

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

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 \$ 699,994,272 including grants of \$ 610,760) (Revenue \$ 712,954,076)
See Additional Data




























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

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

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

4e Total program service expenses ▶ 699,994,272

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	No
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	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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 725	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

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 6,038			
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)? 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).	4a		No	
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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?	12a			
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	1a 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	1b 8		
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?	2		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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	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	15a	Yes
b Other officers or key employees of the organization	15b	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?	16a	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?	16b	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 ☒

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								5,478,535	9,856,067	1,818,519

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 **▶ 564**

	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>	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>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATLANTICARE HEALTH SYSTEM INC, 2500 ENGLISH CREEK AVENUE BLDG 50 EGG HARBOR TOWNSHIP, NJ 08234	MANAGEMENT	66,625,705
MEDLINE, PO BOX 382075 PITTSBURGH, PA 15251	CONSULTING	12,215,375
WOLFE SCOTT ASSOCIATES INC, 910 EAST MAIN STREET NORRISTOWN, PA 19401	CONSTRUCTION	10,871,852
P AGNES INC, 2101 PENROSE AVENUE PHILADELPHIA, PA 19145	CONSTRUCTION	7,096,805
LABORATORY CORP OF AMERICA, PO BOX 12140 BURLINGTON, NC 27216	LAB	6,108,862

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 **▶ 211**

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Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(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	109,839				
	d Related organizations	1d	500,000				
	e Government grants (contributions)	1e	42,314,266				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,220,409				
	g Noncash contributions included in lines 1a - 1f: \$	1g	35,308				
	h Total. Add lines 1a-1f ▶		52,144,514				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE		Business Code				
			541900	706,771,137	706,771,137		
	b OTHER HEALTHCARE RELATED REVENUE		541900	6,100,536	5,827,003		
					273,533		
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶		712,871,673					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		34,492,329		82,403	34,409,926	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	(ii) Personal	5,287,473			5,287,473
		6a	9,288,658				
	b Less: rental expenses	6b	4,001,185				
	c Rental income or (loss)	6c	5,287,473				
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-532,083			-532,083
		7a					
	b Less: cost or other basis and sales expenses	7b	532,083				
	c Gain or (loss)	7c	-532,083				
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ 109,839 of contributions reported on line 1c). See Part IV, line 18		8a	60,056			
	b Less: direct expenses		8b	60,056			
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19		9a	10,280			
	b Less: direct expenses		9b	5,340			
	c Net income or (loss) from gaming activities ▶		4,940				
	10a Gross sales of inventory, less returns and allowances		10a	0			
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory ▶		0					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		0					
12 Total revenue. See instructions ▶		804,268,846	712,598,140	355,936	39,170,256		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

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	557,506	557,506		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	53,254	53,254		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,342,810	4,808,529	534,281	
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	266,741,125	240,067,013	26,674,112	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	25,060,676	22,554,609	2,506,067	
9 Other employee benefits	31,570,823	28,413,741	3,157,082	
10 Payroll taxes	22,612,238	20,351,014	2,261,224	
11 Fees for services (non-employees):				
a Management	66,954,099	60,258,689	6,695,410	
b Legal	833,491	750,142	83,349	
c Accounting	837,750	753,975	83,775	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	27,000			27,000
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)	8,479,398	7,631,459	847,939	
12 Advertising and promotion	542,212	487,991	54,221	
13 Office expenses	12,495,570	11,246,013	1,249,557	
14 Information technology	1,379,768	1,241,791	137,977	
15 Royalties	0			
16 Occupancy	13,283,829	11,955,446	1,328,383	
17 Travel	1,394,347	1,254,912	139,435	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	544,812	490,331	54,481	
20 Interest	5,542,726	4,988,453	554,273	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	49,520,528	44,568,475	4,952,053	
23 Insurance	6,022,198	5,419,978	602,220	
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	122,225,586	110,003,027	12,222,559	0
b PHYSICIAN SERVICES COST	78,098,865	70,288,979	7,809,886	0
c PURCHASED SERVICES	45,850,471	41,265,424	4,585,047	0
d REPAIRS & MAINTENANCE	5,189,037	4,670,133	518,904	0
e All other expenses	6,510,379	5,913,388	596,991	
25 Total functional expenses. Add lines 1 through 24e	777,670,498	699,994,272	77,649,226	27,000
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		20,901,270	1	163,203,210
	2	Savings and temporary cash investments		2,313,520	2	3,253,206
	3	Pledges and grants receivable, net		2,030,898	3	1,789,327
	4	Accounts receivable, net		105,181,309	4	88,568,391
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		13,057,266	8	14,609,631
	9	Prepaid expenses and deferred charges		6,656,820	9	7,568,675
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,109,350,166			
	b	Less: accumulated depreciation	10b 633,269,114	495,247,374	10c	476,081,052
	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		791,756,798	13	754,422,761
	14	Intangible assets		22,084,077	14	24,409,655
	15	Other assets. See Part IV, line 11		46,419,057	15	60,156,592
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,505,648,389	16	1,594,062,500	
Liabilities	17	Accounts payable and accrued expenses		113,644,747	17	113,258,428
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	95,646,190
	20	Tax-exempt bond liabilities		224,486,053	20	214,060,522
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		14,868,002	23	17,355,762
	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		173,018,197	25	281,896,924
	26	Total liabilities. Add lines 17 through 25		526,016,999	26	722,217,826
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		970,276,000	27	862,881,275
	28	Net assets with donor restrictions		9,355,390	28	8,963,399
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		979,631,390	32	871,844,674
33	Total liabilities and net assets/fund balances		1,505,648,389	33	1,594,062,500	

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	804,268,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	777,670,498
3	Revenue less expenses. Subtract line 2 from line 1	3	26,598,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	979,631,390
5	Net unrealized gains (losses) on investments	5	-32,119,732
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	-102,265,332
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	871,844,674

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 (2019)

Form 990, Part III, Line 4a:
EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT, EMERGENCY AND 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 AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES. PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDELYN L MILLER TRUSTEE	55.0 0.0	X						0	1,769,959	40,679
LORI S HERNDON TRUSTEE - AHS PRESIDENT/CEO	55.0 0.0	X		X				0	1,281,910	205,755
DOMINIC S MOFFA FORMER OFFICER	55.0 0.0						X	0	1,126,330	235,991
MARGARET A BELFIELD TRUSTEE - EVP & COO	55.0 0.0	X		X				761,225	0	138,579
BLAIR A BERGEN MD TRUSTEE	55.0 0.0	X						0	851,213	43,397
RICHARD D LOVERING TRST-VICE CHAIR/SVP ADMIN CHRO	55.0 0.0	X		X				0	690,391	129,254
NEHA CHAWLA MD PHYSICIAN	55.0 0.0					X		725,052	0	30,527
JOAN MARY BRENNAN SR VP, QUALITY & PERFORM EXCEL	55.0 0.0			X				647,532	0	106,928
MARILUISE VENDITTI MD SR VP, CHIEF MEDICAL OFFICER	55.0 0.0			X				0	690,744	60,513
TERRI LU SCHIEDER SR VP, POPULATION HEALTH	55.0 0.0			X				534,185	0	86,644

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			
JOHN B BULGER DO MBA TRUSTEE	55.0 0.0	X						0	551,480	50,676
CHRISTOPHER A SCANZERA VP & CHIEF INFORMATION OFFICER	55.0 0.0			X				0	500,261	86,464
ALEXANDER ONOPCHENKO MD TRUSTEE	55.0 0.0	X						0	514,160	54,931
HAK J KIM TRUSTEE - TREASURER/VP & CFO	55.0 0.0	X		X				0	493,861	55,411
DONNA MICHAEL-ZIEREIS ESQ VP GENERAL COUNSEL/ASST. SEC.	55.0 0.0			X				0	458,367	89,734
MOHAMED H ELNAHAL MD TRUSTEE	55.0 0.0	X						0	493,750	52,055
CHARISSE FIZER VP CLINICAL OPS & AMB SERVICES	55.0 0.0			X				415,095	0	53,107
MOHAMMADYASER MOURAD MD CHIEF MEDICAL QUALITY OFFICER	55.0 0.0					X		408,714	0	35,403
DAVID P TILTON FORMER OFFICER	0.0 0.0						X	0	433,641	8,652
MARY ONWUKA MD PHYSICIAN	55.0 0.0					X		394,178	0	13,478

