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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014**

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

**C** Name of organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES
% JAMES P NOLAN JR CPA

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2500 ENGLISH CREEK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
EGG HARBOR TOWNSHIP, NJ 08234

**D Employer identification number**
90-0779828

E Telephone number
(609) 569-7040

**G** Gross receipts $ 804,376,043

**F** Name and address of principal officer
DAVID P TILTON
2500 ENGLISH CREEK AVE
EGG HARBOR TOWNSHIP, NJ 08234

**H(a)** Is this a group return for subordinates? ☑ Yes ☐ No

**H(b)** Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ 5788

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

**J Website:** ▶ WWW ATLANTICARE ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1897

**M** State of legal domicile NJ

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
THE ORGANIZATIONS ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NJ BY PROVIDING QUALITY, PATIENT-CENTERED HEALTHCARE SERVICES

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

**Activities & Governance**

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 14 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 9 |
| **5** | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | **5** | 5,514 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 295 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 187,513 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -207,105 |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 28,667,600 | 34,231,606 |
| **9** | Program service revenue (Part VIII, line 2g) | 689,176,964 | 729,164,913 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 18,189,055 | 33,889,082 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,624,200 | 5,762,617 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 740,657,819 | 803,048,218 |

**Expenses**

| | | | |
|---|---|---|---|
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 21,710,351 | 12,575,902 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 333,350,358 | 331,676,159 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 53,316 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 339,906,442 | 368,112,154 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 695,020,467 | 712,364,215 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 45,637,352 | 90,684,003 |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,024,511,645 | 1,138,832,164 |
| **21** | Total liabilities (Part X, line 26) | 462,682,751 | 592,960,574 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 561,828,894 | 545,871,590 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

**Sign Here**

******
Signature of officer

WALTER A GREINER CFO
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Scott J Mariani
Preparer's signature: Scott J Mariani

Firm's name ▶ WithumSmithBrown PC

Firm's address ▶ 465 South St Ste 200
Morristown, NJ 079606497

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

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, RELIGION 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 $ 90,944,321 including grants of $ 0 ) (Revenue $ 83,677,565 )

EXPENSES INCURRED BY ATLANTICARE REGIONAL MEDICAL CENTER IN PROVIDING MEDICALLY NECESSARY GENERAL MEDICINE SERVICES to all individuals in a non-discriminatory manner regardless of RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ability to pay DURING 2014 THE ORGANIZATION TREATED 8,080 INPATIENT GENERAL MEDICINE CASES FOR A TOTAL OF 39,460 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4b** (Code ) (Expenses $ 73,369,341 including grants of $ 0 ) (Revenue $ 71,278,869 )

EXPENSES INCURRED BY ATLANTICARE REGIONAL MEDICAL CENTER IN PROVIDING MEDICALLY NECESSARY CARDIOLOGY/CARDIAC SURGERY SERVICES to all individuals in a non-discriminatory manner regardless of RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ability to pay DURING 2014 THE ORGANIZATION TREATED 4,878 INPATIENT CARDIOLOGY/CARDIAC SURGERY CASES FOR A TOTAL OF 21,417 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4c** (Code ) (Expenses $ 72,341,112 including grants of $ 0 ) (Revenue $ 77,591,428 )

EXPENSES INCURRED BY ATLANTICARE REGIONAL MEDICAL CENTER IN PROVIDING MEDICALLY NECESSARY GENERAL SURGERY SERVICES to all individuals in a non-discriminatory manner regardless of RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ability to pay DURING 2014 THE ORGANIZATION PERFORMED 3,297 SURGICAL PROCEDURES FOR A TOTAL OF 22,193 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4d** Other program services (Describe in Schedule O )

(Expenses $ 406,177,169 including grants of $ 12,575,902 ) (Revenue $ 496,553,465 )

**4e** **Total program service expenses** ▶ 642,831,943

## 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 | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | **24a** | Yes | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | No |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | No |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | No |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | Yes | |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | 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 Compliance

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | **1a** | 598 | | |
| **b** | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | **1b** | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | **1c** | | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 5,514 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | **2b** | | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | **3a** | | Yes | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | **3b** | | Yes | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | **4a** | | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | **5a** | | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | **5b** | | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | **5c** | | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | **6a** | | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | **6b** | | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | **7a** | | Yes | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | **7b** | | Yes | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | **7c** | | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | **7e** | | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | **7f** | | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | **7g** | | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | **7h** | | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | **8** | | | |
| **9a** | Did the sponsoring organization make any taxable distributions under section 4966? . . . | **9a** | | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | **9b** | | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | **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** | | | |

**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** | 14 | | |
| | 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** | 9 | | |
| **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 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

▶ JAMES P NOLAN JR CPA
2500 ENGLISH CREEK AVE
EGG HARBOR TWNSHP, NJ 08234 (609) 569-7040

## Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

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

**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 | | | |

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** . . . . . ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** . . . . . ▶ | 7,711,890 | 6,999,941 | 2,433,993 |

