NEEDS NOT ADDRESSED BY THE APPROVED IMPLEMENTATION STRATEGY ARE EITHER ALREADY BEING ADDRESSED BY OTHER AGENCIES WITHIN THE HOSPITAL'S SERVICE AREA OR HAVE BEEN DEEMED TO NOT BE A VIABLE USE OF EXISTING RESOURCES. UNMET NEEDS AND THE COMMUNITY PARTNERS WHO IMPACT THESE WILL CONTINUE TO BE MONITORED AND ASSESSED ANNUALLY TO ENSURE THAT ATLANTICARE REMAINS AGILE AND RESPONSIVE TO THE NEEDS THAT HAVE THE LARGEST IMPACT ON THE HEALTH OF OUR COMMUNITY.
SCH H,PART V,SECT B,Q'S 2,3J,6A&B,13B&H,15E,16J,18E,19E,20E,21C&D,23,24	NOT APPLICABLE

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
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN ATLANTICARE HEALTH SYSTEM ("ATLANTICARE"), A MEMBER OF GEISINGER HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE ABBREVIATED WEBSITE FOR ATLANTICARE THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL WHICH IS INCLUDED IN ATLANTICARES WEBSITE HTTPS //WWW ATLANTICARE ORG/PATIENTS-AND-VISITORS/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE/

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 ARMC CANCER CAREFACULTY PRACTICE 2500 ENGLISH CREEK AVE BUILDING 40 EGG HARBOR TOWNSHIP, NJ 08234	CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY
1 ARMC SATELLITE EMERGENCY DEPARTMENT 219 NORTH WHITE HORSE PIKE HAMMONTON, NJ 080372014	SATELLITE EMERGENCY DEPARTMENT
2 ARMC THE CANCER CARE INSTITUTE 106 COURT HOUSE SOUTH DENNIS RD BL CAPE MAY COURT HOUSE, NJ 08210	CANCER CARE INSTITUTE, LAB, PHARMACY, SURGERY CENTER/ONCOLOGY
3 ARMC ADULT PARTIAL CARE SERVICES 400 CHRIS GAUPP DRIVE GALLOWAY, NJ 08205	BEHAVIORAL HEALTH CLINIC
4 ATLANTICARE PHARMSPECIALTY CARE CLINIC 54 WEST JIMMIE LEEDS ROAD GALLOWAY, NJ 082059401	PHARMACY, SPECIALTY CARE
5 CHILD PARTIAL HOSPITALIZATION 6010 BLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	ADOLESCENT BEHAVIORAL HEALTH
6 ARMC WOUND HEALING CENTER 2500 ENGLISH CREEK AVE BLDG 700 ST EGG HARBOR TOWNSHIP, NJ 08234	WOUND CARE
7 ATLANTICARE HEALTHPLEX 1401 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401	CLINIC, SPECIALTY CARE CLINIC, RADIOLOGY, LAB, SCC, INFECT DISEASE, POST ACUTE CARE
8 ARMC FACULTY PRACTICE 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401	CARDIAC DIAGNOSTIC, SURGERY GROUP, HOSPITALISTS, PSYCH AND TRAUMA
9 ARMC WOUND HEALING CENTER 219 N WHITE HORSE PIKE HAMMONTON, NJ 08037	WOUND CARE
10 ARMC PREADMISSION TESTING 2500 ENGLISH CREEK AVENUE BLDG 20 EGG HARBOR TOWNSHIP, NJ 08234	PREADMISSION TESTING

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

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

2018

Open to Public
Inspection

Employer identification number
90-0779828

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

3 Enter total number of other organizations listed in the line 1 table 2

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) EMPLOYEE ASSISTANCE	20	25,585		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

Software ID:
Software Version:
EIN: 90-0779828
Name: ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

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
ATLANTICARE REGIONAL MEDICAL CENTER 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401	21-0634549	501(C)(3)	665,915				PROGRAM SUPPORT
ATLANTICARE FOUNDATION 2500 ENGLISH CREEK AVE EGG HARBOR TWP, NJ 08234	22-2148992	501(C)(3)	500,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	10,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	55,000				PROGRAM 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
CAPE MAY COUNTY CHAMBER OF COMMERCE PO BOX 74 CAPE MAY COURT HOUSE, NJ 082100074	21-0698652	501(C)(6)	7,362				PROGRAM SUPPORT
CASA OF ATLANTIC AND CAPE MAY COUNTIES 321 SHORE ROAD SOMERS POINT, NJ 08244	22-3348198	501(C)(3)	6,725				PROGRAM 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
GILDA'S CLUB 700 NEW ROAD LINWOOD, NJ 08221	04-3639550	501(C))(3)	10,000				PROGRAM SUPPORT
GREATER ATLANTIC CITY CHAMBER 12 S VIRGINIA AVE ATLANTIC CITY, NJ 08401	21-0398240	501(C)(6)	12,856				PROGRAM 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
HANSEN FOUNDATION INC 4 E JIMMIE LEEDS ROAD GALLOWAY, NJ 08205	31-1667973	501(C)(3)	6,000				PROGRAM SUPPORT
JEWISH COMMUNITY CENTER 1391 MARTINE AVENUE SCOTCH PLAINS, NJ 07076	22-2667094	501(C)(3)	10,500				PROGRAM 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
JOHN R ELLIOT FOUNDATION PO BOX 700 GALLOWAY, NJ 08244	22-2667094	501(C)(3)	10,000				PROGRAM SUPPORT
MISS AMERICA FOUNDATION 2301 BOARDWALK PO BOX 1989 ATLANTIC CITY, NJ 08401	27-0390958	501(C)(3)	20,000				PROGRAM SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES	Employer identification number 90-0779828
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax 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)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

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
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES. DAVID P. TILTON, \$829,445, JAMES P. NOLAN, JR., CPA, \$170,439 AND STEVEN M. BLUMBERG, \$138,452.

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	<p>THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EDELYN L MILLER, \$188,139, MARGARET A BELFIELD, \$104,511, JOAN MARY BRENNAN, \$43,089, MARILOUISE VENDITTI, M D , \$42,434, TERRI LU SCHIEDER, \$36,799, CHARISSE FIZER, \$29,327, JOSEPH J MCCARTHY, CPA, \$18,215, JAMES P NOLAN, JR , CPA, \$61,064 AND STEVEN M BLUMBERG, \$1,853 THE DEFERRED COMPENSATION AMOUNT IN COLUMN (C) FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EDELYN L MILLER, \$226,068, MARGARET A BELFIELD, \$46,000, RICHARD D LOVERING, \$34,750, HAK J KIM, \$32,500, DONNA MICHAEL-ZIEREIS, ESQ , \$30,250, JOAN MARY BRENNAN, \$39,333, MARILOUISE VENDITTI, M D , \$41,000, TERRI LU SCHIEDER, \$31,667, CHRISTOPHER A SCANZERA, \$47,180, CHARISSE FIZER, \$24,183, KATHERINE BIRKENSTOCK, \$21,833, JOSEPH J MCCARTHY, CPA, \$16,798, LARISA K GOGANZER, \$18,750, JAMES KILMER, \$18,750 AND DOMINIC S MOFFA, \$198,216 THE DEFERRED COMPENSATION AMOUNT IN COLUMN (C) FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES LORI S HERNDON, \$145,440, MARGARET A BELFIELD, \$45,540, RICHARD D LOVERING, \$35,091 AND JOAN MARY BRENNAN, \$25,020</p>

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	<p>THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS FOLLOWS EDELYN L MILLER, \$188,139, MARGARET A BELFIELD, \$104,511, JOAN MARY BRENNAN, \$39,333, MARILOUISE VENDITTI, M D , \$42,434, TERRI LU SCHIEDER, \$29,950, CHARISSE FIZER, \$29,327, JOSEPH J MCCARTHY, CPA, \$16,798 AND JAMES P NOLAN, JR , CPA, \$61,064</p>



Additional Data

Software ID:
Software Version:
EIN: 90-0779828
Name: ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