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 G STEFANACCI MD PHYSICIAN	55.0 0.0					X		390,122	0	12,868
DOMINICK J ZAMPINO MD PHYSICIAN	55.0 0.0					X		320,335	0	53,194
KATHERINE BIRKENSTOCK VP NURSING/CNO	55.0 0.0			X				332,377	0	39,461
JAMES KILMER VP CHIEF ADMIN OFF. CITY	55.0 0.0			X				279,347	0	66,311
LARISA K GOGANZER VP CHIEF ADMIN OFF. MAINLAND	55.0 0.0			X				270,373	0	68,507
JOSEPH J MCCARTHY CPA VP FINANCIAL OPERATIONS	55.0 0.0			X				0	272,813	61,302
BENJAMIN J NEGLEY VP PHYSICIAN PRACT ADMIN	55.0 0.0			X				227,655	0	73,619
SAMANTHA A KILEY EXECUTIVE DIRECTOR	55.0 0.0			X				178,734	0	51,851
BARBARA YOUNG ASSISTANT VP SUPPLY CHAIN	55.0 0.0			X				181,825	0	20,707
JULIA DREW EXECUTIVE DIRECTOR	55.0 0.0			X				175,080	0	21,042

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			
MICHAEL J SAYNISCH SENIOR DIRECTOR	55.0 0.0			X				139,783	0	36,195
MONIKA FINNEGAN DIRECTOR OF FINANCE	55.0 0.0			X				152,952	0	10,056
ANGELO ADSON SENIOR DIRECTOR	55.0 0.0			X				128,595	0	17,946
CHRISTOPHER C APGAR DIRECTOR OF FINANCE	55.0 0.0			X				120,958	0	6,141
SULIN YAO MD TRUSTEE	5.0 0.0	X						0	64,040	2,440
JOHN BECHER DO TRUSTEE	2.0 0.0	X						0	34,084	1,466
DAVID M GODDARD CHAIRMAN - TRUSTEE	1.0 0.0	X		X				0	0	0
MANUEL E 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 L CARR PHD TREASURER - TRUSTEE	1.0 0.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS BRABSON DO TRUSTEE	1.0 0.0	X						0	0	0
MATHEW D FINKELSON DMD TRUSTEE	1.0 0.0	X						0	0	0
ROSALIND E 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
PACIFICO AGNELLINI ESQ CHAIRMAN - TRUSTEE	1.0 0.0	X		X				0	0	0
ROBERT L 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
LOUIS BONGIOVANNI 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			
MICHAEL CONNOR ESQ TRUSTEE	1.0 0.0	X						0	0	0
BERNADETTE DOUGHERTY TRUSTEE	1.0 0.0	X						0	0	0
TIM L GLENN TRUSTEE	1.0 0.0	X						0	0	0
GARY L HANSON TRUSTEE	1.0 0.0	X						0	0	0
ROBERT HIMMELSTEIN TRUSTEE	1.0 0.0	X						0	0	0
LARRY J KAUFMAN MD TRUSTEE	1.0 0.0	X						0	0	0
CORNELIUS P MCPEAK TRUSTEE	1.0 0.0	X						0	0	0
FABIO OROZCO MD TRUSTEE	1.0 0.0	X						0	0	0
PAUL PJ PULLIA TRUSTEE	1.0 0.0	X						0	0	0
T ERIC REICH 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			
MAUREEN SHAY TRUSTEE	1.0 0.0	X						0	0	0
PRIYESH THAKKAR DO TRUSTEE (TERMED 12/31/2019)	1.0 0.0	X						0	0	0
GARY L HILL TRUSTEE (TERMED 1/1/2020)	1.0 0.0	X						0	0	0
RANDOLPH C LAFFERTY ESQ TRUSTEE (TERMED 1/1/2020)	1.0 0.0	X						0	0	0
ALVIN ONG MD TRUSTEE (TERMED 1/1/2020)	1.0 0.0	X						0	0	0
CAROLINE TILL TRUSTEE (TERMED 1/1/2020)	1.0 0.0	X						0	0	0
BENJAMIN ZELTNER ESQ TRUSTEE (TERMED 1/1/2020)	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 0			
b From 2015. 0			
c From 2016. 0			
d From 2017. 0			
e From 2018. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. 0			
b Excess from 2016. 0			
c Excess from 2017. 0			
d Excess from 2018. 0			
e Excess from 2019. 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

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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. AH SYSTEM IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGED IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER ORGANIZATIONS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF AH SYSTEM AND ALL AFFILIATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 DURING THE YEAR ENDED JUNE 30, 2020. THIS ALLOCATION AMOUNTED TO \$49,801 DURING THE YEAR ENDED JUNE 30, 2020.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493096017021

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 instructions and the latest information.

OMB No. 1545-0047

2019

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.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,355,390	9,243,121	28,523,140	33,885,482	36,406,370
b Contributions	1,543,074	2,500,452	2,556,590	3,085,273	0
c Net investment earnings, gains, and losses				0	0
d Grants or scholarships					
e Other expenditures for facilities and programs	1,935,065	2,388,183	21,836,609	8,447,615	2,520,888
f Administrative expenses					
g End of year balance	8,963,399	9,355,390	9,243,121	28,523,140	33,885,482

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 ▶ 24.710 %

c

Temporarily restricted endowment ▶ 75.290 %

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,575,582		38,575,582
b Buildings		590,212,323	279,260,324	310,951,999
c Leasehold improvements		86,209	56,141	30,068
d Equipment		446,631,523	345,311,948	101,319,575
e Other		33,844,529	8,640,701	25,203,828
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				476,081,052

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	2,032,669	F
(2) CASH & CASH EQUIV; LIMITED USE	25,877,030	F
(3) CASH-RESTR-BROKERAGE FUND CURR	74,171	F
(4) OTHER INVESTMENTS	16,550,227	F
(5) BOARD DESIGNATED INVESTMENTS	697,995,242	F
(6) PERM RESTR ENDOWMENT FUND	2,104,443	F
(7) ALT. INVESTMENTS; LIMITED USE	117,787	F
(8) ASSETS LIMITED TO USE; CURRENT	6,660,131	F
(9) INVESTMENTS IN JOINT VENTURES	3,011,061	F
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	754,422,761	

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) EST. 3RD PARTY PAYOR SETTLEMENTS	14,728,029
(3) OTHER LIABILITIES	46,360,108
(4) ACCRUED INTEREST PAYABLE	483,800
(5) ACCRUED RETIREMENT BENEFITS	220,324,987
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	281,896,924

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	2,032,669	F
(1) CASH & CASH EQUIV; LIMITED USE	25,877,030	F
(2) CASH-RESTR-BROKERAGE FUND CURR	74,171	F
(3) OTHER INVESTMENTS	16,550,227	F
(4) BOARD DESIGNATED INVESTMENTS	697,995,242	F
(5) PERM RESTR ENDOWMENT FUND	2,104,443	F
(6) ALT. INVESTMENTS; LIMITED USE	117,787	F
(7) ASSETS LIMITED TO USE; CURRENT	6,660,131	F
(8) INVESTMENTS IN JOINT VENTURES	3,011,061	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)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- **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.**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Program Services	FINANCIAL VEHICLE	7,703,390
3a Sub-total	0	0			7,703,390
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			7,703,390

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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) Total events
		GOLF OUTING (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	169,895			169,895
	2 Less: Contributions	109,839			109,839
	3 Gross income (line 1 minus line 2)	60,056			60,056
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	45,962			45,962
	7 Food and beverages	703			703
	8 Entertainment				
	9 Other direct expenses	13,391			13,391
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				60,056
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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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?