**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 ▶ 494

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| LF DRISCOLL,<br>9 PRESIDENTIAL BLVD<br>BALA CYNWYD, PA 190040468 | BUILDING CONTRACTOR | 23,077,211 |
| CERNER CORPORATION,<br>PO BOX 412702<br>KANSAS CITY, MO 64141 | IT | 5,253,384 |
| NOVITAS SOLUTIONS INC,<br>1800 CENTER STREET<br>CAMP HILL, PA 17089 | ADMINISTRATIVE | 4,404,181 |
| MORRISON MANAGEMENT SPECIALISTS IN,<br>PO BOX 102289<br>ATLANTA, GA 303682289 | FOOD MANAGEMENT | 3,088,529 |
| LABORATORY CORP OF AMERICA,<br>PO BOX 12140<br>BURLINGTON, NC 272162140 | MEDICAL | 3,028,679 |

**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 ▶ 316

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . | 1a | | | | |
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c | 447,440 | | | |
| | d | Related organizations . . . | 1d | 12,518,703 | | | |
| | e | Government grants (contributions) | 1e | 17,790,176 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,475,287 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | 53,692 | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 34,231,606 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NET PATIENT SERVICE REVENUE | 541900 | 713,826,274 | 713,826,274 | | |
| | b | OTHER HEALTHCARE RELATED REVENUE | 541900 | 15,338,639 | 15,087,540 | 251,099 | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 729,164,913 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 30,541,752 | | -63,586 | 30,605,338 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | 472,192 | | | 472,192 |
| | 5 | Royalties . . . . . ▶ | | 0 | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | 6,668,970 / | | | | |
| | b | Less rental expenses | 923,016 / | | | | |
| | c | Rental income or (loss) | 5,745,954 / 0 | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | 5,745,954 | | | 5,745,954 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | / 2,875,138 | | | | |
| | b | Less cost or other basis and sales expenses | / | | | | |
| | c | Gain or (loss) | / 2,875,138 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | 2,875,138 | | | 2,875,138 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 449,308 of contributions reported on line 1c) See Part IV, line 18 . . a | 401,858 | | | | |
| | b | Less direct expenses . . . b | 401,858 | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | 6,900 | | | | |
| | b | Less direct expenses . . . b | 2,951 | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | 3,949 | | | 3,949 |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | | |
| | b | Less cost of goods sold . . b | | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | 0 | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | TELEPHONE | 517000 | 12,714 | | | 12,714 |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | 12,714 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 803,048,218 | 728,913,814 | 187,513 | 39,715,285 |

## 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 | 12,553,095 | 12,553,095 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 22,807 | 22,807 | | |
| 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 | 5,402,471 | 4,862,224 | 540,247 | 0 |
| 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 | 242,466,429 | 218,219,786 | 24,246,643 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 18,408,911 | 16,568,020 | 1,840,891 | |
| 9 Other employee benefits | 45,558,621 | 41,002,759 | 4,555,862 | |
| 10 Payroll taxes | 19,839,727 | 17,855,754 | 1,983,973 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 4,630,097 | 4,167,087 | 463,010 | |
| b Legal | 799,941 | 719,947 | 79,994 | |
| c Accounting | 464,122 | 417,710 | 46,412 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 12,751,070 | 11,475,963 | 1,275,107 | |
| 12 Advertising and promotion | 634,367 | 570,930 | 63,437 | |
| 13 Office expenses | 53,626,408 | 48,263,767 | 5,362,641 | |
| 14 Information technology | 1,012,694 | 911,425 | 101,269 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 15,491,381 | 13,942,243 | 1,549,138 | |
| 17 Travel | 614,230 | 552,807 | 61,423 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 706,040 | 635,436 | 70,604 | |
| 20 Interest | 11,080,544 | 9,972,490 | 1,108,054 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 45,925,876 | 41,333,288 | 4,592,588 | |
| 23 Insurance | 6,757,969 | 6,082,172 | 675,797 | |
| 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 | 95,736,631 | 86,162,968 | 9,573,663 | 0 |
| b PHYSICIAN FEES | 53,107,166 | 47,796,449 | 5,310,717 | 0 |
| c ADMINISTRATIVE FEES | 27,983,658 | 25,185,292 | 2,798,366 | 0 |
| d PURCHASED SERVICES | 18,398,022 | 16,558,220 | 1,839,802 | 0 |
| e All other expenses | 18,391,938 | 16,999,304 | 1,392,634 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 712,364,215 | 642,831,943 | 69,532,272 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 2,101,673 | 1 | 7,870,764 |
| | 2 | Savings and temporary cash investments | | 4,709,303 | 2 | 7,415,888 |
| | 3 | Pledges and grants receivable, net | | 3,116,411 | 3 | 5,103,656 |
| | 4 | Accounts receivable, net | | 64,731,697 | 4 | 58,815,565 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 9,484,451 | 8 | 10,409,925 |
| | 9 | Prepaid expenses and deferred charges | | 8,664,511 | 9 | 8,302,205 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 946,340,083 | | | |
| | b | Less accumulated depreciation | 10b 525,601,237 | 406,235,946 | 10c | 420,738,846 |
| | 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 | | 491,586,800 | 13 | 581,507,011 |
| | 14 | Intangible assets | | 1,499,559 | 14 | 3,109,543 |
| | 15 | Other assets See Part IV, line 11 | | 32,381,294 | 15 | 35,558,761 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,024,511,645 | 16 | 1,138,832,164 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 70,488,129 | 17 | 91,374,329 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 0 | 19 | 4,439,176 |
| | 20 | Tax-exempt bond liabilities | | 181,572,804 | 20 | 234,109,068 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 26,456,118 | 23 | 25,282,968 |
| | 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 | | 184,165,700 | 25 | 237,755,033 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 462,682,751 | 26 | 592,960,574 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 534,005,722 | 27 | 515,660,325 |
| | 28 | Temporarily restricted net assets | | 26,198,292 | 28 | 28,596,552 |
| | 29 | Permanently restricted net assets | | 1,624,880 | 29 | 1,614,713 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 561,828,894 | 33 | 545,871,590 |
| | 34 | Total liabilities and net assets/fund balances | | 1,024,511,645 | 34 | 1,138,832,164 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 803,048,218 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 712,364,215 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 90,684,003 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 561,828,894 |
| 5 | Net unrealized gains (losses) on investments | 5 | -11,018,773 |
| 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 | -95,622,534 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 545,871,590 |