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				
BLAIR A BERGEN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	340,044	296,765	22,412	8,330	26,620	694,171	0
JOHN B BULGER DO MBA TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	520,499	200	24,971	19,614	29,358	594,642	0
MOHAMED H ELNAHAL MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	424,409	45,149	4,356	8,750	30,469	513,133	0
LORI S HERNDON TRUSTEE - AHS PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	803,776	247,248	153,301	157,213	25,190	1,386,728	0
EDELYN L MILLER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	1,019,495	0	229,463	245,682	21,426	1,516,066	188,139
MARGARET A BELFIELD TRUSTEE - EVP & COO	(i)	493,019	129,031	163,166	100,447	25,277	910,940	104,511
	(ii)	0	0	0	0	0	0	0
ALEXANDER ONOPCHENKO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	390,947	76,597	23,482	9,150	33,693	533,869	0
RICHARD D LOVERING TRST-VICE CHAIR/SVP ADMIN CHRO	(i)	0	0	0	0	0	0	0
	(ii)	368,481	99,424	53,705	78,638	36,636	636,884	0
HAK J KIM TRUSTEE - TREASURER/VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	357,743	71,400	25,535	44,238	3,589	502,505	0
DONNA MICHAEL-ZIEREIS ESQ VP GENERAL COUNSEL/ASST SEC	(i)	0	0	0	0	0	0	0
	(ii)	324,289	67,565	29,199	39,360	40,314	500,727	0
JOAN MARY BRENNAN SR VP, QUALITY & PERFORM EXCEL	(i)	447,473	120,360	97,848	74,600	28,436	768,717	39,333
	(ii)	0	0	0	0	0	0	0
MARILUISE VENDITTI MD SR VP, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	442,115	93,187	101,389	51,142	16,159	703,992	42,434
TERRI LU SCHIEDER SR VP, POPULATION HEALTH	(i)	357,856	73,318	69,486	42,746	33,775	577,181	29,950
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER A SCANZERA VP & CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	329,351	68,324	30,264	54,968	23,023	505,930	0
CHARISSE FIZER VP CLINICAL OPS & AMB SERVICES	(i)	269,795	59,201	70,638	32,006	14,622	446,262	29,327
	(ii)	0	0	0	0	0	0	0
ROBERTA O BEGLEY VP NURSING/CNO (TERM 10/27/18)	(i)	238,693	78,039	75,975	10,215	21,264	424,186	0
	(ii)	0	0	0	0	0	0	0
KATHERINE BIRKENSTOCK VP NURSING/CNO (EFF 10/27/18)	(i)	211,525	49,226	27,457	31,516	3,555	323,279	0
	(ii)	0	0	0	0	0	0	0
JOSEPH J MCCARTHY CPA VP FINANCIAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	183,450	41,157	53,308	26,977	37,515	342,407	16,798
LARISA K GOGANZER VP CHIEF ADMIN OFF MAINLAND	(i)	213,194	44,306	9,254	24,992	33,477	325,223	0
	(ii)	0	0	0	0	0	0	0
JAMES KILMER VP CHIEF ADMIN OFF CITY	(i)	209,445	44,306	11,073	26,283	28,283	319,390	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				
BARBARA YOUNG ASSISTANT VP SUPPLY CHAIN	(i)	155,646	17,618	1,489	5,059	12,911	192,723	0
	(ii)	0	0	0	0	0	0	0
JATIN MOTIWAL VP PHY PRAC ADM(TERM 12/8/18)	(i)	292,099	67,320	54,646	9,100	32,976	456,141	0
	(ii)	0	0	0	0	0	0	0
JULIA DREW EXECUTIVE DIRECTOR	(i)	150,045	14,130	5,865	5,523	11,728	187,291	0
	(ii)	0	0	0	0	0	0	0
MONIKA FINNEGAN DIRECTOR OF FINANCE	(i)	140,171	5,756	805	6,268	2,492	155,492	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J SAYNISCH SENIOR DIRECTOR	(i)	124,097	14,693	2,179	5,776	23,791	170,536	0
	(ii)	0	0	0	0	0	0	0
SAMANTHA A KILEY EXECUTIVE DIRECTOR	(i)	140,816	20,000	189	5,038	36,317	202,360	0
	(ii)	0	0	0	0	0	0	0
NEHA CHAWLA MD PHYSICIAN	(i)	304,210	215,297	32,600	9,079	15,307	576,493	0
	(ii)	0	0	0	0	0	0	0
JAMES EAKINS MD PHYSICIAN	(i)	440,256	81,950	1,518	9,255	34,239	567,218	0
	(ii)	0	0	0	0	0	0	0
AYOOLA O ALI MD PHYSICIAN	(i)	412,404	87,838	20,018	9,140	34,215	563,615	0
	(ii)	0	0	0	0	0	0	0
RAYMOND C TALUCCI MD PHYSICIAN	(i)	417,700	68,150	26,882	9,139	15,138	537,009	0
	(ii)	0	0	0	0	0	0	0
PETER N THOMPSON MD PHYSICIAN	(i)	403,671	67,338	32,111	9,219	33,780	546,119	0
	(ii)	0	0	0	0	0	0	0
DOMINIC S MOFFA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	887,386	0	84,335	217,830	31,433	1,220,984	0
DAVID P TILTON FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	829,445	6,435	0	835,880	0
JAMES P NOLAN JR CPA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	231,503	5,417	0	236,920	61,064
STEVEN M BLUMBERG FORMER OFFICER	(i)	0	0	140,305	3,283	0	143,588	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number

90-0779828

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID D WOODARD	FAMILY MEMBER OF TRUSTEE	13,669	ARMC EMPLOYEE		No
(2) SEAN M BELFIELD	FAMILY MEMBER OF OFFICER	28,144	ARMC EMPLOYEE		No
(3) IVENNY D LOPEZ	FAMILY MEMBER OF TRUSTEE	32,777	AH SERVICES EMPLOYEE		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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SCHOOL SUPP & OTHER</u> <u>MISC</u>)	X	6	175,024	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2018)

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, QUESTION 32A	THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES, IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S) THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