☐ Yes ☐ 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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

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

Name ▶

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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ 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
------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
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"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		3,989	19,368,791	12,344,089	7,024,702	0.980 %
b Medicaid (from Worksheet 3, column a)		32,260	142,993,767	101,564,165	41,429,602	5.780 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		36,249	162,362,558	113,908,254	48,454,304	6.760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	10	40,252	4,329,163	7,295	4,321,868	0.600 %
f Health professions education (from Worksheet 5)	1		8,741,992	5,549,557	3,192,435	0.450 %
g Subsidized health services (from Worksheet 6)	5	8,093	31,966,439	3,670,329	28,296,110	3.950 %
h Research (from Worksheet 7)	1		616,978	2,500	614,478	0.090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		485,956		485,956	0.070 %
j Total. Other Benefits	18	48,345	46,140,528	9,229,681	36,910,847	5.160 %
k Total. Add lines 7d and 7j	18	84,594	208,503,086	123,137,935	85,365,151	11.920 %

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	32,678,267	
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	1,641,575	
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	220,379,794	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	243,027,921	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,648,127	
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
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>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ATLANTICARE.ORG/COMMUNITY</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

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</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>ATLANTICARE.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>ATLANTICARE.ORG</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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input 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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **10**

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 INSTITUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY
2 ARMC SATELLITE EMERGENCY DEPARTMENT 219 NORTH WHITE HORSE PIKE HAMMONTON, NJ 080372014	SATELLITE EMERGENCY DEPARTMENT
3 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
4 ARMC ADULT PARTIAL CARE SERVICES 400 CHRIS GAUPP DRIVE GALLOWAY, NJ 08205	BEHAVIORAL HEALTH CLINIC
5 ATLANTICARE PHARMSPECIALTY CARE CLINIC 54 WEST JIMMIE LEEDS ROAD GALLOWAY, NJ 082059401	PHARMACY
6 CHILD PARTIAL HOSPITALIZATION 6010 BLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	ADOLESCENT BEHAVIORAL HEALTH
7 ARMC WOUND HEALING CENTER 2500 ENGLISH CREEK AVE BLDG 700 ST EGG HARBOR TOWNSHIP, NJ 08234	WOUND CARE
8 ATLANTICARE HEALTHPLEX 1401 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401	CLINIC, RADIOLOGY, LAB, ANTI-COAGULATION CLINIC, MATERNAL FETAL MEDICINE
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

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 CERTAIN OTHER PATIENTS THAT ARE 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 INCLUDEA BLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENT S (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON TH E FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THA T THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIM INATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABI LITY 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 TA X-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE OR GANIZATION 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,PROV IDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; TH E PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NO TE 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 B EEN 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 C URRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHIC H 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 STA NDARD, 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 ULTIMA TELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSA RILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLEC T ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTE D COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERV E THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEM PT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNI TY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" 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 KNOW N AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HE ALTH 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 INSURANC E, 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 B ECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE TH E 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 PURPOS ES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVE N THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITI ES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNIT Y, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUN ITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS T HAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL A ND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REI MBURSEMENT. 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 SHOULDERS 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 Health System, Inc. entities. Atlanticare Health System, Inc. 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. ARMC 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 Atlanticare regional medical center ("ARMC") is comprised of two acute care medical centers, one located in Atlantic City, New Jersey and one located in Pomona, New Jersey, which have a combined 593-beds. ARMC is recognized by the Internal Revenue Service as an internal revenue code section 501(c)(3) tax-exempt organization. Pursuant to its charitable purposes, ARMC 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, ARMC operates consistently with the criteria outlined in IRS revenue ruling 69-545. Atlanticare Regional Health Services, a New Jersey nonprofit corporation 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. 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 located in the ARMC Mainland Campus 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 Regional Medical Center; a related internal revenue code 501(c)(3) tax-exempt organization, that provides m</p>

Form and Line Reference	Explanation
Schedule H, Part VI; Question 6	<p>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.</p> <p>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 supports Atlanticare health system; primarily ARMC, which 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. In addition, 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 is currently inactive. 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, L.L.C. A limited liability company taxed as a partnership located in Egg Harbor Township, Atlantic County, New Jersey. This organization engages in healthcare services which are high quality and cost effective for the benefit of the community and in support of the charitable purposes of Atlanticare health system. Cooperative Healthcare Services of South Jersey, L.L.C. A limited liability company taxed as a partnership majority owned by Atlanticare Health System, Inc. The organization supports Atlanticare health system. 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, L.L.C. A limited liability company taxed as a partnership with a percentage owned by Atlanticare Health Services, Inc. The organization is currently inactive.</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 ACCESSED AT THE FOLLOWING PAGE INCLUDED ON ATLANTICARES WEBSITE: https://www.atlanticare.org/for-our-community/programs/community-needs-assessment 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://user-8muyts.cld.bz/AtlantiCare-Community-Needs-Assessment-2019

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	<p>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.</p>
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/

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

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

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) ATLANTICARE FOUNDATION 2500 ENGLISH CREEK AVE EGG HARBOR TWP, NJ 08234	22-2148992	501(C)(3)	500,000				PROGRAM SUPPORT

2

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

1

3

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

0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMPLOYEE ASSISTANCE	32	53,254		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.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES		Employer identification number 90-0779828

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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART VII AND SCHEDULE J	IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE TAXABLE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2019 FORMS W-2 AND FORMS 1099 (IF APPLICABLE).
SCHEDULE J, PART I; QUESTION 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN HIS 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: DAVID P. TILTON, \$433,641.
SCHEDULE J, PART I; QUESTION 4B	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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: EDELYN L. MILLER, \$896,156; DOMINIC S. MOFFA, \$179,816; MARGARET A. BELFIELD, \$49,027; RICHARD D. LOVERING, \$138,852; JOAN MARY BRENNAN, \$45,344; MARILUISE VENDITTI, M.D., \$45,341; TERRI LU SCHIEDER, \$40,164; CHARISSE FIZER, \$33,460 AND JOSEPH J. MCCARTHY, CPA, \$19,739. 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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: DOMINIC S. MOFFA, \$182,824; MARGARET A. BELFIELD, \$47,380; RICHARD D. LOVERING, \$37,333; JOAN MARY BRENNAN, \$39,333; MARILUISE VENDITTI, M.D., \$42,230; TERRI LU SCHIEDER, \$32,617; CHRISTOPHER A. SCANZERA, \$48,705; HAK J. KIM, \$37,500; DONNA MICHAEL-ZIEREIS, ESQ., \$32,417; CHARISSE FIZER, \$26,154; KATHERINE BIRKENSTOCK, \$23,580; JAMES KILMER, \$19,313; LARISA K. GOGANZER, \$19,313; JOSEPH J. MCCARTHY, CPA, \$17,317 AND BENJAMIN J. NEGLEY, \$38,500. 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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: LORI S. HERNDON, \$161,460; MARGARET A. BELFIELD, \$49,680; RICHARD D. LOVERING, \$37,530 AND JOAN MARY BRENNAN, \$25,020.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2019 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.
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