## Part XII Financial Statements and Reporting

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

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

## Additional Data

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

### 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 | | | |
| (1) KENNETH R STEINBERG<br>CHAIRMAN - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (1) DAVID GODDARD<br>VICE CHAIRMAN - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (2) FRANCINE GOLDSTEIN<br>SECRETARY - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (3) MANUEL APONTE<br>TREASURER - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (4) HOWARD AXELROD MD<br>TRUSTEE | 55 0<br>0 0 | X | | | | | | 136,875 | 0 | 0 |
| (5) BLAIR A BERGEN MD<br>TRUSTEE | 55 0<br>0 0 | X | | | | | | 0 | 790,621 | 44,511 |
| (6) DAVID CARR PHD<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (7) MATHEW D FINKELSON DMD<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (8) CRAIG GLICK MD<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (9) LORI S HERNDON<br>TRUSTEE-ARMC PRES/CEO-EVP SYS | 55 0<br>0 0 | X | | | | | | 649,076 | 0 | 139,366 |
| (10) ROSALIND KINCAID<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (11) ALDALBERTO LOPEZ<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (12) PATRICIA RICH TUOHY<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (13) FRANCIS WREN MD<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (14) DEBORAH BAYER DO<br>TRUSTEE (1/1- 7/31) | 10 0<br>0 0 | X | | | | | | 21,524 | 0 | 0 |
| (15) MICHAEL J CHARLTON<br>TRUSTEE (1/1- 7/31) | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (16) BENJAMIN ZELTNER ESQ<br>CHAIRMAN - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (17) CAROLINE TILL<br>SECRETARY - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (18) RANDOLPH C LAFFERTY ESQ<br>TREASURER - TRUSTEE | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (19) PACIFICO AGNELLINI ESQ<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (20) JOHN BECHER DO<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (21) MICHAEL CONNOR ESQ<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (22) STOWELL FULTON<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (23) MICHAEL GIBSON ESQ<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (24) TIM GLENN<br>TRUSTEE | 1 0<br>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 | | | |
| (26) STANLEY M GROSSMAN<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (1) GARY HANSEN<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (2) GARY L HILL<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (3) DEE W KASSIS RN<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 36,900 | 0 |
| (4) LARRY KAUFMAN MD<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (5) J EDWARD KLINE<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (6) NEIL MCPEAK<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (7) ALVIN ONG MD<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (8) TRACY SANTORO<br>TRUSTEE | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (9) DAVID P TILTON<br>TRUSTEE - PRESIDENT/CEO | 55 0<br>0 0 | X | | X | | | | 0 | 1,896,118 | 573,792 |
| (10) MARK J LIPPMAN<br>TRUSTEE (1/1- 7/31) | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (11) DOMINIC S MOFFA<br>TRUSTEE-VICE CHAIR/SR VP ADMIN | 55 0<br>0 0 | X | | X | | | | 0 | 544,554 | 120,529 |
| (12) JAMES P NOLAN JR CPA<br>TRUSTEE - TREAS/SR VP FINANCE | 55 0<br>0 0 | X | | X | | | | 0 | 673,822 | 145,545 |
| (13) DAVID A DESIMONE ESQ<br>VP GENERAL COUNSEL (TERM 5/14) | 55 0<br>0 0 | | | X | | | | 0 | 228,685 | 32,709 |
| (14) DONNA MICHAEL-ZIEREIS ESQ<br>VP GENERAL COUNSEL (EFF 5/15) | 55 0<br>0 0 | | | X | | | | 0 | 224,532 | 43,314 |
| (15) WALTER A GREINER<br>VP OF FINANCE/CFO - ARMC | 55 0<br>0 0 | | | X | | | | 446,023 | 0 | 64,025 |
| (16) MARGARET A BELFIELD<br>CHIEF OPERATING OFFICER - ARMC | 55 0<br>0 0 | | | X | | | | 469,052 | 0 | 75,454 |
| (17) CHRISTOPHER A SCANZERA<br>VICE PRESIDENT/CIO | 55 0<br>0 0 | | | X | | | | 0 | 412,500 | 61,294 |
| (18) MARILOUISE VENDITTI MD<br>CHIEF MEDICAL OFFICER | 55 0<br>0 0 | | | X | | | | 0 | 489,652 | 70,930 |
| (19) ROBYN O BEGLEY<br>VP NURSING/CNO | 55 0<br>0 0 | | | X | | | | 523,658 | 0 | 70,072 |
| (20) RENE A ZANELOTTI-BUNTING<br>VP MARKETING | 55 0<br>0 0 | | | X | | | | 0 | 448,881 | 52,690 |
| (21) TERRI LU SCHIEDER<br>VP CLINICAL DEV & INTEGRATION | 55 0<br>0 0 | | | X | | | | 399,194 | 0 | 72,524 |
| (22) RICHARD D LOVERING<br>VP HUMAN RESOURCES & ORG DEV | 55 0<br>0 0 | | | X | | | | 0 | 383,663 | 73,732 |
| (23) CHARISSE FIZER<br>VP CLINICAL OPS & AMB SERVICES | 55 0<br>0 0 | | | X | | | | 364,648 | 0 | 55,100 |
| (24) IRA R PEEZICK<br>VP STRATEGIC PLANNING | 55 0<br>0 0 | | | X | | | | 0 | 304,573 | 64,349 |