90-0779828

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART I, LINES 3 & 4 & PART VI, SECTION A, Q'S 1A & 1B	ALL ORGANIZATIONS IN THIS GROUP FORM 990 ARE AFFILIATES WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AS REFLECTED ON CORE FORM, PART I, LINES 3 AND 4 AND ALSO IN PART VI, LINES 1A AND 1B, THERE ARE A TOTAL OF FIFTEEN VOTING MEMBERS ON THE BOARD OF TRUSTEES OF ATLANTICARE REGIONAL MEDICAL CENTER, THE LARGEST ENTITY IN THIS GROUP FORM 990 AT YEAR END, OF THESE FIFTEEN VOTING MEMBERS, EIGHT ARE NON-INDEPENDENT UNDER THE CURRENT INTERNAL REVENUE SERVICE RULES AND REGULATIONS ALTHOUGH THIS FEDERAL FORM 990 SHOWS ONLY SEVEN INDEPENDENT BOARD OF TRUSTEES UNDER THE INTERNAL REVENUE SERVICE RULES AND REGULATIONS, THIS ORGANIZATION ACTS IN A CHARITABLE TAX-EXEMPT MANNER FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS CONTROLLED BY ATLANTICARE HEALTH SYSTEM, INC , AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHICH IS GOVERNED BY A BOARD OF DIRECTORS IN ADDITION, ATLANTICARE HEALTH SYSTEM, INC IS CONTROLLED BY GEISINGER HEALTH, AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHICH IS GOVERNED BY A BOARD OF DIRECTORS, A MAJORITY OF WHICH ARE COMPRISED OF INDEPENDENT VOTING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ATLANTICARE HEALTH SYSTEM, INC. FEID 22-3265213 ATLANTICARE HEALTH SYSTEM, INC. ("SYSTEM") IS A TAX-EXEMPT ORGANIZATION LOCATED IN ATLANTIC CITY, NEW JERSEY. IT IS AN AFFILIATE MEMBER OF GEISINGER HEALTH AND AFFILIATES, HAVING JOINED THE ENTERPRISE IN OCTOBER 2015. THE SYSTEM IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES (COLLECTIVELY "ATLANTICARE"). THE SYSTEM PROVIDES LEADERSHIP, MANAGERIAL AND SUPPORT SERVICES TO A NUMBER OF AFFILIATED HEALTHCARE RELATED ORGANIZATIONS. THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE SYSTEM AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") CODE 501(C)(3). SYSTEM AND AFFILIATES ("ATLANTICARE") ARE PART OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM DEDICATED TO TRANSFORMING HEALTHCARE AT THE REGIONAL LEVEL BY PROVIDING HIGH QUALITY HEALTH AND WELLNESS SERVICES. ATLANTICARE INCLUDES THE SYSTEM, ATLANTICARE REGIONAL MEDICAL CENTER ("ARMC" FORMERLY THE ATLANTIC CITY MEDICAL CENTER), ATLANTICARE BEHAVIORAL HEALTH ("ABH"), ATLANTICARE FOUNDATION ("FOUNDATION"), ATLANTICARE HEALTH SERVICES ("SERVICES"), ATLANTICARE HEALTH SOLUTIONS ("HEALTH SOLUTIONS") AND ATLANTICARE HEALTH ENGAGEMENT ("ENGAGEMENT"). ADDITIONALLY, OTHER ATLANTICARE ENTITIES PARTICIPATE IN OTHER HEALTHCARE RELATED ACTIVITIES IN COLLABORATION WITH OTHER MEMBERS OF THE COMMUNITY. THE REGION'S LARGEST HEALTHCARE ORGANIZATION AND LARGEST NON-CASINO EMPLOYER, ATLANTICARE'S NEARLY 6,000 EMPLOYEES SERVE THE COMMUNITY IN MORE THAN 100 LOCATIONS. ATLANTICARE AND ITS AFFILIATED ORGANIZATIONS ARE GOVERNED BY MORE THAN 50 VOLUNTEER COMMUNITY LEADERS WHO DEDICATE CONSIDERABLE TIME AND ENERGY TOWARD THE ULTIMATE ACHIEVEMENT OF ATLANTICARE'S MISSION, VISION AND VALUES.</p> <p>MISSION STATEMENT ===== WE MAKE A DIFFERENCE IN HEALTH AND HEALING, ONE PERSON AT A TIME, THROUGH TRUSTING RELATIONSHIPS. VISION ===== ATLANTICARE BUILDS HEALTHY COMMUNITIES TOGETHER. VALUES ===== ATLANTICARE STRESSES THE FOLLOWING VALUES: INTEGRITY ===== OUR BEHAVIORS CONSISTENTLY REFLECT THE HIGHEST ETHICAL STANDARDS. RESPECT ===== WE TREAT EACH OTHER WITH KINDNESS, DIGNITY AND COMPASSION. SAFETY ===== SAFETY OF PATIENTS AND STAFF IS OUR TOP PRIORITY. SERVICE ===== SERVICE IS DEFINED AND MEASURED BY OUR CUSTOMERS. ATLANTICARE STRIVES TO DELIVER EXCELLENCE IN EVERY INTERACTION. TEAMWORK ===== WE WORK TOGETHER TO ACHIEVE OUR GOALS. CHARITABLE PURPOSE =====</p> <p>ATLANTICARE'S PRIMARY SERVICE OFFERING OF HEALTH CARE DELIVERY, INTEGRATED WITH THE COMPLEMENTARY AND STRATEGIC SERVICE OFFERINGS OF HEALTH INFORMATION AND HEALTH ENGAGEMENT, FOCUSES ON DELIVERING QUALITY AND VALUE AT EVERY STAGE OF HEALTH. HEALTHY, AT-RISK AND WITH ACUTE OR CHRONIC ILLNESS. WE ARE DEEPLY COMMITTED TO PROVIDING HEALTHCARE SERVICES TO ALL INDIVIDUALS WHO RESIDE IN OUR PRIMARY AND REGIONAL SERVICE AREAS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ANDICAP, AGE, LIFESTYLE, FINANCIAL STATUS OR ABILITY TO PAY. ARMC IS ONE OF TWO "SAFETY NET" HOSPITALS IN SOUTHERN NEW JERSEY PROVIDING APPROXIMATELY \$21 MILLION IN CHARITY CARE. A T COST, WHICH REPRESENTS APPROXIMATELY 90% OF THE CHARITY CARE PROVIDED IN ATLANTIC COUNTY WITHIN THE REGION, ATLANTICARE PROVIDES MORE CHARITY CARE THAN THE 7 CLOSEST HOSPITALS C OMBINED. TO FURTHER ENSURE THAT OUR COMMUNITY'S HEALTHCARE NEEDS ARE MET, ATLANTICARE ALS O PROVIDES FREE CARE TO PATIENTS THAT DO NOT MEET THE STATE ELIGIBILITY REQUIREMENTS FOR C HARITY CARE DESIGNATION OR WHO ARE NOT COMPLIANT IN PURSUING ELIGIBILITY STATUS. WHILE THE ABOVE STATISTICS ALONE DIFFERENTIATE ATLANTICARE'S COMMITMENT TO THE COMMUNITY IT SERVES, IT RECOGNIZES THAT HEALTH AND THE ASSURANCE OF GOOD HEALTH ARE TRULY CULTIVATED BEYOND TH E WALLS OF ITS CLINICAL SETTINGS. AS SUCH, ATLANTICARE HAS ESTABLISHED ITSELF WITHIN ITS S ERVICE AREA AS A COLLABORATOR AND PARTNER TO AGENCIES AND SERVICES THAT IMPROVE THE QUALIT Y OF LIFE FOR OUR AREA RESIDENTS. ATLANTICARE SPONSORS MANY CHARITABLE AGENCIES AND THEIR PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT AND CLOSE EVIDENT SERVICE GAPS. THESE PROGRAMS INCLUDE SERVICES FOR OLDER ADULTS, COMMUNITY OUTREACH PROGRAMS FOR AT-RISK POPULATIONS, S UPPORT INITIATIVES FOR THE CONTINUED HEALING OF PATIENTS AND THEIR CAREGIVERS POST DISCHARGE, IN ADDITION TO HEALTH PROMOTION AND DISEASE PREVENTION CAMPAIGNS TO IMPROVE OVERALL HE ALTH AND WELL-BEING. EXAMPLES INCLUDE ATLANTICARE'S SUPPORT OF THE AMERICAN HEART ASSOCIAT ION, BIG BROTHERS & BIG SISTERS, BOYS AND GIRLS CLUB OF ATLANTIC CITY, JEWISH FAMILY SERVI CES, RUTH NEWMAN SHAPIRO HEART & CANCER MEMORIAL FUND, SHIRLEY MAE BREAST CANCER ASSISTANC E FUND, GILDA'S CLUB OF SOUTH JERSEY, MARCH OF DIMES, AND THE AMERICAN CANCER SOCIETY. ATL ANTICARE HOSTS AND SUPPORTS VARIOUS PROFESSIONAL AND HIGHER EDUCATIONAL PROGRAMS AND STRON GLY BELIEVES IN INVESTING IN THE INDIVIDUALS WHO ONE DAY WILL BECOME HEALTHCARE PROFESSION ALS. EMPLOYEES PARTICIPATE IN JOB SHADOW DAYS AND CONDUCT CAREER PRESENTATIONS AND SKILLS FAIRS AT LOCAL SCHOOLS. IN ADDITION, ATLANTICARE OFFERS SCHOLARSHIPS AND OTHER FORMS OF SU PPORT TO LOCAL STUDENTS WHO WISH TO PURSUE NURSING AND ALLIED HEALTH DEGREES AND SPONSORS TECHNICAL HONOR SOCIETIES. IN TOTAL, ANNUAL A MINIMUM OF 18 SCHOLARSHIPS WERE AWARDED. ATL ANTICARE OFFERS AN AVERAGE OF MORE THAN 45 MONTHLY COMMUNITY EVENTS, LECTURES, AND/OR DEMO NSTRATIONS TO THE COMMUNITY. IT PROMOTES THEM THROUGH TRADITIONAL NEWS MEDIA, SOCIAL MEDIA, THE ATLANTICARE WEBSITE, WORD OF MOUTH, AND COMMUNITY NETWORKING. EXAMPLES OF EVENTS INC LUDE - DIABETES, BREAST CANCER, AND STROKE SUPPORT GROUPS - WEIGHT LOSS SURGERY SEMINARS & SUPPORT GROUPS - FIRST AID AND CPR COURSES - HEALTHY BABY CLASSES INCLUDING CHILDBIRTH A ND BREASTFEEDING CLASSES - HEALTHY COOKING DEMONSTRATIONS - SENIOR UNIVERSITY, AN EDUCATIO NAL LECTURE SERIES FOR OLDER ADULTS - OPIATES AND NARCOTICS ANONYMOUS - PREDIABETES CLASS - MATTER OF BALANCE FALL PREVE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NTION SERIES - FAMILY SUCCESS CENTER CLASSES AND EVENTS RANGING FROM RESUME-WRITING ASSISTANCE TO FAMILY ACTIVITIES ATLANTICARE BRINGS HEALTH AND WELLNESS SERVICES TO THE COMMUNITY THROUGH RISK-BASED SCREENINGS (FOR EXAMPLE, BLOOD PRESSURE, BODY MASS INDEX, AND CHOLESTE ROL) SPECIALLY TRAINED NURSES AND HEALTH CARE PROFESSIONALS PROVIDE HEALTH ASSESSMENTS IN AN EFFORT TO DETECT HEALTH CONDITIONS EARLY WHEN THEY ARE EASIER TO TREAT, EDUCATE PARTIC IPANTS ABOUT HEALTHY LIFESTYLE BEHAVIORS, AND TO REFER INDIVIDUALS TO NEEDED PROGRAMS AND SUPPORT SERVICES ADDITIONALLY, ITS REPRESENTATIVES ADDRESS SENIOR CENTERS, FAITH-BASED ORG ANIZATIONS, MUNICIPALITIES, AND OTHER COMMUNITY ORGANIZATIONS/AGENCIES UPON REQUEST IN 20 19, ATLANTICARE ATTENDED 147 COMMUNITY EVENTS (55 IN FY 2018) AND CONDUCTED 411 (152 IN FY 2018) WELLNESS SCREENINGS ATLANTICARE OPERATES FOUR SIGNATURE COMMUNITY PROGRAMS WHOSE S OLE FOCUS IS TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY THESE INNOVATIVE PROGR AMS ARE HEALTHY SCHOOLS, HEALTHY CHILDREN, GROWING GREEN, HEALING ARTS, AND HEALING ATLANT IC COUNTY, AN INITIATIVE AIMED AT LOCALLY COMBATTING THE IMPACT OF THE OPIOID EPIDEMIC HE ALTHY SCHOOLS, HEALTHY CHILDREN ("HSHC") PARTNERS WITH MORE THAN 110 SCHOOLS IN A VARIETY OF DIFFERENT MODALITIES TO TEACH CHILDREN, PARENTS, AND STAFF ABOUT THE IMPORTANCE OF HEAL THY EATING AND PHYSICAL ACTIVITY SIGNATURE COMPONENTS OF THIS PROGRAM ARE THE SCHOOL NURS E LECTURE SERIES AND PROFESSIONAL DEVELOPMENT WORKSHOPS THAT PROVIDE EDUCATION AND RESOURC ES TO SCHOOL PERSONNEL IN RECENT YEARS, WE WORKED TO EXPAND OUR OFFERINGS TO ADDRESS THE EMOTIONAL WELLNESS NEEDS OF CHILDREN AS WELL IN 2019, ATLANTICARE DISTRIBUTED \$58,300 IN HSHC GRANTS TO SCHOOLS THE ATLANTICARE GROWING GREEN PROGRAM ADDRESSES THE ROOT CAUSES OF CHRONIC DISEASE BY INCREASING CONSUMPTION OF HEALTHY FOODS THROUGH THE CREATION OF ACCESS POINTS FOR FRESH, LOCAL PRODUCE THIS PROGRAM HAS FUNDED THE CONSTRUCTION OF 42 SCHOOL GA RDENS AND 19 COMMUNITY GARDENS IN SOUTHEASTERN NEW JERSEY IN 2017, ATLANTICARE ESTABLISHE D ITS PANTRY AT THE PLEX, A HEALTHFUL FOOD PANTRY THIS SERVICE PATIENTS OF OUR WILLIAM L GORMLEY HEALTHPLEX IN ATLANTIC CITY WHO ARE DEEMED FOOD INSECURE ATLANTICARE ALSO OFFERS A SUMMER MEALS PROGRAM, TO PROVIDE A HEALTHY LUNCHES AND HEALTH EDUCATION TO MORE THAN 20 0 CHILDREN AND THEIR FAMILIES DURING THE SUMMER WHEN SCHOOL LUNCHES ARE NOT AVAILABLE THRO UGH THE PANTRY AT THE PLEX, POP-UP FRUIT/VEGGIE MARKETS, AND IT SUMMER LUNCH AND LEARNS, ATLANTICARE PROVIDED THOSE DEEMED FOOD INSECURE IN ATLANTIC CITY WITH 146,751 POUNDS OF HE ALTHY FOOD, MUCH OF WHICH WAS FRESH FRUITS AND VEGETABLES IN 2019 THESE PROGRAMS HAVE COL LECTIVELY IMPACTED MORE THAN 10,000 LIVES</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HEALING ARTS IS A UNIQUE INITIATIVE DESIGNED TO SHOWCASE ORIGINAL ARTWORK BY INTEGRATING THE ARTS WITHIN AND NEAR OUR FACILITIES, WE VISIBLY DEMONSTRATE OUR INTENT TO CREATE A HEALING PRESENCE IN OUR COMMUNITY. HEALING ATLANTIC COUNTY WORKS HARD AT DETERMINING ROOT CAUSES FOR SUBSTANCE ABUSE AND IS FOCUSED ON REDUCING OVERALL OPIOID-RELATED DEATHS. THIS EFFORT HAS LED TO A REDUCTION IN THE NUMBER OF OPIOIDS PRESCRIBED, ATLANTICARE PLACING COMMUNITY DISPOSAL RECEPTACLES FOR UNWANTED AND POTENTIALLY HARMFUL MEDICATIONS, AND ONGOING RECOVERY SUPPORTS. THESE PROGRAMS ALLOW US TO SERVE DISTINCT AUDIENCES: CHILDREN AND THEIR CARETAKERS, THOSE WITH LIMITED ACCESS TO HEALTHY FOODS, THOSE IMPACTED BY THE OPIATE