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				
1EDELYN L MILLER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	832,145	0	937,814	19,884	20,795	1,810,638	496,143
1LORI S HERNDON TRUSTEE - AHS PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	889,578	232,099	160,233	175,681	30,074	1,487,665	0
2DOMINIC S MOFFA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	894,188	0	232,142	202,708	33,283	1,362,321	179,816
3MARGARET A BELFIELD TRUSTEE - EVP & COO	(i)	532,695	119,025	109,505	108,387	30,192	899,804	49,027
	(ii)	0	0	0	0	0	0	0
4BLAIR A BERGEN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	339,381	488,920	22,912	10,479	32,918	894,610	0
5RICHARD D LOVERING TRST-VICE CHAIR/SVP ADMIN CHRO	(i)	0	0	0	0	0	0	0
	(ii)	395,565	99,916	194,910	85,899	43,355	819,645	138,852
6NEHA CHAWLA MD PHYSICIAN	(i)	398,383	307,236	19,433	11,464	19,063	755,579	0
	(ii)	0	0	0	0	0	0	0
7JOAN MARY BRENNAN SR VP, QUALITY & PERFORM EXCEL	(i)	446,928	101,775	98,829	76,817	30,111	754,460	39,333
	(ii)	0	0	0	0	0	0	0
8MARILOUISE VENDITTI MD SR VP, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	474,774	106,088	109,882	54,856	5,657	751,257	45,341
9TERRI LU SCHIEDER SR VP, POPULATION HEALTH	(i)	376,446	81,938	75,801	46,151	40,493	620,829	31,667
	(ii)	0	0	0	0	0	0	0
10CHRISTOPHER A SCANZERA VP & CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	332,685	137,208	30,368	58,786	27,678	586,725	0
11ALEXANDER ONOPCHENKO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	366,142	124,480	23,538	14,354	40,577	569,091	0
12JOHN B BULGER DO MBA TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	523,550	0	27,930	19,884	30,792	602,156	0
13HAK J KIM TRUSTEE - TREASURER/VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	401,588	67,275	24,998	51,822	3,589	549,272	0
14DONNA MICHAEL-ZIEREIS ESQ VP GENERAL COUNSEL/ASST. SEC.	(i)	0	0	0	0	0	0	0
	(ii)	342,143	72,618	43,606	43,847	45,887	548,101	0
15MOHAMED H ELNAHAL MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	424,143	65,251	4,356	11,313	40,742	545,805	0
16CHARISSE FIZER VP CLINICAL OPS & AMB SERVICES	(i)	286,391	55,060	73,644	36,166	16,941	468,202	33,460
	(ii)	0	0	0	0	0	0	0
17MOHAMMADYASER MOURAD MD CHIEF MEDICAL QUALITY OFFICER	(i)	357,583	48,680	2,451	8,652	26,751	444,117	0
	(ii)	0	0	0	0	0	0	0
18DAVID P TILTON FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	433,641	8,652	0	442,293	0
19MARY ONWUKA MD PHYSICIAN	(i)	242,500	132,240	19,438	10,640	2,838	407,656	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 RICHARD G STEFANACCI MD PHYSICIAN	(i)	312,981	75,000	2,141	10,059	2,809	402,990	0
	(ii)	0	0	0	0	0	0	0
1 DOMINICK J ZAMPINO MD PHYSICIAN	(i)	294,228	25,000	1,107	8,652	44,542	373,529	0
	(ii)	0	0	0	0	0	0	0
2 KATHERINE BIRKENSTOCK VP NURSING/CNO	(i)	247,031	45,195	40,151	35,195	4,266	371,838	0
	(ii)	0	0	0	0	0	0	0
3 JAMES KILMER VP CHIEF ADMIN OFF. CITY	(i)	205,708	38,813	34,826	29,217	37,094	345,658	0
	(ii)	0	0	0	0	0	0	0
4 LARISA K GOGANZER VP CHIEF ADMIN OFF. MAINLAND	(i)	230,042	38,813	1,518	27,668	40,839	338,880	0
	(ii)	0	0	0	0	0	0	0
5 JOSEPH J MCCARTHY CPA VP FINANCIAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	183,311	34,802	54,700	28,026	33,276	334,115	16,798
6 BENJAMIN J NEGLEY VP PHYSICIAN PRACT ADMIN	(i)	186,594	35,000	6,061	46,698	26,921	301,274	0
	(ii)	0	0	0	0	0	0	0
7 SAMANTHA A KILEY EXECUTIVE DIRECTOR	(i)	153,523	25,000	211	6,831	45,020	230,585	0
	(ii)	0	0	0	0	0	0	0
8 BARBARA YOUNG ASSISTANT VP SUPPLY CHAIN	(i)	160,317	17,572	3,936	6,612	14,095	202,532	0
	(ii)	0	0	0	0	0	0	0
9 JULIA DREW EXECUTIVE DIRECTOR	(i)	152,345	15,931	6,804	6,941	14,101	196,122	0
	(ii)	0	0	0	0	0	0	0
10 MICHAEL J SAYNISCH SENIOR DIRECTOR	(i)	127,186	11,057	1,540	6,859	29,336	175,978	0
	(ii)	0	0	0	0	0	0	0
11 MONIKA FINNEGAN DIRECTOR OF FINANCE	(i)	146,602	5,468	882	7,686	2,370	163,008	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 instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEAN M BELFIELD	FAMILY MEMBER OF OFFICER	28,828	ARMC EMPLOYEE		No
(2) WILLIAM LOVERING	FAMILY MEMBER OF OFFICER	34,956	ARMC EMPLOYEE		No
(3) IVENNY D LOPEZ	FAMILY MEMBER OF TRUSTEE	36,758	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

2019

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				
GIFT CERT, CATERING SVCS. AND	X	19	35,308	FMV
25 Other ► (MISC ITEMS)				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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 isn't required to be used for exempt purposes for the entire holding period?

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?

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

b If "Yes," describe in Part II.

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

Yes

No

30a

No

31

Yes

32a

Yes

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

2019

**Open to Public
Inspection**

Employer identification number

90-0779828

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, LINE H	<p>THE FOLLOWING SUBORDINATES ARE INCLUDED IN THE GROUP EXEMPTION NUMBER 5788 AND ARE INCLUDED IN THE GROUP FORM 990: 1. ATLANTICARE BEHAVIORAL HEALTH, INC. (FEID: 21-0721208) 6010 BLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234 2. ATLANTICARE FOUNDATION (FEID: 22-2148992) 2500 ENGLISH CREEK AVENUE, BUILDING 600 EGG HARBOR TOWNSHIP, NJ 08234 3. ATLANTICARE HEALTH ENGAGEMENT, INC. (FEID: 61-1608389) 2500 ENGLISH CREEK AVENUE, BUILDING 500 EGG HARBOR TOWNSHIP, NJ 08234 4. ATLANTICARE HEALTH SERVICES, INC. (FEID: 22-3265214) 2500 ENGLISH CREEK AVENUE, BUILDING 600 EGG HARBOR TOWNSHIP, NJ 08234 5. ATLANTICARE REGIONAL MEDICAL CENTER (FEID: 21-0634549) 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 6. ATLANTICARE REGIONAL HEALTH SERVICES, INC. (FEID: 80-0834222) 2500 ENGLISH CREEK AVENUE, BUILDING 500 EGG HARBOR TOWNSHIP, NJ 08234 THE FOLLOWING SUBORDINATES ARE NOT INCLUDED IN THE GROUP EXEMPTION NUMBER 5788 AND ARE NOT INCLUDED IN THE GROUP FORM 990: 1. ATLANTICARE PHYSICIAN GROUP, P.A. (FEID: 02-0701782) 2500 ENGLISH CREEK AVENUE, BUILDING C EGG HARBOR TOWNSHIP, NJ 08234</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, 8 INDEPENDENT; - ATLANTICARE REGIONAL HEALTH SERVICES A NEW JERSEY NONPROFIT CORPORATION; 15 VOTING, 8 INDEPENDENT; - ATLANTICARE FOUNDATION; 21 VOTING, 14 INDEPENDENT; - ATLANTICARE HEALTH ENGAGEMENT; 4 VOTING, 0 INDEPENDENT; AND - ATLANTICARE HEALTH SERVICES, INC.; 15 VOTING, 8 INDEPENDENT.