## 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 | | | |
| (51) JOAN MARY BRENNAN<br>VP QUALITY & PERF EXCELLENCE | 55 0<br>0 0 | | | X | | | | 280,783 | 0 | 65,458 |
| (1) BARBARA YOUNG<br>CORP DIRECTOR SUPPLY CHAIN | 55 0<br>0 0 | | | X | | | | 129,017 | 0 | 25,925 |
| (2) JATIN MOTIWAL<br>VP PHYSICIAN PRACTICE ADMIN | 55 0<br>0 0 | | | X | | | | 292,991 | 0 | 61,693 |
| (3) JULIA DREW<br>EXECUTIVE DIRECTOR | 55 0<br>0 0 | | | X | | | | 156,282 | 0 | 18,258 |
| (4) CHRISTOPHER APGAR<br>DIRECTOR OF FINANCE | 55 0<br>0 0 | | | X | | | | 106,730 | 0 | 7,347 |
| (5) MICHAEL J SAYNISCH<br>SENIOR DIRECTOR | 55 0<br>0 0 | | | X | | | | 130,036 | 0 | 31,783 |
| (6) LOYAL M OWNES<br>SENIOR DIRECTOR - CLINICAL | 55 0<br>0 0 | | | X | | | | 110,634 | 0 | 17,560 |
| (7) SCOTT R JANNEY<br>EXEC DIRECTOR (TERM 8/16/14) | 55 0<br>0 0 | | | X | | | | 224,113 | 0 | 32,110 |
| (8) SAMANTHA A KILEY<br>EXEC DIRECTOR (EFF 8/17/14) | 55 0<br>0 0 | | | X | | | | 9,698 | 86,632 | 18,207 |
| (9) JOSEPH J MCCARTHY CPA<br>CORPORATE REG DIRECTOR FINANCE | 55 0<br>0 0 | | | X | | | | 174,536 | 0 | 38,716 |
| (10) STEVEN M BLUMBERG<br>SVP/EXECUTIVE DIRECTOR | 55 0<br>0 0 | | | X | | | | 0 | 478,808 | 117,648 |
| (11) ROMEO PERICIC MD<br>PHYSICIAN - ARMC | 55 0<br>0 0 | | | | | X | | 775,948 | 0 | 44,800 |
| (12) OLAWALE A FADUGBA MD<br>PHYSICIAN - ARMC | 55 0<br>0 0 | | | | | X | | 559,113 | 0 | 45,893 |
| (13) RICHARD ZALMAN MD<br>PHYSICIAN - ARMC | 55 0<br>0 0 | | | | | X | | 557,950 | 0 | 45,280 |
| (14) CATHERINE A DUDICK MD<br>PHYSICIAN - ARMC | 55 0<br>0 0 | | | | | X | | 545,776 | 0 | 50,698 |
| (15) TIMOTHY J DRONEY MD<br>PHYSICIAN - ARMC | 55 0<br>0 0 | | | | | X | | 517,582 | 0 | 43,502 |
| (16) GLEN ANN STOLL<br>FORMER OFFICER | 55 0<br>0 0 | | | | | | X | 130,651 | 0 | 9,179 |

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# 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.**