CRISIS, AND THOSE SEEKING RESPIRE AND HEALING. NON-GRANT FUNDED STAFFING COSTS TO SUPPORT SCREENING OUTREACH AND THE SIGNATURE PROGRAMS IN 2019 TOTALED OVER \$250,000. OTHER WAYS ATLANTICARE CONTRIBUTES TO THE SAFETY AND WELL-BEING OF THE COMMUNITIES IT SERVES INCLUDE: - DISTRIBUTION OF AEDS THROUGH HEART HEROES MATCHING FUNDS PROGRAM. WE PLACED OUR 300TH AED THROUGH THIS PROGRAM IN 2019. - WORKING IN COLLABORATION WITH LAW-ENFORCEMENT AND OTHER AGENCIES AT THE COUNTY AND LOCAL LEVEL TO ENHANCE ACTIVE SHOOTER AND OTHER EMERGENCY PREPAREDNESS READINESS. THE AGENCIES HAVE TRAINED WITH US ON MULTIPLE OCCASIONS TO BEST POSITION THEMSELVES TO ADDRESS AN EVENT AND TO SUPPORT THOSE IMPACTED. FURTHERMORE, ATLANTICARE EMBRACES ITS STRATEGIC COMMITMENT TO DIVERSITY AND INCLUSION. WE HAVE POSITIONED DIVERSITY AS A STRATEGIC BUSINESS PRIORITY THAT ALIGNS WITH OUR OVERALL VISION, MISSION AND VALUES. AT THE HEART OF OUR DIVERSITY AND INCLUSION EFFORTS, ARE OUR DEDICATED AND ENGAGED EMPLOYEE RESOURCE GROUPS ("ERGS"). THESE GROUPS OF PHYSICIANS AND STAFF HELP US WITH CULTURAL AND COMMUNITY AWARENESS ACTIVITIES, EDUCATION, AND COMMUNITY OUTREACH, THUS IMPACTING EMPLOYEE ENGAGEMENT, CUSTOMER EXPERIENCES, AND COMMUNITY CONNECTIVITY. THE GROUPS ARE FORMED AROUND COMMON INTERESTS BUT ARE OPEN TO ALL EMPLOYEES. THE GROUPS CONTINUE TO EXPERIENCE MEMBERSHIP GROWTH FROM 33 MEMBERS IN 2010, TO MORE THAN 350 ACTIVE MEMBERS IN 2019. CURRENT GROUPS INCLUDE AFRICAN-AMERICAN ("LEGACY"), ASIAN-PACIFIC ("APEG"), DISABILITIES ("CAARE"), INTERFAITH ("PATHS"), LATINO ("ALMA"), LGBTQ ("PRIDE"), MILITARY ("HONORS"), FITNESS AND WELLBEING, RECOVERY ("HOPE"), AND WOMEN ("LEADS"). EXAMPLES OF SOME ERG ACTIVITIES INCLUDE: - HELD ANNUAL "STRENGTH IN DIVERSITY" EVENT WHICH FOR STUDENTS, STAFF, PROVIDERS AND COMMUNITY MEMBERS. - NUTRITION EDUCATION PROGRAM TO MORE THAN 450 STUDENTS IN THE COMMUNITY TO OBSERVE NATIONAL NUTRITION MONTH. - SENT CARE PACKAGES TO DEPLOYED MILITARY EMPLOYEES. - HOSTED WELCOME BACK ACTIVITIES FOR RETURNING DEPLOYED EMPLOYEES. - PROVIDED NUMEROUS EDUCATIONAL SESSIONS FOR PHYSICIANS AND STAFF ON CULTURALLY COMPETENT HEALTH CARE PRACTICES. - DESIGNATED ADDITIONAL COMBAT WOUNDED VETERAN PARKING SPOTS AT VARIOUS FACILITIES. - OBTAINED HEALTHCARE EQUALITY INDEX (HEI) LEA</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>DER STATUS FOR ATLANTICARE FOR 7TH CONSECUTIVE YEAR - DONATED BREASTFEEDING COOLER BAGS T O NEW MOTHERS IN OB DEPARTMENTS FOR 3RD YEAR - SPONSORED A FOOD DRIVE FOR ATLANTICARES PA NTRY AT THE PLEX - SPONSORED A CLOTHING DRIVE FOR MIGRANT WORKERS' CHILDREN - SPONSORED THE COLLECTION OF GENTLY-USED PURSES AND ACCESSORIES FOR STUDENTS IN LOCAL SCHOOLS - COLL ECTED AND DONATED MORE THAN 300 PROM DRESSES AND A LARGE NUMBER OF SHOES, EVENING BAGS, AN D ACCESSORIES, FOR LOCAL STUDENTS THROUGH FUNDRAISING ACTIVITIES, OUR ERGS CAN PROVIDE FI NANCIAL AND IN-KIND SUPPORT TO COMMUNITY PROGRAMS AND ORGANIZATIONS ADDITIONALLY, THEY SU PPORTED VARIOUS COMMUNITY ORGANIZATIONS THROUGH PARTICIPATION IN WALKS, HEALTH AND CAREER FAIRS, AS WELL AS OTHER IN-KIND DONATIONS ATLANTICARE IS PROUD TO HAVE EARNED VARIOUS AWA RDS, DESIGNATIONS, RECOGNITIONS, AMONG OTHERS -----</p> <p>----- IN ADDITION, ATLANTICARE PROVIDES A SIGNIFICANT POSITIVE ECON OMIC CONTRIBUTION TO THE COMMUNITY ATLANTICARE DIRECTLY IMPACTS THE COMMUNITY IN A POSITI VE MANNER BY VIRTUE OF EMPLOYING NEARLY 6,000 AREA RESIDENTS ATLANTICARE SUPPORTS THE LOC AL BUSINESS COMMUNITY BY PURCHASING GOODS AND SERVICES FROM MANY LOCAL AREA BUSINESSES AS WELL AS PARTICIPATING IN COMMUNITY-BASED ORGANIZATIONS AS VOLUNTEERS OR BOARD MEMBERS</p> <p>ATL ANTICARE REGIONAL MEDICAL CENTER FEID 21-0634549 BACKGROUND ===== ARMC IS A 593-BED, NOT-FOR-PROFIT HOSPITAL THAT WAS FOUNDED IN 1898 AS A TEN-BED FACILITY IN A CONVERTED HOM E ON OHIO AVENUE IN ATLANTIC CITY THE INTERNAL REVENUE SERVICE HAS RECOGNIZED ARMC AS BEI NG A TAX-EXEMPT ORGANIZATION UNDER IRC CODE 501(C)(3) ARMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ARMC PROVIDES URGENT AND EMERGE NT HEALTHCARE SERVICES TO ALL INDIVIDUALS AND PROVIDES ELECTIVE PROCEDURES TO INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, COLOR, CREED, SEX, N ATIONAL ORIGINS, HANDICAP, AGE, LIFESTYLE, FINANCIAL STATUS OR ABILITY TO PAY ARMC OPERAT ES THREE ACTIVE EMERGENCY ROOMS FOR ALL PERSONS, WHICH ARE OPEN 24 HOURS A DAY, 7 DAYS A W EEK, 365 DAYS PER YEAR, ARMC MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, CONTROL OF ARMC RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMP RISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND SURPL US FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES A ND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF ARMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE TH AT THE USE AND CONTROL OF ARMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE IN COME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL N OR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY ARMC'S CITY CAMPUS IS IN ATLANTIC CITY WHERE THE HOSPIT</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AL WAS FOUNDED, AND IS A BUSY METROPOLITAN HOSPITAL SERVING A GROWING RESIDENT POPULATION AND MORE THAN 27 MILLION VISITORS EACH YEAR ARMC'S MAINLAND CAMPUS, WHICH OPENED IN 1975, IS LOCATED IN GALLOWAY, NEW JERSEY ARMC ALSO HAS A SATELLITE EMERGENCY DEPARTMENT IN HAM MONTON, NJ ARMC OFFERS SEVERAL OUTPATIENT SERVICES SPREAD OUT OVER 90 LOCATIONS ONE OF T HESE LOCATIONS, THE WILLIAM L GORMLEY ATLANTICARE HEALTHPLEX, WHICH IS IN ATLANTIC CITY, OFFERS SERVICES REGARDLESS OF THE ABILITY TO PAY AND IS HOME TO ONE OF ATLANTICARES FEDERA LLY QUALIFIED HEALTH CENTER LOCATIONS THE OTHER IS IN GALLOWAY ARMC IS A TEACHING HOSPIT AL IN 2019 IT PROVIDED TRAINING FOR MORE THAN 120 MEDICAL RESIDENTS, STUDENTS AND FELLOWS ATLANTICARE ALSO ANNUALLY HOSTS CONFERENCES AND OTHER EDUCATIONAL EVENTS IN 2019 THESE INCLUDED SEVERAL SCHOOL AND PEDIATRIC NURSE LECTURES, SOCIETY OF TRAUMA NURSES (STN) ADVAN CED TRAUMA CARE FOR NURSES (ATCN) CLASSES, OUR 21ST ANNUAL TRAUMA SYMPOSIUM, A STROKE AND NEUROSCIENCES SUMMIT, A CURRENT TIDES AND FUTURE WAVES IN NURSING PRACTICE CONFERENCE AND OUR INAUGURAL DIABETES CONFERENCE ARMC IS HOME TO MANY CENTERS OF EXCELLENCE AND SPECIALI ZED SERVICES, SEVERAL OF WHICH ARE EXCLUSIVE TO THE REGION - LEVEL II REGIONAL TRAUMA CEN TER - JOINT COMMISSION-DESIGNATED COMPREHENSIVE STROKE CENTER - HEART AND VASCULAR INSTITU TE - THE REGION'S ONLY FULL-SERVICE CARDIAC SURGERY PROGRAM - THE MUSKULOSKELETAL INSTITUT E - STANLEY M GROSSMAN PEDIATRIC CENTER - THE CANCER CARE INSTITUTE, A FOX CHASE CANCER C ENTER PARTNER - CENTER FOR SURGICAL WEIGHT LOSS AND WELLNESS - ROGER B HANSEN CENTER FOR CHILDBIRTH, INCLUDING LEVEL III NEONATAL INTENSIVE CARE UNIT - MATERNAL FETAL MEDICINE PRO GRAM - FAMILY PLANNING CLINIC - PSYCHIATRIC UNIT AND CRISIS INTERVENTION PROGRAM - NEUROSC IENCES INSTITUTE - SPECIAL CARE CENTER - T E A M DIABETES - WOUND HEALING CENTER ARMC IS PROUD OF ITS AFFILIATIONS WITH RENOWNED HEALTHCARE ORGANIZATIONS INCLUDING BUT NOT LIMITED TO ROTHMAN INSTITUTE, THOMAS JEFFERSON UNIVERSITY HOSPITAL, THE CHILDREN'S HOSPITAL OF PH ILADELPHIA, AND FOX CHASE CANCER CENTER MISSION, VISION AND VALUES ===== MISSION STATEMENT ===== TO CARE FOR THE SICK, INJURED AND POOR IN AN ENVI RONMENT WHERE PATIENTS, THEIR FAMILIES AND PHYSICIANS ARE EXTENDED A SUPERIOR LEVEL OF PER SONAL SERVICE, WHERE QUALITY IMPROVES IN MEASURABLE TERMS, IN AN ENVIRONMENT WHICH RESPECT S THE DIGNITY OF THE PATIENT, FAMILY AND ALL ON THE HEALTHCARE TEAM VISION ===== ARMC WI LL BE THE PREMIER HEALTHCARE PROVIDER IN NEW JERSEY WE WILL ACHIEVE AND SUSTAIN EXCELLENC E IN QUALITY OF CARE AND PERSONAL SERVICE THROUGH TOTAL CONFORMANCE TO CUSTOMER'S EXPECTAT IONS WHILE PROVIDING AN OUTSTANDING WORK ENVIRONMENT</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CHARITABLE PURPOSE ===== ARMC PROVIDES URGENT AND EMERGENT HEALTHCARE SERVICE S TO ALL INDIVIDUALS AND PROVIDES ELECTIVE PROCEDURES TO INDIVIDUALS IN A NON-DISCRIMINATO RY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, COLOR, CREED, SEX, NATIONAL ORIGINS, HAND ICAP, AGE, LIFESTYLE, FINANCIAL STATUS OR ABILITY TO PAY MOREOVER, ARMC PROVIDES HEALTHCA RE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND HUMAN SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES THE CO ST OF PROVIDING THESE SERVICES AND SUPPLIES TO PATIENTS WHO MEET THE STATE-MANDATED CHARIT Y CARE ELIGIBILITY REQUIREMENTS APPROXIMATED \$32 MILLION AND \$21 MILLION FOR FISCAL YEAR 2 019 AND FISCAL YEAR 2018, RESPECTIVELY THE SIGNIFICANT REDUCTION IN THE COST OF PROVIDING CHARITY CARE IS THE RESULT OF ARMC'S EFFORTS IN ASSISTING PATIENTS TO ENROLL IN THE STATE MEDICAID PROGRAM THE ESTIMATED UNREIMBURSED COST OF PROVIDING CARE TO MEDICAID PATIENTS WAS \$48 MILLION AND \$35 MILLION FOR FISCAL YEAR 2019 AND FISCAL YEAR 2018, RESPECTIVELY B ECAUSE ARMC DOES NOT PURSUE COLLECTIONS OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE ARMC ALSO PROVIDES FREE CARE TO PATIENTS WHO DO NOT MEET THE STATE ELIGIBILITY REQUIREMENTS OR ARE NOT COMPLIANT IN PURSUING ELIGIBILITY STATUS S UCH AMOUNTS ARE INCLUDED IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET A SSETS AS PART OF THE PROVISION FOR UNCOLLECTIBLES, NET OF ANY RECOVERIES REALIZED THROUGH COLLECTION EFFORTS ARMC HAS ALSO INSTITUTED A SELF-PAY DISCOUNT POLICY THAT LIMITS CHARGE S FOR MEDICAL SERVICES TO AN AMOUNT NOT TO EXCEED THE LESSER OF THE CALCULATED AMOUNTS GEN ERALLY BILLED UNDER IRC 501(R)(5) OR 115% OF THE APPLICABLE MEDICARE REIMBURSEMENT RATE FO R ALL QUALIFIED UNINSURED PATIENTS WHO ARE NOT ELIGIBLE FOR EXISTING STATE, FEDERAL AND LO CAL PROGRAMS ADDITIONALLY, THE COMPANY SPONSORS OTHER CHARITABLE PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO THE NEEDY AND ELDERLY POPULATION THAT REQUIRE SPECIALS SUPPORT, VARIOUS CLINICAL OUTREACH PROGRAMS A S WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY WELFARE ARMC'S COLLECT ION POLICIES INCLUDE DISCOUNTS FOR THOSE PATIENTS WHO ARE UNINSURED BUT DO NOT QUALIFY FOR THE STATE CHARITY CARE PROGRAM ARMC IS ONE OF TWO DESIGNATED SAFETY NET HOSPITALS IN SOU THERN NEW JERSEY PROVIDING APPROXIMATELY 90% OF THE CHARITY CARE IN ATLANTIC COUNTY AND MO RE CHARITY CARE THAN THE 7 CLOSEST HOSPITALS COMBINED ATLANTICARE, RECOGNITIONS AND DESIG NATIONS ===== FOLLOWING IS A SAMPLING OF THE MANY AWA RDS, RECOGNITIONS, AND DESIGNATIONS ATLANTICARE HAS EARNED AS OF JANUARY 22, 2020 - 2019 ATLANTICARE REGIONAL MEDICAL CENTERS (ARMCS) WOUND HEALING CENTER EARNS UNDERSEA AND HYPER BARIC MEDICAL SOCIETYS (UHMS) FULL ACCREDITATION THE CERTIFICATION RECOGNIZES HEALTHCARE ORGANIZATIONS THAT PROVIDE CLI</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NICAL