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: MISSION STATEMENT ===== WE MAKE A DIFFERENCE IN HEALTH AND HEALING, ONE PERSON AT A TIME, THROUGH CARING AND TRUSTING RELATIONSHIPS. VISION ===== ATLANTICARE IS BUILDING 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 ===== ATLANTICARE'S PRIMARY SERVICE OFFERING OF HEALTHCARE DELIVERY, INTEGRATED WITH THE COMPLEMENTARY AND STRATEGIC SERVICE OF FERRINGS 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 PRIMA RY AND REGIONAL SERVICE AREAS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, COLOR, CREED, SEX, N</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ATIONAL ORIGIN, HANDICAP, AGE, LIFESTYLE, FINANCIAL STATUS OR ABILITY TO PAY. ATLANTICARE REGIONAL MEDICAL CENTER ("ARMC") IS ONE OF TWO "SAFETY NET" HOSPITALS IN SOUTHERN NEW JERSEY PROVIDING APPROXIMATELY \$7 MILLION IN CHARITY CARE, AT 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 COMBINED. TO FURTHER ENSURE THAT OUR COMMUNITY'S HEALTHCARE NEEDS ARE MET, ATLANTICARE ALSO PROVIDES FREE CARE TO PATIENTS THAT DO NOT MEET THE STATE ELIGIBILITY REQUIREMENTS FOR CHARITY 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 THE WALLS OF ITS CLINICAL SETTINGS. AS SUCH, ATLANTICARE HAS ESTABLISHED ITSELF WITHIN ITS SERVICE AREA AS A COLLABORATOR AND PARTNER TO AGENCIES AND SERVICES THAT IMPROVE THE QUALITY 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, SUPPORT INITIATIVES FOR THE CONTINUED HEALING OF PATIENTS AND THEIR CAREGIVERS POST DISCHARGE, IN ADDITION TO HEALTH PROMOTION AND DISEASE PREVENTION CAMPAIGNS TO IMPROVE OVERALL HEALTH AND WELL-BEING. EXAMPLES INCLUDE ATLANTICARE'S SUPPORT OF THE AMERICAN HEART ASSOCIATION, BIG BROTHERS & BIG SISTERS, BOYS AND GIRLS CLUB OF ATLANTIC CITY, JEWISH FAMILY SERVICES, RUTH NEWMAN SHAPIRO HEART & CANCER MEMORIAL FUND, SHIRLEY MAE BREAST CANCER ASSISTANCE FUND, GILDA'S CLUB OF SOUTH JERSEY, MARCH OF DIMES, AND THE RED CROSS. ATLANTICARE HOSTS AND SUPPORTS VARIOUS PROFESSIONAL AND HIGHER EDUCATIONAL PROGRAMS AND STRONGLY BELIEVES IN INVESTING IN THE INDIVIDUALS WHO ONE DAY WILL BECOME HEALTHCARE PROFESSIONALS. 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 SUPPORT TO LOCAL STUDENTS WHO WISH TO PURSUE NURSING AND ALLIED HEALTH DEGREES AND SPONSORS TECHNICAL HONOR SOCIETIES. A MINIMUM OF 18 SCHOLARSHIPS WERE AWARDED ANNUALLY. ATLANTICARE OFFERS AN AVERAGE OF MORE THAN 45 MONTHLY COMMUNITY EVENTS, LECTURES, AND/OR DEMONSTRATIONS TO THE COMMUNITY VIA IN-PERSON OR VIRTUAL PLATFORMS. IT PROMOTES THEM THROUGH TRADITIONAL NEWS MEDIA, SOCIAL MEDIA, THE ATLANTICARE WEB SITE, WORD OF MOUTH, AND COMMUNITY NETWORKING. EXAMPLES OF EVENTS INCLUDE: - DIABETES, BREAST CANCER, AND STROKE SUPPORT GROUPS - WEIGHT LOSS SURGERY SEMINARS & SUPPORT GROUPS - FIRST AID AND CPR COURSES - HEALTHY BABY CLASSES INCLUDING CHILDBIRTH AND BREASTFEEDING CLASSES - HEALTHY COOKING DEMONSTRATIONS - SENIOR UNIVERSITY, AN EDUCATIONAL LECTURE SERIES FOR OLDER ADULTS - OPIATES AND N</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ARCOTICS ANONYMOUS - PREDIABETES CLASS - MATTER OF BALANCE FALL PREVENTION SERIES - FAMILY CLASSES AND EVENTS RANGING FROM RESUME-WRITING ASSISTANCE TO ENGAGEMENT ACTIVITIES ATLANTICARE BRINGS HEALTH AND WELLNESS SERVICES TO THE COMMUNITY THROUGH RISK BASED SCREENINGS (FOR EXAMPLE, BLOOD PRESSURE, BODY MASS INDEX, AND CHOLESTEROL). 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 PARTICIPANTS ABOUT HEALTHY LIFESTYLE BEHAVIORS, AND TO REFER INDIVIDUALS TO NEEDED PROGRAMS AND SUPPORT SERVICES. ADDITIONALLY, ITS REPRESENTATIVES ADDRESSED SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, MUNICIPALITIES, AND OTHER COMMUNITY ORGANIZATIONS/AGENCIES UPON REQUEST. DUE TO SAFETY LIMITATIONS, OUR EFFORTS CONTINUED TO SUPPORT COMMUNITY GROUPS, ORGANIZATIONS, AND EVEN LOCAL BUSINESSES WITH THEIR HEALTH AND SAFETY NEEDS IN AN ONLINE FORMAT FOR MOST OF 2020. ATLANTICARE OPERATES FOUR SIGNATURE COMMUNITY PROGRAMS WHOSE SOLE FOCUS IS TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY. THESE INNOVATIVE PROGRAMS ARE HEALTHY SCHOOLS, HEALTHY CHILDREN; GROWING GREEN, HEALING ARTS, AND HEALING ATLANTIC COUNTY, AN INITIATIVE AIMED AT LOCALLY COMBATTING THE IMPACT OF THE OPIOID EPIDEMIC. HEALTHY SCHOOLS, HEALTHY CHILDREN PARTNERS WITH MORE THAN 110 SCHOOLS IN A VARIETY OF DIFFERENT MODALITIES TO TEACH CHILDREN, PARENTS, AND STAFF ABOUT THE IMPORTANCE OF HEALTHY EATING AND PHYSICAL ACTIVITY. SIGNATURE COMPONENTS OF THIS PROGRAM ARE THE SCHOOL NURSE LECTURE SERIES AND PROFESSIONAL DEVELOPMENT WORKSHOPS THAT PROVIDE EDUCATION AND RESOURCES TO SCHOOL PERSONNEL. IN RECENT YEARS, WE WORKED TO EXPAND OUR OFFERINGS TO ADDRESS THE EMOTIONAL WELLNESS NEEDS OF CHILDREN AS WELL. IN 2020, ATLANTICARE DISTRIBUTED OVER \$60,000 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 OVER 95 SCHOOL AND COMMUNITY GARDENS IN SOUTHEASTERN NEW JERSEY. IN 2017, ATLANTICARE ESTABLISHED ITS PANTRY AT THE PLEX, A HEALTHFUL FOOD PANTRY. THIS SERVICES PATIENTS OF OUR WILLIAM L. GORMLEY HEALTHPLEX IN ATLANTIC CITY WHO ARE DEEMED FOOD INSECURE. ATLANTICARE ALSO OFFERS A SUMMER MEALS PROGRAM, TO PROVIDE HEALTHY LUNCHES AND HEALTH EDUCATION TO MORE THAN 200 CHILDREN AND THEIR FAMILIES DURING THE SUMMER WHEN SCHOOL LUNCHES ARE NOT AVAILABLE. OUR FOOD DISTRIBUTION EFFORTS EXPANDED THIS YEAR IN RESPONSE TO THE PANDEMIC. TO ENSURE THAT OUR IMPACTED EMPLOYEES AND PATIENTS, HAD THE NECESSARY NUTRIMENT THEY NEEDED, DRIVE BY DISTRIBUTIONS AND DROP OFFS ALSO OCCURRED. ON AVERAGE THESE ACTIVITIES SERVICED OVER 200 INDIVIDUALS AT A TIME. THESE PROGRAMS HAVE COLLECTIVELY 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 ARTS, THIS YEAR CELEBRATED AND EXTENDED THERAPEUTIC ART SERVICES TO OUR FRONT LINE RESPONDERS. THIS PROGRAM ALSO CONTINUES TO ENSURE THAT OUR HEALING SPACES ARE SERENE AND CALMING FOR BOTH OUR STAFF AND OUR PATIENTS. 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. 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. TODAY OVER 300 AEDS HAVE BEEN PLACED THROUGHOUT OUR COMMUNITY. - WORKING IN COLLABORATION WITH LAW-ENFORCEMENT AND OTHER AGENCIES AT THE COUNTY AND LOCAL LEVEL TO ENHANCE ACTIVE SHOOTER AND OTHER EMERGENCY PREPAREDNESS READINESS. - ENSURING SHELTER SERVICES FOR THOSE DEEMED HOUSING IN SECURE FOR THOSE WHO ARE MEDICALLY VULNERABLE. 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 CURRENTLY ACTIVE MEMBERS. CURRENT GROUPS INCLUDE AFRICAN-AMERICAN ("LEGACY"), ASIAN-PACIFIC ("APEG"), DISABILITIES ("CAARE"), INTERFAITH ("PATHS"), LATINO ("ALMA"), LGBTQ ("PRIDE"), MILITARY ("HONORS"), FITNESS AND WELLBEING, RECOVERY, AND WOMEN ("LEADS"). THROUGH FUNDRAISING ACTIVITIES, OUR ERGS ARE ABLE TO PROVIDE FINANCIAL AND IN-KIND SUPPORT TO COMMUNITY PROGRAMS AND ORGANIZATIONS. ADDITIONALLY, THEY SUPPORTED VARIOUS COMMUNITY ORGANIZATIONS THROUGH PARTICIPATION IN WALKS, HEALTH AND CAREER FAIRS, AS WELL AS OTHER IN-KIND DONATIONS. THEY ALSO PROVIDE SCHOLARSHIP OPPORTUNITIES TO THOSE PURSUING HEALTHCARE CAREERS. ATLANTICARE IS PROUD TO HAVE EARNED VARIOUS AWARDS, DESIGNATIONS, AND RECOGNITIONS. IN ADDITION, ATLANTICARE PROVIDES A SIGNIFICANT POSITIVE ECONOMIC CONTRIBUTION TO THE COMMUNITY. ATLANTICAR</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>E DIRECTLY IMPACTS THE COMMUNITY IN A POSITIVE MANNER BY VIRTUE OF EMPLOYING NEARLY 6,000 AREA RESIDENTS. ATLANTICARE SUPPORTS THE LOCAL 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. ATLANTICARE REGIONAL MEDICAL CENTER FEID: 21-0634 549 BACKGROUND ===== ARMC IS A 593-BED, NOT-FOR-PROFIT HOSPITAL THAT WAS FOUNDED IN 1898 AS A TEN-BED FACILITY IN A CONVERTED HOME ON OHIO AVENUE IN ATLANTIC CITY. THE INTERNAL REVENUE SERVICE HAS RECOGNIZED ARMC AS BEING 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 EMERGENT HEALTHCARE SERVICES TO ALL INDIVIDUALS AND ALSO PROVIDES ELECTIVE PROCEDURES TO INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, COLOR, CREED, SEX, NATIONAL ORIGINS, HANDICAP, AGE, LIFESTYLE, FINANCIAL STATUS OR