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

OMB No 1545-0047

**2014**

**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 11, 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 )

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 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 )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) ATLANTICARE REGIONAL MEDICAL CENTER | 800834222 | 03 | Yes | | 0 | 0 |
| | | | | | | |
| **Total** 1 | | | | | 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 fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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** . . . . . ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | **14** |
| 15 | Public support percentage for 2013 Schedule A, Part II, line 14 | **15** |

**16a** **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

**b** **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

**17a** **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

**b** **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | Yes | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | No |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | No |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.* | 4a | | No |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . . | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | No |
| 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | No |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | No |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).* | 8 | | No |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | No |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | No |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | No |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.* | 10a | | No |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |
| 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? | 11a | | No |
| b | A family member of a person described in (a) above? | 11b | | No |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.* | 11c | | No |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

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

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

### 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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

| | | Yes | No |
|---|---|---|---|
| 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? *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.* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* | 3b | | |

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

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

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | 0 | |
| 2 | Recoveries of prior-year distributions | 2 | 0 | |
| 3 | Other gross income (see instructions) | 3 | 0 | |
| 4 | Add lines 1 through 3 | 4 | 0 | |
| 5 | Depreciation and depletion | 5 | 0 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | 0 | |
| 7 | Other expenses (see instructions) | 7 | 0 | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | 0 | |

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 0 |
| 2 | Enter 85% of line 1 | 2 | | 0 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 0 |
| 4 | Enter greater of line 2 or line 3 | 4 | | 0 |
| 5 | Income tax imposed in prior year | 5 | | 0 |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | 0 |
| 7 | ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

| 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 2014 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-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | 0 |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | 0 | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. . . . . | | | |
| b From 2010. . . . . | | | |
| c From 2011. . . . . | | | |
| d From 2012. . . . . | | | |
| e From 2013. . . . . 0 | | | |
| f **Total** of lines 3a through e | 0 | | |
| g Applied to underdistributions of prior years | | 0 | |
| h Applied to 2014 distributable amount | | | 0 |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | 0 | | |
| 4 Distributions for 2014 from Section D, line 7 $ 0 | | | |
| a Applied to underdistributions of prior years | | 0 | |
| b Applied to 2014 distributable amount | | | 0 |
| c Remainder Subtract lines 4a and 4b from 4 | 0 | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | 0 | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | 0 |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c | 0 | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. . . . . | | | |
| b From 2011. . . . . | | | |
| c From 2012. . . . . | | | |
| d From 2013. . . . . 0 | | | |
| e From 2014. . . . . 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**

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART I | THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR |

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**If the organization answered "Yes" to 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" to 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" to 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 | Employer identification number |
|---|---|
| ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES | 90-0779828 |

## 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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**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) | | 118,146 |
| c Total lobbying expenditures (add lines 1a and 1b) | | 118,146 |
| d Other exempt purpose expenditures | 713,287,231 | 855,529,854 |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 713,287,231 | 855,648,000 |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | 1,000,000 |

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

| | | |
|---|---|---|
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 250,000 |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 0 | 0 | 0 | 0 | 0 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| 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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) 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? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| 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)? | | | |
| 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-A, LINCE 2C | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM") IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM AH SYSTEM ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ALL AFFILIATES IN THE SYSTEM DURING 2014, AH SYSTEM PAID $72,000 TO OUTSIDE INDEPENDENT LOBBYING FIRMS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ALL AFFILIATES WITHIN THE SYSTEM IN ADDITION, ATLANTICARE REGIONAL MEDICAL CENTER ("ARMC"), A TAX-EXEMPT HOSPITAL WITHIN THE SYSTEM, IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION, THE AMERICAN HOSPITAL ASSOCIATION AND THE NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS DURING 2014, AH SYSTEM PAID THE DUES TO THESE ORGANIZATIONS ON BEHALF OF ARMC, A PORTION OF WHICH HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE SYSTEM THIS ALLOCATION AMOUNTED TO $46,146 IN 2014 THE TOTAL AMOUNT OF LOBBYING EXPENDITURES MADE BY AH SYSTEM, $118,146, ON BEHALF OF ALL AFFILIATES WITHIN THE SYSTEM IS REPORTED ON AH SYSTEM'S FORM 990 (FEIN 22-3265213), SCHEDULE C, PART II-A FOR THE YEAR ENDED DECEMBER 31, 2014 |
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**Part IV Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2014**

**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" to 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

| | | Amount |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 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" to 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 | 27,823,172 | 22,645,492 | 22,759,161 | 22,866,332 | 12,095,347 |
| b | Contributions | 14,380,409 | 5,695,000 | 4,093,000 | 5,490,000 | 13,423,000 |
| c | Net investment earnings, gains, and losses | -11,000 | 56,000 | 29,000 | 8,000 | 41,000 |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 11,981,316 | 573,320 | 4,235,669 | 5,605,171 | 2,693,015 |
| f | Administrative expenses | | | | | |
| g | End of year balance | 30,211,265 | 27,823,172 | 22,645,492 | 22,759,161 | 22,866,332 |

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 ▶ 6 000 %
- c Temporarily restricted endowment ▶ 94 000 %