PROGRAMS ACROSS THE CONTINUUM OF CARE FOR DIABETES - 2019 ATLANTICARE EARNS AMERICAN HEART ASSOCIATIONS (AHA) WORKPLACE HEALTH ACHIEVEMENT INDEX GOLD LEVEL RECOGNITION FOR TAKING SIGNIFICANT STEPS TO BUILD A CULTURE OF HEALTH IN THE WORKPLACE THE AHA RECOGNIZED ATLANTICARE AT THE SILVER LEVEL IN 2018 AND BRONZE LEVEL IN 2017 - 2019 ARMC EARNS THE JOINT COMMISSIONS GOLD SEAL OF APPROVAL FOR ADVANCED CERTIFICATION FOR INPATIENT DIABETES CARE THE GOLD SEAL IS A SYMBOL OF QUALITY THAT REFLECTS A HEALTHCARE ORGANIZATIONS COMMITMENT TO PROVIDING SAFE AND QUALITY PATIENT CARE ATLANTICARE IS ONE OF ONLY 81 ORGANIZATIONS ACROSS THE COUNTRY, AND FOUR IN NEW JERSEY THAT HAD THEN EARNED THE CERTIFICATION - 2019 FOR THE SEVENTH YEAR IN A ROW, ATLANTICARE EARNS HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION RECOGNITION AS A "LEADER IN LGBT HEALTHCARE EQUALITY " THE HRC IS THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL AND TRANSGENDER CIVIL RIGHTS ORGANIZATION - 2019 ARMC'S ATLANTIC CITY CAMPUS AGAIN EARNS THE JOINT COMMISSIONS GOLD SEAL OF APPROVAL AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATIONS HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR COMPREHENSIVE STROKE CENTERS THE GOLD SEAL OF APPROVAL AND THE HEART-CHECK MARK REPRESENT SYMBOLS OF QUALITY FROM THEIR RESPECTIVE ORGANIZATIONS ATLANTICARE FIRST EARNED THE DESIGNATION IN MAY 2017 - 2019 BLUE CROSS, BLUE SHIELD NAMES ARMC A BLUE DISTINCTION CENTER FOR CARDIAC CARE (ALSO NAMED IN 2014) - 2018 ARMC IS RE-DESIGNATED AS A MAGNET FACILITY ARMC BECAME THE 105TH HOSPITAL IN THE NATION TO ATTAIN STATUS AS A MAGNET DESIGNATED HOSPITAL IN 2004 AND WAS RE-DESIGNATED IN 2008, 2013 AND 2018 - 2018 ARMC'S SAT ELLITE EMERGENCY DEPARTMENT IN HAMMONTON EARNS THE EMERGENCY NURSES ASSOCIATIONS LANTERN AWARD FOR EXCELLENCE THE AWARD RECOGNIZES EXCEPTIONAL AND INNOVATIVE PERFORMANCE IN LEADERSHIP, PRACTICE, EDUCATION, ADVOCACY AND RESEARCH AND THE ORGANIZATIONS COMMITMENT TO PROVIDING QUALITY CARE IN A SAFE AND HEALTHY WORK ENVIRONMENT - 2018 BLUE CROSS, BLUE SHIELD NAMES ARMC A BLUE DISTINCTION CENTER+ FOR BARIATRIC SURGERY - 2017 ARMC'S NEONATAL INTENSIVE CARE UNIT EARNS THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES GOLD BEACON AWARD FOR EXCELLENCE THE RECOGNITION HONORS INDIVIDUAL UNITS THAT DISTINGUISH THEMSELVES BY IMPROVING EVERY FACET OF PATIENT CARE - 2017 BLUE CROSS, BLUE SHIELD NAMES ARMC A BLUE DISTINCTION CENTER KNEE AND HIP REPLACEMENT - 2016 BABY-FRIENDLY USA, INC , DESIGNATES ARMC A BABY-FRIENDLY FACILITY THIS PRESTIGIOUS INTERNATIONAL AWARD RECOGNIZES HOSPITALS AND BIRTHING CENTERS THAT OFFER AN OPTIMAL LEVEL OF CARE FOR MOTHERS AND THEIR BABIES - 2016 NATIONAL SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM CERTIFIES ARMC AS A GOLD SAFE SLEEP CHAMPION ORGANIZATION - 2014 NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION RECOGNIZES ATLANTICARE WITH ITS OUTSTANDING EMPLOYER AWARD - 2014 ATLANTICARE EARNS HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATIONS MAP AWARD FOR HIGH</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PERFORMANCE IN REVENUE CYCLE - 2013 NEW JERSEY ACADEMY OF FAMILY PHYSICIANS PRESENTS ATLANTICARE PHYSICIAN GROUP PRIMARY CARE PLUS WITH PATIENT-CENTERED INNOVATION AWARD - 2013 AMERICAN ASSOCIATION OF CRITICAL CARE NURSES RECOGNIZES ARMC MAINLAND CAMPUS ICU WITH ITS SILVER BEACON AWARD FOR EXCELLENCE - 2012 ARMC EARNS THE JOINT COMMISSION FOR GOLD SEAL OF APPROVAL FOR PRIMARY STROKE CENTERS - 2012 ARMC EARNS THE JOINT COMMISSION FOR GOLD SEAL OF APPROVAL FOR HEART FAILURE - 2012 ATLANTICARE SPECIAL CARE CENTER EARNS PREMIER CARE S AWARD FOR PROVIDING SUCCESSFUL, INNOVATIVE PRIMARY CARE TO CHRONICALLY ILL PATIENTS - 2010 MODERN HEALTHCARE ANNOUNCES ATLANTICARE IS AMONG THOSE IN ITS THIRD ANNUAL LIST OF THE BEST PLACES TO WORK IN HEALTHCARE - 2010 ATLANTICARE EARNS HR SOLUTIONS BEST-IN-CLASS RECOGNITION FOR ITS EMPLOYEE ENGAGEMENT, AND PATIENT CARE/CUSTOMER SATISFACTION - 2009 ATLANTICARE IS ONE OF ONLY FIVE ORGANIZATIONS IN THE COUNTRY TO EARN THE BALDRIGE AWARD IT IS THE NATIONS HIGHEST PRESIDENTIAL HONOR FOR PERFORMANCE EXCELLENCE - 2009 ATLANTICARE CANCER CARE INSTITUTE, A FOX CHASE CANCER CENTER PARTNER, EARNS GREEN BUILDING COUNCILS LEED GOLD CERTIFICATION - 2009 HOSPITALS & HEALTH NETWORKS NAMES ATLANTICARE AMONG 100 MOST WIRELESS HOSPITALS AND HEALTH SYSTEMS ATLANTICARE BEHAVIORAL HEALTH ("ABH") FEID 21-0721208 ABH IS SOUTHEASTERN NEW JERSEY'S LARGEST PROVIDER OF BEHAVIORAL HEALTH AND SUBSTANCE ABUSE/ADDICTION RECOVERY SERVICES WITH 22 LOCATIONS THROUGHOUT THE REGION, ABH OFFERS A BROAD RANGE OF SERVICES TO HELP INDIVIDUALS AND THEIR FAMILIES WITH SERIOUS MENTAL ILLNESSES, ANXIETIES RELATED TO SCHOOL OR JOB STRESS, AND MARRIAGE COUNSELING SERVICES ABH ALSO PROVIDES EMPLOYEE ASSISTANCE PROGRAMS FOR AREA EMPLOYERS, WHICH INCLUDE EMPLOYEE COUNSELING SERVICES, BEHAVIORAL HEALTH AND WELLNESS PROGRAMS AND CRITICAL INCIDENT DEBRIEFING SERVICES ABH MANAGES A 34-BED PSYCHIATRIC INPATIENT PROGRAM LOCATED AT THE MAINLAND CAMPUS AND A PSYCHIATRIC CRISIS INTERVENTION PROGRAM AT THE CITY CAMPUS OF ARMC THE INTERNAL REVENUE SERVICE HAS RECOGNIZED ABH AS A TAX-EXEMPT ORGANIZATION UNDER IRC CODE 501(C)(3) THE MAJORITY OF ABH'S PATIENTS ARE UNDERINSURED (MEDICAID/MEDICARE) OR UNINSURED ABH PROVIDES SERVICES TO CLIENTS WITHOUT INSURANCE COVERAGE AND CHARGES RATES BASED ON A SLIDING SCALE FEE BASED ON INCOME AND FAMILY SIZE THE COST OF PROVIDING THESE SERVICES AND SUPPLIES TO PATIENTS THAT MEET THE ESTABLISHED CRITERIA APPROXIMATED \$873,371 AND \$783,783 FOR THE FISCAL YEAR 2019 AND THE FISCAL YEAR 2018, RESPECTIVELY</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ABH PROVIDES MANY OF THEIR SERVICES UNDER GRANTS FROM STATE AND FEDERAL AGENCIES SUCH PRO GRAMS INCLUDE DEPARTMENT OF HUMAN SERVICES ----- ADULT OUTPATIENT PROGRAM - INTENSIVE OUTPATIENT TREATMENT - ADULT PARTIAL CARE - ADULT EARLY INTERVENTION PROGRAM - RESIDENTIAL INTENSIVE SUPPORT TEAM - SUPPORTED EMPLOYMENT - SUBSTANCE ABUSE INTENSIVE OUTPATIENT TREATMENT FOR MEDICALLY INDIGENT ADULTS - PROGRAM ASSERTIVE COMMUNITY TREATMENT DEPARTMENT OF CHILDREN AND FAMILIES ----- SCHOOL BASED YOUTH SERVICES PROGRAM - OAKCREST HIGH SCHOOL TEEN CENTER - SCHOOL BASED YOUTH SERVICES PROGRAM ATLANTIC CITY HIGH SCHOOL TEEN CENTER - SCHOOL BASED YOUTH SERVICES PROGRAM - BUENA REGIONAL HIGH SCHOOL TEEN CENTER AND BUENA REGIONAL MIDDLE SCHOOL - HAMMONTON FAMILY SUCCESS CENTER DEPARTMENT OF CHILDREN AND FAMILIES - ADOLESCENT PREGNANCY PREVENTION INITIATIVE - OAKCREST HIGH SCHOOL - JUVENILE DELINQUENCY PREVENTION - ATLANTIC CITY HIGH SCHOOL - DEPARTMENT OF HUMAN SERVICES - CHILDREN AND ADOLESCENT OUTPATIENT TREATMENT - MOBILE OUTREACH - SUBSTANCE ABUSE TREATMENT SERVICES TO WOMEN U S DEPARTMENT OF HEALTH AND HUMAN SERVICES ----- PRIMARY AND HEALTH AND HUMAN SERVICES ATLANTICARE FOUNDATION ("FOUNDATION") FEID 22-2148992 THE FOUNDATION EXISTS TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH A COMPREHENSIVE DEVELOPMENT PROGRAM TO SUPPORT SAFE, EQUITABLE, QUALITY HEALTHCARE, AND TO PROMOTE HEALTHY BEHAVIORS THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE FOUNDATION AS BEING A TAX-EXEMPT ORGANIZATION UNDER IRC CODE 501(C)(3) THE FOUNDATION IS COMMITTED TO SUPPORTING ATLANTICARE'S EXPANSION AND CLINICAL INVESTMENTS BY SECURING THE FINANCIAL RESOURCES NECESSARY TO ENSURE HIGH QUALITY EVIDENCED BASED MEDICINE FOR CURRENT AND FUTURE GENERATIONS ATLANTICARE HEALTH SERVICES ("SERVICES") FEID 22-3265214 SERVICES IS PRIMARILY AN AMBULATORY CARE NETWORK THAT REACHES BEYOND THE HOSPITAL TO ADDRESS THE HEALTH AND WELLNESS NEEDS FOR THE REGIONS RESIDENTS THROUGHOUT ALL STAGES OF LIFE THE INTERNAL REVENUE SERVICE HAS RECOGNIZED SERVICES AS BEING A TAX-EXEMPT ORGANIZATION UNDER THE IRC CODE 501(C)(3) SERVICES PROGRAMS INCLUDE - ATLANTICARE SURGERY CENTER LLC, A FULL SERVICE, FREESTANDING AMBULATORY SURGERY CENTERS - ATLANTICARE LIFE CENTER, OFFERING A FULL SPECTRUM OF HEALTH AND WELLNESS, PHYSICAL AND REHABILITATIVE CONDITIONING - ATLANTICARE CLINICAL LABS, PROVIDING LAB SERVICES AT FIFTEEN CONVENIENT LOCATIONS - ATLANTICARE HOME CARE NURSES AND OTHER HEALTHCARE PROFESSIONALS MAKE HOME VISITS TO ASSIST PATIENTS WITH THEIR MEDICAL NEEDS - ATLANTICARE HOSPICE WORKS WITH PATIENTS AND THEIR FAMILIES TO ENHANCE THE END STAGES OF LIFE IN THE COMFORTABLE SURROUNDINGS OF THE PATIENT'S HOME - ATLANTICARE HEALTH PARK, A REGIONAL HEALTHCARE AMBULATORY CARE CAMPUS OFFERING A VARIETY OF SERVICES - ATLANTICARE OCCUPATIONAL MEDICINE PROVIDES OCCUPATIONAL MEDIC</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>INE FOR BUSINESSES AND MUNICIPALITIES, INCLUDING THE TREATMENT OF WORK-RELATED INJURIES - MISSION HEALTHCARE, A PROGRAM OFFERING PRIMARY CARE TO THE HOMELESS POPULATION OPERATING AS A FEDERALLY QUALIFIED HEALTH CENTER ATLANTICARE PHYSICIAN GROUP, P A ("APG") FEID 02 -0701782 APG PROVIDES SERVICES IN AND OUTSIDE OF THE HOSPITAL ATMOSPHERE TO SPECIALIZE IN PREVENTIVE CARE AND IN DIAGNOSING AND TREATING VARIOUS ILLNESSES THE INTERNAL REVENUE SERVICE HAS RECOGNIZED SERVICES AS BEING A TAX-EXEMPT ORGANIZATION UNDER THE IRC 501(C)(3) - ATLANTICARE PRIMARY/URGENT CARE CENTERS (LOCATED IN ATLANTIC, CAPE MAY, BURLINGTON, AND OCEAN COUNTIES) OFFERING PRIMARY CARE AND URGENT CARE AS AN ALTERNATIVE TO MORE EXPENSIVE EMERGENCY ROOM TREATMENT - PAVILION OB/GYN A FULL-SERVICE OBSTETRICS AND GYNECOLOGY PRACTICE - SELECT SPECIALTY PRACTICES INCLUDING SURGICAL, ENT, AND UROLOGY ATLANTICARE INFORMATION TECHNOLOGY ("AIT") ATLANTICARE INFORMATION TECHNOLOGY (A DIVISION OF ATLANTICARE HEALTH SYSTEM, INC) SUPPORTS ALL OTHER ATLANTICARE AFFILIATES TO ACHIEVE MAXIMUM RESULTS BY INFORMATION TECHNOLOGY AIT'S INNOVATIVE NETWORKING TECHNOLOGY ENHANCES THE SPEED AND EFFICIENCY OF PATIENT'S DIAGNOSIS AND TREATMENT WHILE MAINTAINING PATIENT CONFIDENTIALITY AND SAFETY AIT HAS BEEN RECOGNIZED FOR ITS INNOVATION IN HEALTHCARE THROUGH THE FOLLOWING AWARDS - TOP 100 INTEGRATED HEALTHCARE SYSTEMS BY HOSPITALS AND HEALTH NETWORK MAGAZINE - TOP (7) NETWORKED HEALTHCARE SYSTEMS IN THE UNITED STATES FOR INFORMATION TECHNOLOGY BY HEALTHCARE INFORMATICS MAGAZINE ATLANTICARE HEALTH ENGAGEMENT, INC FEID 61-1608389 AT THE END OF 2009 ATLANTICARE HEALTH ENGAGEMENT, INC WAS ESTABLISHED TO SUPPORT THE DEVELOPMENT OF HEALTH MANAGEMENT CAPABILITIES AND STRUCTURES, AND HEALTH STATUS IMPROVEMENT INITIATIVES FOR THE BENEFIT OF THE BROADER COMMUNITY ARMC CONTRIBUTED FOR THE YEAR ENDED DECEMBER 31, 2012 AND 2013 \$2,000,000 AND \$5,000,000 RESPECTIVELY, AND AN ADDITIONAL \$10,000,000 IN 2014 IN 2015, THE MEDICAL CENTER CONTRIBUTED \$15,000,000 TO SUPPORT THE ONGOING MISSION OF HEALTH ENGAGEMENT</p>