ABILITY TO PAY. ARMC OPERATES THREE ACTIVE EMERGENCY ROOMS FOR ALL PERSONS; WHICH ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 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 COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES. THE OPERATIONS OF ARMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF ARMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. ARMC'S CITY CAMPUS IS LOCATED IN ATLANTIC CITY WHERE THE HOSPITAL 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 HAMMONTON, NJ. ARMC OFFERS A NUMBER OF OUTPATIENT SERVICES SPREAD OUT OVER 100 LOCATIONS. ONE OF THESE LOCATIONS, THE WILLIAM L. GORMLEY ATLANTICARE HEALTHPLEX, WHICH IS LOCATED IN ATLANTIC CITY, OFFERS SERVICES REGARDLESS OF THE ABILITY TO PAY AND IS HOME TO ONE OF ATLANTICARE'S FEDERALLY QUALIFIED HEALTH CENTER ("FQHC") LOCATIONS. THE OTHER FQHC IS LOCATED IN GALLOWAY. ARMC IS A TEACHING HOSPITAL. IN 2019 IT PROVIDED TRAINING FOR MORE THAN 120 MEDICAL AND PHARMACY RESIDENTS, STUDENTS AND FELLOWS. ATLANTICARE ALSO ANNUALLY HOSTS CONFERENCE AND OTHER EDUCATIONAL EVENTS. WHILE MANY OF OUR EDUCATIONAL OFFERINGS WERE UNABLE TO BE HELD IN PERSON THIS YEAR, AS A RESULT OF THE PANDEMIC, ATLANTICARE STILL CONTINUED TO BE A SOURCE OF MEDICAL EDUCATION T</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>O OUR COMMUNITY VIA VIRTUAL EDUCATION OPPORTUNITIES. THE STROKE SUMMIT IN THE FALL OF 2020 WAS AN EXAMPLE OF THIS. ARMC IS HOME TO MANY CENTERS OF EXCELLENCE AND SPECIALIZED SERVICES, SEVERAL OF WHICH ARE EXCLUSIVE TO THE REGION. - LEVEL II REGIONAL TRAUMA CENTER - JOINT COMMISSION-DESIGNATED COMPREHENSIVE STROKE CENTER - HEART AND VASCULAR INSTITUTE - THE REGION'S ONLY FULL SERVICE CARDIAC SURGERY PROGRAM - THE MUSCULOSKELETAL INSTITUTE - STANLEY M. GROSSMAN PEDIATRIC CENTER - THE CANCER CARE INSTITUTE, A FOX CHASE CANCER CENTER PARTNER - CENTER FOR SURGICAL WEIGHT LOSS AND WELLNESS - ROGER B. HANSEN CENTER FOR CHILDBIRTH , INCLUDING LEVEL III NEONATAL INTENSIVE CARE UNIT - MATERNAL FETAL MEDICINE PROGRAM - FAMILY PLANNING CLINIC - PSYCHIATRIC UNIT AND CRISIS INTERVENTION PROGRAM - NEUROSCIENCES 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 PHILADELPHIA ; AND FOX CHASE CANCER CENTER. MISSION, VISION AND VALUES</p> <p>===== MISSION STATEMENT ===== TO CARE FOR THE SICK, INJURED AND POOR IN AN ENVIRONMENT WHERE PATIENTS, THEIR FAMILIES AND PHYSICIANS ARE EXTENDED A SUPERIOR LEVEL OF PERSONAL SERVICE; WHERE QUALITY IMPROVES IN MEASURABLE TERMS; IN AN ENVIRONMENT WHICH RESPECTS THE DIGNITY OF THE PATIENT, FAMILY AND ALL ON THE HEALTHCARE TEAM. VISION ===== ARMC WILL BE THE PREMIER HEALTHCARE PROVIDER IN NEW JERSEY. WE WILL ACHIEVE AND SUSTAIN EXCELLENCE IN QUALITY OF CARE AND PERSONAL SERVICE THROUGH TOTAL CONFORMANCE TO CUSTOMER'S EXPECTATIONS 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 SERVICES TO ALL INDIVIDUALS AND ALSO PROVIDES ELECTIVE PROCEDURES TO INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF MEDICAL CONDITION, RACE, COLOR, CREED, SEX, NATIONAL ORIGINS, HANDICAP, AGE, LIFESTYLE, FINANCIAL STATUS OR ABILITY TO PAY. MOREOVER, ARMC PROVIDES HEALTHCARE 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 COST OF PROVIDING THESE SERVICES AND SUPPLIES TO PATIENTS WHO MEET THE STATE-MANDATED CHARITY CARE ELIGIBILITY REQUIREMENTS APPROXIMATED \$19 MILLION AND \$25 MILLION FOR FISCAL YEAR 2020 AND FISCAL YEAR 2019, 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 \$41 MILLION AND \$45 MILLION FOR FISCAL YEAR 2020 AND FISCAL YEAR 2019, RESPECTIVELY. BECAUSE 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. SUCH AMOUNTS ARE INCLUDED IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS 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 CHARGES FOR MEDICAL SERVICES TO AN AMOUNT NOT TO EXCEED THE LESSER OF THE CALCULATED AMOUNTS GENERALLY BILLED UNDER IRC 501(R)(5) OR 115% OF THE APPLICABLE MEDICARE REIMBURSEMENT RATE FOR ALL QUALIFIED UNINSURED PATIENTS WHO ARE NOT ELIGIBLE FOR EXISTING STATE, FEDERAL AND LOCAL PROGRAMS. ADDITIONALLY, THE COMPANY SPONSORS OTHER CHARITABLE PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO UNDERRESOURCED AND ELDERLY POPULATION THAT REQUIRE SPECIALS SUPPORT, VARIOUS CLINICAL OUTREACH PROGRAMS AS WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY WELFARE. ARMC'S COLLECTION 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 SOUTHERN NEW JERSEY PROVIDING APPROXIMATELY 90% OF THE CHARITY CARE IN ATLANTIC COUNTY AND MORE CHARITY CARE THAN THE 7 CLOSEST HOSPITALS COMBINED. ATLANTICARE, RECOGNITIONS AND DESIGNATIONS ===== FOLLOWING IS A SAMPLING OF THE MANY AWARDS, RECOGNITIONS, AND DESIGNATIONS ATLANTICARE HAS EARNED AS OF JULY 1, 2020: - 2020 - ATLANTICARE EARNS DESIGNATION AS ANTICOAGULATION CENTER OF EXCELLENCE FROM ANTICOAGULATION FORM. - 2019 - ARMC'S WOUND HEALING CENTER EARNS UNDERSEA AND HYPERBARIC MEDICAL SOCIETY'S (UHMS) FULL ACCREDITED</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ITATION. THE CERTIFICATION RECOGNIZES HEALTHCARE ORGANIZATIONS THAT PROVIDE CLINICAL PROGRAMS ACROSS THE CONTINUUM OF CARE FOR DIABETES. - 2019 - ATLANTICARE EARNS AMERICAN HEART ASSOCIATION'S (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 COMMISSION'S GOLD SEAL OF APPROVAL FOR ADVANCED CERTIFICATION FOR INPATIENT DIABETES CARE. THE GOLD SEAL IS A SYMBOL OF QUALITY THAT REFLECTS A HEALTHCARE ORGANIZATION'S 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 COMMISSION'S GOLD SEAL OF APPROVAL AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S 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 REDESIGNATED 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 SATELLITE EMERGENCY DEPARTMENT IN HAMMONTON EARNS THE EMERGENCY NURSES ASSOCIATION'S LANTERN AWARD FOR EXCELLENCE. THE AWARD RECOGNIZES EXCEPTIONAL AND INNOVATIVE PERFORMANCE IN LEADERSHIP, PRACTICE, EDUCATION, ADVOCACY AND RESEARCH AND THE ORGANIZATION'S 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. ATLANTICARE BEHAVIORAL HEALTH ("ABH") FEID: 21-0721208 ABH IS SOUTHEASTERN NEW JERSEY</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Y'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, ANXITIES 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 \$651,212 AND \$873,371 FOR THE FISCAL YEAR 2020 AND THE FISCAL YEAR 2019, RESPECTIVELY. ABH PROVIDES MANY OF THEIR SERVICES UNDER GRANTS FROM STATE AND FEDERAL AGENCIES. SUCH PROGRAMS 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 AND 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 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ----- PRIMARY AND HEALTH AND HUMAN SERVICES</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 EVIDENCE-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 REGION'S 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 HEALTH PARK, A REGIONAL HEALTHCARE AMBULATORY CARE CAMPUS OFFERING A VARIETY OF SERVICES. 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 GYN ECOLOGY PRACTICE. - SELECT SPECIALTY PRACTICES INCLUDING SURGICAL, ENT, DIABETES, NEUROLOGY AND UROLOGY. - ATLANTICARE OCCUPATIONAL MEDICINE PROVIDES OCCUPATIONAL MEDICINE FOR BUSINESSES AND MUNICIPALITIES, INCLUDING THE TREATMENT OF WORK-RELATED INJURIES. ATLANTICARE INFORMATION TECHNOLOGY ("AIT") ATLANTICARE INFORMATION TECHNOLOGY (A DIVISION OF ATLANTICARE HEALTH SYSTEM, INC.) SUPPORTS ALL OTHER ATLANTICARE AFFILIATES TO ACHIEVE MAXIMUM RESULTS THROUGH THE USE OF 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. 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</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	31, 2012 AND 2013 \$2,000,000 AND \$5,000,000 RESPECTIVELY, AND AN ADDITIONAL \$10,000,000 I N 2014. IN 2015, THE MEDICAL CENTER CONTRIBUTED \$15,000,000 TO SUPPORT THE ONGOING MISSION OF HEALTH ENGAGEMENT. TODAY, HEALTH ENGAGEMENT NOT ONLY PROVIDES HEALTH AND WELLNESS SERV ICES TO MEMBERS OF THE ATLANTICARE FAMILY, IT ALSO SUPPORTS LOCAL EMPLOYERS IN MANAGING AN D MEETING THE HEALTHCARE NEEDS OF THEIR WORKFORCE.