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

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

## Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to 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 | | 21,831,827 | | 21,831,827 |
| b Buildings | | 501,161,093 | 214,137,559 | 287,023,534 |
| c Leasehold improvements | | 116,690 | 116,690 | 0 |
| d Equipment | | 381,154,045 | 309,677,697 | 71,476,348 |
| e Other | | 42,076,428 | 1,669,291 | 40,407,137 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 420,738,846 |

**Part VII** **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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 | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' to 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 |
|---|---|---|
| See Additional Data Table | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | 581,507,011 | |

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | 0 |
| DUE TO AFFILIATES | 13,208,523 |
| SETTLEMENTS | 72,224,304 |
| OTHER LIABILITIES | 63,430,094 |
| ACCRUED INTEREST PAYABLE | 3,082,709 |
| ACCRUED RETIREMENT BENEFITS | 85,809,403 |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 237,755,033 |

**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' to 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' to 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 |
|---|---|
| SCHEDULE D, PART V, QUESTION 4 | RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES |
| SCHEDULE D, PART X | AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF ATLANTICARE BEHAVIORAL HEALTH, INC ("ABH"), A SUBORDINATE INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2014 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) MANAGEMENT HAS EVALUATED UNCERTAIN TAX POSITIONS TAKEN BY THE COMPANY THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER TAXING AUTHORITY THE COMPANY HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE COMPANY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012 AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF ATLANTICARE FOUNDATION, A SUBORDINATE INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2014 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) MANAGEMENT HAS EVALUATED UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE REOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER TAXING AUTHORITY THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012 |
| | |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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## 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 type | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) RESTRICTED | 1,398,858 | F |
| (2) PERMANENTLY RESTRICTED | 110,393 | F |
| (3) FUNDS, CURRENT | 87,925 | F |
| (4) CASH - RESTRICTED, NON-CURRENT | 28,247 | F |
| (5) OTHER INVESTMENTS | 4,198,152 | F |
| (6) LIMITED USE | 240,587,000 | F |
| (7) LIMITED USE | 113,113,275 | F |
| (8) FIXED INCOME, LIMITED USE | 162,248,000 | F |
| (9) ACCRUED INTEREST, LIMITED USE | 125,000 | F |
| (10) LIMITED USE | 57,472,566 | F |
| (11) ATLANTICARE FOUNDATION | 2,137,595 | F |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

**Employer identification number**
90-0779828

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|
| (1) Central America and the Caribbean | | | Program Services | FINANCIAL VEHICLE | 6,108,742 |
| (2) East Asia and the Pacific | | | Investments | | 10,657,703 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 16,766,445 |
| b Total from continuation sheets to Part I | | | | | |
| c **Totals** (add lines 3a and 3b) | | | | | 16,766,445 |

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* | ☑ Yes | ☐ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* | ☐ Yes | ☑ No |

## Additional Data

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



**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).

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

**Employer identification number**
90-0779828

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** . . . . . ▶ | | | | | | |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

FL, NJ

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to 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 GALA (event type) | (b) Event #2 GOLF TOURN. (event type) | (c) Other events 0 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 680,708 | 170,458 | | 851,166 |
| | 2 Less Contributions | 375,759 | 73,549 | | 449,308 |
| | 3 Gross income (line 1 minus line 2) | 304,949 | 96,909 | | 401,858 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | 24,081 | | 24,081 |
| | 6 Rent/facility costs | 4,136 | 63,502 | | 67,638 |
| | 7 Food and beverages | 222,691 | | | 222,691 |
| | 8 Entertainment | 20,300 | | | 20,300 |
| | 9 Other direct expenses | 57,822 | 9,326 | | 67,148 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | (401,858) |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | |

**Part III** **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☐ 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 _____

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 activities 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 ▶ .....

**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 |
|---|---|

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2014**

**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<br>☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities<br>☐ 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<br>☐ 100% ☐ 150% ☐ 200% ☑ Other 300 % | 3a | Yes | |
| 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<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 % | 3b | Yes | |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 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 eligibile 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) | | 11,649 | 30,800,539 | 26,728,243 | 4,072,296 | 0 630 % |
| b Medicaid (from Worksheet 3, column a) | | 35,533 | 128,349,055 | 96,057,779 | 32,291,276 | 5 000 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | 47,182 | 159,149,594 | 122,786,022 | 36,363,572 | 5 630 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 15 | 22,407 | 3,101,012 | 25,161 | 3,075,851 | 0 480 % |
| f Health professions education (from Worksheet 5) | 3 | 112 | 5,903,997 | 3,418,135 | 2,485,862 | 0 390 % |
| g Subsidized health services (from Worksheet 6) | 4 | 7,875 | 12,795,436 | 2,715,754 | 10,079,682 | 1 560 % |
| h Research (from Worksheet 7) | 1 | 0 | 292,462 | 22,785 | 269,677 | 0 040 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 1 | 0 | 5,259,608 | 0 | 5,259,608 | 0 820 % |
| j **Total.** Other Benefits | 24 | 30,394 | 27,352,515 | 6,181,835 | 21,170,680 | 3 290 % |
| k **Total.** Add lines 7d and 7j | 24 | 77,576 | 186,502,109 | 128,967,857 | 57,534,252 | 8 920 % |