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CORE FORM, PART III, LINE 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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CORE FORM, PART I, SUMMARY	THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED ON PAGE 1 OF THIS FORM 990 IS FOR ATLANTICARE REGIONAL MEDICAL CENTER, THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL OTHER ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION - ATLANTICARE BEHAVIORAL HEALTH, INC , 15 VOTING, 7 INDEPENDENT, - ATLANTICARE REGIONAL HEALTH SERVICES A NEW JERSEY NONPROFIT CORPORATION, 15 VOTING, 7 INDEPENDENT, - ATLANTICARE FOUNDATION, 25 VOTING, 17 INDEPENDENT, - ATLANTICARE HEALTH ENGAGEMENT, 4 VOTING, 0 INDEPENDENT, AND - ATLANTICARE HEALTH SERVICES, INC , 15 VOTING, 7 INDEPENDENT

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CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	ATLANTICARE HEALTH SYSTEM, INC ("SYSTEM") IS THE SOLE MEMBER OF ALL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 WITH THE EXCEPTION OF ATLANTICARE REGIONAL MEDICAL CENTER ("ARMC"), ATLANTICARE HEALTH SERVICES, INC ("SERVICES") AND ATLANTICARE BEHAVIORAL HEALTH, INC ("ABH") ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NON-PROFIT CORPORATION HAS THE RIGHT TO ELECT THE MEMBERS OF THE ARMC, SERVICES, AND ABH BOARDS OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN ARMC, SERVICES AND ABH BYLAWS GEISINGER HEALTH ("GH") IS THE SOLE MEMBER OF THE SYSTEM GH HAS THE ULTIMATE AUTHORITY AND RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS