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CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	<p>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 REGION'S 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 CONVENTIONAL LOCATIONS. - ATLANTICARE HEALTH PARK, A REGIONAL HEALTHCARE AMBULATORY CARE CAMPUS OFFERING A VARIETY OF SERVICES. 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 GYN ECOLOGY PRACTICE. - SELECT SPECIALTY PRACTICES INCLUDING SURGICAL, ENT, DIABETES, NEUROLOGY AND UROLOGY. - ATLANTICARE OCCUPATIONAL MEDICINE PROVIDES OCCUPATIONAL MEDICINE FOR BUSINESSES AND MUNICIPALITIES, INCLUDING THE TREATMENT OF WORK RELATED INJURIES. ATLANTICARE INFORMATION TECHNOLOGY ("AIT") ATLANTICARE INFORMATION TECHNOLOGY (A DIVISION OF ATLANTICARE HEALTH SYSTEM, INC.) SUPPORTS ALL OTHER ATLANTICARE AFFILIATES TO ACHIEVE MAXIMUM RESULTS THROUGH THE USE OF 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. 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</p>

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CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	31, 2012 AND 2013 \$2,000,000 AND \$5,000,000 RESPECTIVELY, AND AN ADDITIONAL \$10,000,000 I N 2014. IN 2015, THE MEDICAL CENTER CONTRIBUTED \$15,000,000 TO SUPPORT THE ONGOING MISSION OF HEALTH ENGAGEMENT. TODAY, HEALTH ENGAGEMENT NOT ONLY PROVIDES HEALTH AND WELLNESS SERV ICES TO MEMBERS OF THE ATLANTICARE FAMILY, IT ALSO SUPPORTS LOCAL EMPLOYERS IN MANAGING AN D MEETING THE HEALTHCARE NEEDS OF THEIR WORKFORCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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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Return Reference	Explanation
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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Return Reference	Explanation
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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Return Reference	Explanation
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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Return Reference	Explanation
CORE FORM, PART VII	<p>CORE FORM, PART VII INCLUDES, AS OF JUNE 30, 2020, 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, 2020, 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 THE FOLLOWING INDIVIDUALS: - DAVID M. GODDARD; - MANUEL E. APONTE; - PATRICIA RICH-TUOHY; - DAVID L. CARR, PH.D.; - MARGARET A. BELFIELD; - BLAIR A. BERGEN, M.D.; - THOMAS BRABSON, D.O.; - JOHN B. BULGER, D.O., MBA; - MOHAMED ELNAHAL, M.D.; - MATHEW D. FINKELSON, D.M.D.; - LORI S. HERNDON; - ROSALIND E. KINCAID; - ALDALBERTO LOPEZ; - GINA MERRITT-EPPS, ESQ.; - EDELYN L. MILLER; AND - PRIYESH THAKKAR, D.O. (TERMED 12/31/2019). ATLANTICARE FOUNDATION'S BOARD OF TRUSTEES INCLUDES THE FOLLOWING INDIVIDUALS: - PACIFICO AGNELLINI, ESQ.; - ROBERT L. HORDES; - JOHANNA PERSKIE; - FATEN DIB; - JOHN BECHER, D.O.; - MARGARET A. BELFIELD; - LOUIS BONGIOVANNI; - MICHAEL CONNOR, ESQ.; - BERNADETTE DOUGHERTY; - TIM L. GLENN; - GARY L. HANSON; - LORI S. HERNDON; - ROBERT HIMMELSTEIN; - LARRY J. KAUFMAN, M.D.; - CORNELIUS P. MCPEAK; - FABIO OROZCO, M.D.; - ALEXANDER ONOPCHENKO, M.D.; - PAUL P.J. PULLIA; - T. ERIC REICH; - MAUREEN SHAY; - SULIN YAO, M.D.; - GARY L. HILL (TERMED 1/1/2020); - RANDOLPH C. LAFFERTY, ESQ. (TERMED 1/1/2020); - ALVIN ONG, M.D. (TERMED 1/1/2020); - CAROLINE TILL (TERMED 1/1/2020); AND - BENJAMIN ZELTNER, ESQ. (TERMED 1/1/2020). ATLANTICARE HEALTH ENGAGEMENT, INC.'S BOARD OF TRUSTEES INCLUDES THE FOLLOWING INDIVIDUALS: - LORI S. HERNDON; - RICHARD D. LOVERING; - HAK J. KIM; AND - MARGARET A. BELFIELD. THE OFFICERS OF ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION INCLUDE THE FOLLOWING INDIVIDUALS: - LORI S. HERNDON; - MARGARET A. BELFIELD; - RICHARD D. LOVERING; - HAK J. KIM; AND - DONNA MICHAEL-ZIEREIS, ESQ. THE OFFICERS OF ATLANTICARE REGIONAL MEDICAL CENTER INCLUDE THE FOLLOWING INDIVIDUALS: - LORI S. HERNDON; - MARGARET A. BELFIELD; - KATHERINE BIRKENSTOCK; - JOAN MARY BRENNAN; - RICHARD D. LOVERING; - TERRI LUSCHIEDER; - MARILUISE VENDITTI, M.D.; - CHARISSE FIZER; - LARISA K. GOGANZER; - JAMES KILMER; - HAK J. KIM; - JOSEPH J. MCCARTHY, CPA; - DONNA MICHAEL-ZIEREIS, ESQ.; - CHRISTOPHER A. SCANZERA; AND - BARBARA YOUNG. THE OFFICERS OF ATLANTICARE HEALTH SERVICES, INC. INCLUDE THE FOLLOWING INDIVIDUALS: - LORI S. HERNDON; - MARGARET A. BELFIELD; - JOAN MARY BRENNAN; - HAK J. KIM; - RICHARD D. LOVERING; - BENJAMIN J. NEGLEY; - MARILUISE VENDITTI, M.D.; - KATHERINE BIRKENSTOCK; - DONNA MICHAEL-ZIEREIS, ESQ.; AND - BARBARA YOUNG. THE OFFICERS OF AT</p>