**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 Heathcare 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 35,547,033 | | |
| 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 | 3 216,860 | | |
| 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 | 193,647,879 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 226,265,973 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -32,618,094 |
| 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 | | |

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

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

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

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **2**

| | Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
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## 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)

**Name of hospital facility or letter of facility reporting group** ARMC

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 12

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| a | ☑ A definition of the community served by the hospital facility | | | |
| b | ☑ Demographics of the community | | | |
| c | ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☑ How data was obtained | | | |
| e | ☑ The significant health needs of the community | | | |
| f | ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☑ The process for consulting with persons representing the community's interests | | | |
| i | ☑ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 2013 | | | |
| 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 | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☑ Hospital facility's website (list url) WWW ATLANTICARE ORG/COMMUNITY | | | |
| b | ☑ Other website (list url) WWW BACHARACH ORG | | | |
| c | ☑ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ 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 2013 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes | |
| a | If "Yes" (list url) WWW ATLANTICARE ORG/COMMUNITY | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | No |
| 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" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | If "Yes" to 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)*

**Name of hospital facility or letter of facility reporting group** ARMC

| | | | Yes | No |
|---|---|---|---|---|
| **Financial Assistance Policy (FAP)** | | | | |
| | 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? | 13 | Yes | |
| | If "Yes," indicate the eligibility criteria explained in the FAP | | | |
| a | ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 500 % | | | |
| b | ☐ Income level other than FPG (describe in Section C) | | | |
| c | ☑ Asset level | | | |
| d | ☑ Medical indigency | | | |
| e | ☑ Insurance status | | | |
| f | ☑ Underinsurance discount | | | |
| g | ☐ Residency | | | |
| h | ☐ 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? | 15 | Yes | |
| | 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) | | | |
| a | ☑ Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | ☐ Other (describe in Section C) | | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? | 16 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| a | ☑ The FAP was widely available on a website (list url) X | | | |
| b | ☑ The FAP application form was widely available on a website (list url) X | | | |
| c | ☐ A plain language summary of the FAP was widely available on a website (list url) X | | | |
| d | ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | ☐ 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 | ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | | |
| h | ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | ☐ Other (describe in Section C) | | | |
| **Billing and Collections** | | | | |
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 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 | ☐ Reporting to credit agency(ies) | | | |
| b | ☐ Selling an individual's debt to another party | | | |
| c | ☐ Actions that require a legal or judicial process | | | |
| d | ☐ Other similar actions (describe in Section C) | | | |
| e | ☑ None of these actions or other similar actions were permitted | | | |

## Part V Facility Information *(continued)*

**Name of hospital facility or letter of facility reporting group** ARMC

| | | | Yes | No |
|---|---|---|---|---|
| **19** | Did the hospital facility or other authorized third 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** | ☐ Reporting to credit agency(ies) | | | |
| **b** | ☐ Selling an individual's debt to another party | | | |
| **c** | ☐ Actions that require a legal or judicial process | | | |
| **d** | ☐ 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 18 (check all that apply) | | | |
| **a** | ☑ Notified individuals of the financial assistance policy on admission | | | |
| **b** | ☑ Notified individuals of the financial assistance policy prior to discharge | | | |
| **c** | ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | | |
| **d** | ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | | |
| **e** | ☐ Other (describe in Section C) | | | |
| **f** | ☐ 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** | ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** | ☐ The hospital facility's policy was not in writing | | | |
| **c** | ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| **d** | ☐ Other (describe in Section C) | | | |
| **Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)** | | | | |
| **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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| **b** | ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| **c** | ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| **d** | ☑ Other (describe in Section C) | | | |
| **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? | **23** | | No |
| | 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? | **24** | | No |
| | If "Yes," explain in Section C | | | |

## Part V Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|---|---|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**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? **16**

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

## Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference | Explanation |
|---|---|
| PART I, LINE 3C | 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 2013 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE |

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

| Form and Line Reference | Explanation |
| --- | --- |
| SCHEDULE H, PART I, QUESTION 7G | SUBSIDIZED HEALTH SERVICES INCLUDE NICU, PRENATAL, PALLIATIVE CARE, RNS VAN SERVICE, BREAST HEALTH, PSYCHIATRIC INTERVENTION PROGRAM, HIV COUNSELING AND OUTPATIENT DIALYSIS THOSE PROGRAMS ARE IDENTIFIED AS A NEED IN THE COMMUNITY AND ARE SUBSIDIZED BY EXTERNAL AND INTERNAL FUNDS |

| Form and Line Reference | Explanation |
| --- | --- |
| SCHEDULE H, PART I, QUESTION 7 | THE ORGANIZATION UTILIZED MCKESSON'S COST ACCOUNTING SYSTEM TO ESTIMATE COSTS |