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CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM") THIS FEDERAL FORM 990 WAS provided TO AH SYSTEM'S GOVERNING BODY, ITS FULL BOARD OF TRUSTEES, FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE ORGANIZATION HAS DELEGATED THE FORM 990 PREPARATION, REVIEW AND FILING PROCESS TO AH SYSTEM'S GOVERNING BODY, ITS BOARD OF TRUSTEES AS PART OF THE TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO AH SYSTEM'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW AH SYSTEM'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO AH SYSTEM'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING THE FEDERAL FORM 990 TO EACH MEMBER OF AH SYSTEM'S GOVERNING BODY AND FILING WITH THE IRS A FORM 990 PRESENTATION WAS ALSO GIVEN BY THE CPA FIRM TO AH SYSTEM'S BOARD OF TRUSTEES PRIOR TO FILING</p>

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CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM") AH SYSTEM HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH IS APPLICABLE TO ALL OF ITS SUBSIDIARY ORGANIZATIONS THE ORGANIZATIONS REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH THIS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL OF ALL AFFILIATES ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND AH SYSTEM'S GENERAL COUNSEL FOR REVIEW THEREAFTER, THE GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS AND PRESENTS THIS SUMMARY TO AH SYSTEM'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION

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CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM") THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") OF THE BOARD OF TRUSTEES ("BOARD") OF AH SYSTEM REVIEWS AND APPROVES THE COMPENSATION PROVIDED TO THE EXECUTIVE STAFF THE COMPENSATION DECISIONS OF THE COMMITTEE ARE SET WITHIN THE FRAMEWORK OF A FORMAL COMPENSATION PHILOSOPHY THAT IS APPROVED BY THE BOARD THE COMPENSATION PHILOSOPHY APPROVES THE USE OF A NATIONAL PEER GROUP OF NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THAT ARE SIMILAR TO AH SYSTEM IN SIZE AND ORGANIZATIONAL CHARACTERISTICS THE KEY ELEMENTS OF THE COMPENSATION PHILOSOPHY ARE TOTAL COMPENSATION POSITIONED AROUND THE 75TH PERCENTILE, COMPOSED OF THE FOLLOWING ELEMENTS OF PAY - BASE SALARIES POSITIONED BETWEEN THE MEDIAN AND THE 75TH PERCENTILE, - INCENTIVE OPPORTUNITIES COMPARABLE TO THOSE OF THE PEER GROUP AND DESIGNED TO POSITION TOTAL CASH COMPENSATION AT THE 75TH PERCENTILE FOR EXPECTED PERFORMANCE (INCLUDES BOTH ANNUAL AND LONG-TERM INCENTIVES), - EXECUTIVE BENEFITS POSITIONED AT THE 75TH PERCENTILE, AND - CONSERVATIVE PERQUISITES AND SEVERANCE THE COMMITTEE APPROVES THE PAY OF ALL EXECUTIVES IT SETS THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ("PRESIDENT") THE PRESIDENT RECOMMENDS SALARY ADJUSTMENTS AND INCENTIVE AWARD PAYMENTS TO THE COMMITTEE THE COMMITTEE CAN APPROVE, MODIFY OR REJECT THE PRESIDENT'S RECOMMENDATIONS AS APPROPRIATE EACH YEAR, PRIOR TO MAKING CHANGES TO THE COMPENSATION OF ANY EXECUTIVE, THE COMMITTEE ENGAGES AN INDEPENDENT, OUTSIDE CONSULTANT TO REVIEW EACH ELEMENT OF EXECUTIVE COMPENSATION, INCLUDING SALARIES, INCENTIVES, BENEFITS, PERQUISITES, AND TOTAL COMPENSATION THE INTENT OF THE REVIEW IS TO PROVIDE THE COMMITTEE WITH INFORMATION IT NEEDS TO ENSURE THAT COMPENSATION PROVIDED TO THE SYSTEM'S EXECUTIVES IS REASONABLE, APPROPRIATE, AND CONSISTENT WITH THE BOARD-APPROVED COMPENSATION PHILOSOPHY THE CONSULTANT COMPILES APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION FROM A PEER GROUP OR ORGANIZATIONS COMPARABLE TO AH SYSTEM THE COMMITTEE'S PROCESS FOR REVIEWING EXECUTIVE COMPENSATION ESTABLISHES A "REBUTTABLE PRESUMPTION OF REASONABLENESS," AS DESCRIBED IN IRC SECTION 4958 - COMPENSATION FOR ALL EXECUTIVES IS APPROVED IN ADVANCE BY A COMMITTEE MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITH NO CONFLICT OF INTEREST WITH REGARD TO THE COMPENSATION DECISIONS - THE COMMITTEE OBTAINS AND RELIES ON APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION IN MAKING THESE DECISIONS ("APPROPRIATE" MEANS DATA ON PAY FOR LIKE JOBS IN LIKE ORGANIZATIONS AND LIKE CIRCUMSTANCES) - THE COMMITTEE DOCUMENTS ITS PROCESS AND THE TERMS OF ITS DECISIONS IN TIMELY MINUTES</p>

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CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CERTAIN ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FROM 990 HAVE ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ISSUING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, EACH ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

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CORE FORM, PART VII	<p>CORE FORM, PART VII INCLUDES, AS OF JUNE 30, 2019, THE MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 OUTLINED BELOW IS A SUMMARY BY ORGANIZATION THE BOARD OF TRUSTEES FOR EACH OF THE FOLLOWING SUBORDINATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, AS OF JUNE 30, 2019, IS IDENTICAL THESE SUBORDINATES ARE - ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION, - ATLANTICARE REGIONAL MEDICAL CENTER, - ATLANTICARE HEALTH SERVICES, INC, AND - ATLANTICARE BEHAVIORAL HEALTH, INC THE BOARD OF TRUSTEE LIST REFLECTED IN PART VII FOR THESE SUBORDINATES INCLUDES DAVID GODDARD THROUGH PRIYESH THAKKAR, M D (#'S 1-15) ATLANTICARE FOUNDATION INCLUDES PACIFICO AGNELLINI, ESQ THROUGH MARY THOMPSON (#'S 16-40) PLEASE NOTE THAT LORIS HERNDON IS ALSO A MEMBER OF THIS ORGANIZATION'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION, ATLANTICARE REGIONAL MEDICAL CENTER, ATLANTICARE HEALTH SERVICES, INC, ATLANTICARE BEHAVIORAL HEALTH, INC AND ATLANTICARE HEALTH ENGAGEMENT, INC ATLANTICARE HEALTH ENGAGEMENT, INC INCLUDES RICHARD D LOVERING THROUGH HAK J KIM (#'S 41-42) PLEASE NOTE THAT MARGARET A BELFIELD IS ALSO A MEMBER OF THIS ORGANIZATION'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF ATLANTICARE FOUNDATION PLEASE NOTE THAT LORIS HERNDON IS ALSO A MEMBER OF THIS ORGANIZATION'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION, ATLANTICARE REGIONAL MEDICAL CENTER, ATLANTICARE HEALTH SERVICES, INC, ATLANTICARE BEHAVIORAL HEALTH, INC AND ATLANTICARE FOUNDATION THE OFFICERS OF ALL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 WHICH FOLLOW THE LIST OF ATLANTICARE BOARD OF TRUSTEES ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ARE OUTLINED IN THE FOLLOWING ORDER ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION ("ARHS") INCLUDES DONNA MICHAEL-ZIEREIS, ESQ (# 43) PLEASE NOTE THAT LORIS HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT/CHIEF EXECUTIVE OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER), HAK J KIM (ATLANTICARE REGIONAL MEDICAL CENTER VICE PRESIDENT AND CHIEF FINANCIAL OFFICER) AND RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMIN SERVICES AND CHIEF HUMAN RESOURCES OFFICER) ARE ALSO OFFICERS OF ARHS BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE REGIONAL MEDICAL CENTER INCLUDES JOAN MARY BRENNAN THROUGH BARBARA YOUNG (#'S 44-54) PLEASE NOTE THAT LORI</p>