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Return Reference	Explanation
CORE FORM, PART VII	LANTICARE BEHAVIORAL HEALTH, INC. INCLUDE THE FOLLOWING INDIVIDUALS: - LORI S. HERNDON; - MARGARET A. BELFIELD; - RICHARD D. LOVERING; - MARILUISE VENDITTI, M.D.; - KATHERINE BIRK ENSTOCK; - JOSEPH J. MCCARTHY, CPA; - DONNA MICHAEL-ZIEREIS, ESQ.; - BARBARA YOUNG; - JULI A DREW; - BENJAMIN J. NEGLEY; - MICHAEL J. SAYNISCH; - MONIKA FINNEGAN; - ANGELO ADSON; AND - CHRISTOPHER C. APGAR. THE OFFICERS OF ATLANTICARE FOUNDATION INCLUDE THE FOLLOWING INDIVIDUAL: - LORI S. HERNDON; - MARGARET A. BELFIELD; - SAMANTHA A. KILEY; - RICHARD D. LOVE RING; - JOSEPH J. MCCARTHY, CPA; AND - DONNA MICHAEL-ZIEREIS, ESQ. THE OFFICERS OF ATLANTI CARE HEALTH ENGAGEMENT INCLUDE THE FOLLOWING INDIVIDUAL: - LORI S. HERNDON; - MARGARET A. BELFIELD; - RICHARD D. LOVERING; - HAK J. KIM; AND - DONNA MICHAEL-ZIEREIS, ESQ.

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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.

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>EDELYN L. MILLER IS A MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES; AN UNCOMPENSATED POSITION. MS. MILLER IS EMPLOYED BY A RELATED ORGANIZATION. ACCORDINGLY, HER COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH GEISINGER HEALTH. THEREFORE, THIS ORGANIZATION WAS NOT REQUIRED TO FILE A 2019 FORM 4720 AND REMIT EXCISE TAXES FOR COMPENSATION IN EXCESS OF \$1M RELATED TO THIS INDIVIDUAL. LORI S. HERNDON IS AN OFFICER AND MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES; AN UNCOMPENSATED POSITION. MS. HERNDON IS EMPLOYED BY A RELATED ORGANIZATION. ACCORDINGLY, HER COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ATLANTICARE HEALTH SYSTEM, INC. (EIN: 22-3265213). ATLANTICARE HEALTH SYSTEM, INC. FILED A 2019 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HER COMPENSATION IN EXCESS OF \$1M. DOMINIC S. MOFFA IS A FORMER OFFICER OF THE ORGANIZATION. MR. MOFFA IS EMPLOYED BY A RELATED ORGANIZATION. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH GEISINGER HEALTH. THEREFORE, THIS ORGANIZATION WAS NOT REQUIRED TO FILE A 2019 FORM 4720 AND REMIT EXCISE TAXES FOR COMPENSATION IN EXCESS OF \$1M RELATED TO THIS INDIVIDUAL.</p>

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	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.

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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.

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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 \$1,958,191,188, inclusive of unamortized original issue discount as of June 30, 2020. 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 - Geisinger Jersey Shore Hospital, EIN: 24-0792115 - 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>

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Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE: - CHANGE IN PENSION AND POSTRETIREMENT LIABILITIES - (\$100,586,189); - TRANSFERS FROM SOUTH JERSEY ONCOLOGY PROPERTIES, LLC; A RELATED ORGANIZATION - \$255,919; - TRANSFERS FROM ATLANTICARE FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$1,000; - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION - (\$1,924,745); - NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - \$64,035; AND - NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - (\$75,352).

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, 2020 AND JUNE 30, 2019; 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.

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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 5 AND 28. GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE BEHAVIORAL HEALTH, INC. ARE REFLECTED IN NUMBERS 6 THROUGH 20 AND 28. GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE FOUNDATION ARE REFLECTED IN NUMBERS 21 THROUGH 24 AND 28 THROUGH 29. GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE HEALTH SERVICES, INC. ARE REFLECTED IN NUMBERS 25 THROUGH 27 AND 28.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

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	61,700,749	COST
(2) ATLANTICARE HEALTH SYSTEM INC	M	2,384,892	COST
(3) ATLANTICARE HEALTH SYSTEM INC	M	1,599,607	COST
(4) ATLANTICARE HEALTH SYSTEM INC	M	853,166	COST
(5) ATLANTICARE HEALTH SYSTEM INC	M	87,291	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) PLEASE NOTE THAT IT DOES NOT INCLUDE ATLANTICARE PHYSICIAN GROUP, P.A. (FEID: 02-0701782) OR ANY OF THE OTHER RELATED TAX-EXEMPT ENTITIES SHOWN ON SCHEDULE R, PART II, EXCEPT AS OUTLINED ABOVE AND ON PAGES 116-117 OF THIS GROUP RETURN.

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF GEISINGER HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE GEISINGER HEALTH ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

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 DANVILE, 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	
2500 ENGLISH CREEK AVE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	PHYSICIAN	NJ	501(c)(3)	509(A)(2)	GH	Yes	
100 NORTH ACADEMY AVE MC 49-70 DANVILLE, PA 17822 85-1226106	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	GH	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
ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HAMILTON, BERMUDA HM 12 BD 98-0656394	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP.				Yes	
ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	NA	C CORP.				Yes	
ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE SVCS.	NJ	NA	C CORP				Yes	
ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	NA	C CORP.				Yes	
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HEALTH INSURANCE	PA	NA	C CORP.				Yes	
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HEALTH INSURANCE	PA	NA	C CORP.				Yes	
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, CJ CJ 98-1016737	FINANCIAL VEHICLE	CJ	NA	FOREIGN CORP.				Yes	
HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MEDICAL SVCS.	PA	NA	C CORP.				Yes	