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CORE FORM, PART VII	<p>S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT/CHIEF EXECUTIVE OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER), HAK J KIM (ATLANTICARE REGIONAL MEDICAL CENTER VICE PRESIDENT AND CHIEF FINANCIAL OFFICER), RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMIN SERVICES AND CHIEF HUMAN RESOURCES OFFICER) AND DONNA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES VP AND GENERAL COUNSEL) ARE ALSO OFFICERS OF ATLANTICARE REGIONAL MEDICAL CENTER BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE HEALTH SERVICES, INC INCLUDES JATIN MOTIWAL THROUGH CHRISTOPHER C APGAR (#S 55-57) PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT/CHIEF EXECUTIVE OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER), HAK J KIM (ATLANTICARE REGIONAL MEDICAL CENTER VICE PRESIDENT AND CHIEF FINANCIAL OFFICER), ROBERTA A BEGLEY (ATLANTICARE REGIONAL MEDICAL CENTER VP NURSING/CHIEF NURSING OFFICER TERMED 10/27/2018), KATHERINE BIRKENSTOCK (ATLANTICARE REGIONAL MEDICAL CENTER VP NURSING/CHIEF NURSING OFFICER EFFECTIVE 10/27/2018), RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMIN SERVICES AND CHIEF HUMAN RESOURCES OFFICER), JOAN MARY BRENNAN (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP QUALITY AND PERFORMANCE EXCELLENCE), DONNA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES VP AND GENERAL COUNSEL), MARILUISE VENDITTI, MD (ATLANTICARE REGIONAL MEDICAL CENTER CHIEF MEDICAL OFFICER), JOSEPH J MCCARTHY, CPA (ATLANTICARE REGIONAL MEDICAL CENTER VP FINANCIAL OPERATIONS) AND BARBARA YOUNG (ATLANTICARE REGIONAL MEDICAL CENTER ASSISTANT VP - SUPPLY CHAIN) ARE THE OFFICERS OF ATLANTICARE HEALTH SERVICES, INC BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE BEHAVIORAL HEALTH, INC INCLUDES JULIA DREW THROUGH ANGELO ADSON (#S 58-61) PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT/CHIEF EXECUTIVE OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER), ROBERTA A BEGLEY (ATLANTICARE REGIONAL MEDICAL CENTER VP NURSING/CHIEF NURSING OFFICER TERMED 10/27/2018), KATHERINE BIRKENSTOCK (ATLANTICARE REGIONAL MEDICAL CENTER VP NURSING/CHIEF NURSING OFFICER EFFECTIVE 10/27/2018), JOSEPH J MCCARTHY, CPA (ATLANTICARE REGIONAL MEDICAL CENTER VP FINANCIAL OPERATIONS), RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMIN SERVICES AND CHIEF HUMAN RESOURCES OFFICER), MARILUISE VENDITTI, MD (ATLANTICARE REGIONAL MEDICAL CENTER CHIEF MEDICAL OFFICER), DONNA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES VP AND GENERAL COUNSEL) AND BARBARA YOUNG (ATLANTICARE REGIONAL MEDICAL CENTER ASSISTANT VP - SUPPLY CHAIN) ARE ALSO OFF</p>

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Return Reference	Explanation
CORE FORM, PART VII	<p>ICERS OF ATLANTICARE BEHAVIORAL HEALTH, INC BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE FOUNDATION INCLUDES SAMANTHA A KIL EY (# 62) PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT /CHIEF EXECUTIVE OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER EXECU TIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER), RICHARD D LOVERING (ATLANTICARE REGIONA L MEDICAL CENTER SENIOR VP ADMIN SERVICES AND CHIEF HUMAN RESOURCES OFFICER) AND JOSEPH J MCCARTHY, CPA (ATLANTICARE REGIONAL MEDICAL CENTER VP FINANCIAL OPERATIONS) ARE ALSO OFFI CERS OF ATLANTICARE FOUNDATION BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE HEALTH ENGAGEMENT, INC DOES NOT LIST ANY ADDITIO NAL OFFICERS IN CORE FORM, PART VII PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONA L MEDICAL CENTER PRESIDENT/CHIEF EXECUTIVE OFFICER), HAK J KIM (ATLANTICARE REGIONAL MEDI CAL CENTER VICE PRESIDENT AND CHIEF FINANCIAL OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER), RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMIN SERVICES AND CHIEF HUMAN RES OURCES OFFICER) AND DONNA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES VP A ND GENERAL COUNSEL) ARE ALSO OFFICERS OF ATLANTICARE HEALTH ENGAGEMENT, INC BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION AND/OR RELATED ORGANIZATIONS PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	BENJAMIN J NEGLEY, BECAME THE VICE PRESIDENT, PHYSICIAN PRACTICE OF ATLANTICARE HEALTH SERVICES, INC EFFECTIVE 4/14/2019 MR NEGLEY DID NOT RECEIVE A 2018 FORM W-2 FROM THIS ORGANIZATION OR A RELATED ORGANIZATION AND THUS HAS NO REPORTABLE COMPENSATION Dominic S Moffa, former Executive Vice President of ATLANTICARE HEALTH SYSTEM, INC , is still employed within Geisinger Health as the Executive Vice President and Chief Strategy Officer of Geisinger Health, a related internal revenue code section 501(c)(3) tax-exempt organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS AN AFFILIATE WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS WITHIN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X, LINE 20	<p>Geisinger Health ("GH") is currently the sole obligor under a series of bond issues, including tax-exempt bonds issued prior to December 31, 2002, with a total outstanding balance of \$1,719,446,520, inclusive of unamortized original issue discount as of June 30, 2019. Because the bond proceeds are disbursed to GH subsidiaries, the bond liabilities are reflected on the balance sheets of the following subsidiary organizations - Geisinger Medical Center, EIN 24-0795959 - Geisinger Wyoming Valley Medical Center, EIN 23-1996150 - Geisinger Clinic, EIN 23-6291113 - Marworth, EIN 23-2171417 - Geisinger System Services, EIN 23-2164794 - Community Medical Center, EIN 24-0862246 - Geisinger-Bloomsburg Hospital, EIN 23-2193572 - Geisinger-Lewistown Hospital, EIN 23-1352187 - Holy Spirit Hospital, EIN 23-1512747 - GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, EIN 26-0812968 - Atlanticare Regional Medical Center, EIN 21-0634549. Schedule K was prepared on a consolidated basis and is included in the Form 990 filing of Geisinger Health, EIN 23-1995911.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - CHANGE IN PENSION AND POSTRETIREMENT LIABILITIES - (\$62,528,751), - TRANSFERS TO ATLANTICARE PHYSICIAN GROUP, P A , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$2,131,778), - COLAR MARKET TO MARKET ADJUSTMENT - \$97,793, - NET ASSETS RELEASED FROM RESTRICTION - \$2,154,193, - NET ASSETS RELEASED FROM RESTRICTION FOR PROPERTY AND EQUIPMENT - \$515,418, - TRANSFERS FROM SOUTH JERSEY ONCOLOGY PROPERTIES, LLC, A RELATED ORGANIZATION - \$1,357,172, - TRANSFERS FROM ATLANTICARE FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$76,912, - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION - (\$2,328,119), - NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - (\$41,968), AND - NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - (\$18,096)

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S PARENT ENTITY IS GEISINGER HEALTH AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018, RESPECTIVELY ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM GEISINGER HEALTH'S AUDIT AND COMPLIANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THIS ORGANIZATION IS AN AFFILIATE WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE B	THE GIFTS, GRANTS AND CONTRIBUTIONS REFLECTED ON SCHEDULE B ARE AMOUNTS RECEIVED BY ALL ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE REGIONAL MEDICAL CENTER ARE REFLECTED IN NUMBERS 1 THROUGH 3 AND 25 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE BEHAVIORAL HEALTH, INC ARE REFLECTED IN NUMBERS 4 THROUGH 16 AND 25 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE FOUNDATION ARE REFLECTED IN NUMBERS 17 THROUGH 20 AND 24 THROUGH 26 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE HEALTH SERVICES, INC ARE REFLECTED IN NUMBERS 21 THROUGH 23 AND 25

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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**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?

	Yes	No
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)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
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)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
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)	Yes	
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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ATLANTICARE HEALTH SYSTEM INC	M	65,069,194	COST
(2) ATLANTICARE HEALTH SYSTEM INC	M	3,302,712	COST
(3) ATLANTICARE HEALTH SYSTEM INC	M	1,547,364	COST
(4) ATLANTICARE HEALTH SYSTEM INC	M	936,348	COST

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, GROUP EXEMPTION	OUTLINED BELOW IS A LIST OF ORGANIZATIONS INCLUDED AS SUBORDINATES IN THE ATLANTICARE HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE REGIONAL MEDICAL CENTER (FEID 21-0634549) ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NON PROFIT CORPORATION (FEID 80-0834222) ATLANTICARE BEHAVIORAL HEALTH, INC (FEID 21-0721208) ATLANTICARE FOUNDATION (FEID 22-2148992) ATLANTICARE HEALTH ENGAGEMENT, INC (FEID 61-1608389) ATLANTICARE HEALTH SERVICES, INC (FEID 22-3265214)

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS AN AFFILIATE WITHIN GEISINGER HEALTH AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") TRANSFERS AMONGST AFFILIATES, INCLUDING PAYING AND/OR ALLOCATING EXPENSES OCCUR IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THESE RELATED ORGANIZATIONS THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED



Additional Data

Software ID:

Software Version:

EIN: 90-0779828

Name: ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

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
2500 ENGLISH CREEK AVE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT ARMC	NJ	501(C)(3)	509(A)(3)	GH	Yes	
2500 ENGLISH CREEK AVE BLDG C EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	ARMC	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 24-0795959	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-1995911	PHILANTHROPIC	PA	501(C)(3)	509(A)(1)	NA	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSICIAN	PA	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-1996150	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2311553	HEALTH INS	PA	501(C)(4)	N/A	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SVCS	PA	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTH SVCS	PA	501(C)(3)	509(A)(2)	GSS	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 24-0862246	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501(C)(3)	509(A)(2)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2193572	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501(C)(3)	509(A)(2)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-1352187	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2344362	R E HOLDING	PA	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SVCS	PA	501(C)(3)	509(A)(3)	CMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHROPIC	PA	501(C)(3)	509(A)(3)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-1512747	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	HSHS	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501(C)(2)	N/A	HSHS	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSICIAN	PA	501(C)(3)	509(A)(2)	HSHS	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTH SVCS	PA	501(C)(3)	509(A)(2)	HSHS	Yes	
525 PINE STREET SCRANTON, PA 18509 26-0812968	EDUCATION	PA	501(C)(3)	SCHOOL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 24-0792115	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GH	Yes	
801 OSTRUM STREET BETHLEHEM, PA 18015 82-4432109	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	NA		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	GSL HOSPITAL	Yes	
6550 DELILAH ROAD SUITE 304 EGG HARBOR TOWNSHIP, NJ 08234 22-3836022	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	AH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HAMILTON, BERMUDA HM 12 BD 98-0656394	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP				Yes	
(1) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	NA	C CORP				Yes	
(2) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE SVCS	NJ	NA	C CORP				Yes	
(3) ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	NA	C CORP				Yes	
(4) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HEALTH INSURANCE	PA	NA	C CORP				Yes	
(5) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HEALTH INSURANCE	PA	NA	C CORP				Yes	
(6) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	NA	C CORP				Yes	
(7) GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, CJ CJ 98-1016737	FINANCIAL VEHICLE	CJ	NA	FOREIGN CORP				Yes	
(8) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MEDICAL SVCS	PA	NA	C CORP				Yes	
(9) GNJ Physicians Group PC 2500 ENGLISH CREEK AVE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	HEALTH SVCS	NJ	NA	C CORP				Yes	