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART III, SECTION A, QUESTION 4 | 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 HEALTH SYSTEM, INC AND ITS AFFILIATES, INCLUDING ITS HOSPITALS AND SUBSIDIARIES, 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 FINANCIAL STATEMENTS OF THE ATLANTICARE HEALTH SYSTEM, INC CHARITY CARE THE MEDICAL CENTER PROVIDES CARE TO CERTAIN PATIENTS WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS THE ESTIMATED COST OF PROVIDING THESE SERVICES AND SUPPLIES TO PATIENTS WHO MEET THE CHARITY CARE ELIGIBILITY REQUIREMENTS APPROXIMATED $30,801,000 AND $56,261,000 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, RESPECTIVELY, OF CHARITY CARE PROVIDED THAT MET THE ELIGIBILITY CRITERIA BUT FOR WHICH STATE SUPPORT WAS NOT AVAILABLE THE SIGNIFICANT REDUCTION IN THE COST OF PROVIDING CHARITY CARE IS THE RESULT OF THE MEDICAL CENTER'S EFFORTS IN ASSISTING PATIENTS TO ENROLL IN THE STATE MEDICAID PROGRAM THE ESTIMATED UNREIMBURSED COST OF PROVIDING CARE TO MEDICAID PATIENTS WAS $32,300,000 AND $18,522,000 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, RESPECTIVELY THE STATE OF NEW JERSEY HEALTH CARE REFORM ACT OF 1992, CHAPTER 160, ESTABLISHED THE HEALTH CARE SUBSIDY FUND (HCSF) TO PROVIDE A MECHANISM AND FUNDING SOURCE TO COMPENSATE HOSPITALS FOR ELIGIBLE CHARITY CARE PROVIDED FOR CHARITY CARE SERVICES RENDERED, THE MEDICAL CENTER RECOGNIZED IN NET PATIENT SERVICE REVENUE A TOTAL ALLOCATION FROM THE HCSF OF $24,739,000 AND $24,775,000 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, RESPECTIVELY THE MEDICAL CENTER ALSO PROVIDES FREE CARE TO OTHER PATIENTS WHO DO NOT MEET THE STATE ELIGIBILITY REQUIREMENTS OR ARE NOT COMPLIANT IN PURSUING ELIGIBILITY STATUS SUCH AMOUNTS ARE INCLUDED IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AS PART OF THE PROVISION FOR BAD DEBTS, NET OF, ANY RECOVERIES REALIZED THROUGH COLLECTION EFFORTS ADDITIONALLY, THE MEDICAL CENTER SPONSORS OTHER CHARITABLE PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO THE NEEDY AND ELDERLY POPULATION THAT REQUIRE SPECIAL SUPPORT, VARIOUS CLINICAL OUTREACH PROGRAMS, AS WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY WELFARE HEALTH CARE AND OTHER SERVICES ARE ALSO PROVIDED TO THOSE COVERED BY MEDICAID AND MEDICARE FOR WHICH THE MEDICAL CENTER IS NOT REIMBURSED ITS FULL COST |

| Form and Line Reference | Explanation |
| --- | --- |
| SCHEDULE H, PART III, SECTION B, QUESTION 8 | MEDICARE COSTS WERE DERIVED FROM THE 2014 MEDICARE COST REPORT AND THE COST ACCOUNTING SYS TEM MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE IN CLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE ORGANIZATION FEELS THAT MEDICARE UNDERPA YMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVE S THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MI SSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DI SCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION O R ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501 (C)(3) T HE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501 (C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABL E" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND S TATES THAT "THE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE ," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRI VILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE O F EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITAL S, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CA RE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHI CH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 5 6-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR I RC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UN DER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYME NT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATI ENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL C OULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLIC LY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUS E THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSP ITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMAN DS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOV E[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, WH ICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PRO MOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HO SPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVA TE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROO M THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORG ANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF H EALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM I TS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF T HE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS O F PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OP EN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIR D-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF TH |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART III, SECTION B, QUESTION 8 | E HOSPITAL 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 CIV IC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIA NS MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INC LUDABLE ON THE FORM 990, SCHEDULE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEE LS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INC LUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITIO N AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRS T PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INC ORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICA RE 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 TAK E CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MA RCH 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 POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICI ARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICA RE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EV ERY 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, S CHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CO NTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COS T 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 THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS ), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIAB LE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO L OW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTAB LISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONG RESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTA BLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NO TED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTH ER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MI SSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTME NT, 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 STAND ARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTE NSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 4 0% 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 COM MUNITY BENEFITS" ASSUMING THE FINDINGS A |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART III, SECTION B, QUESTION 9B | PATIENTS RECEIVE A STATEMENT AFTER RECEIVING SERVICES IF CONTACTING THE ORGANIZATION REGARDING THEIR INABILITY TO PAY, PATIENTS IMMEDIATELY WILL BE REFERRED TO AN INTERNAL FINANCIAL ASSISTANCE COUNSELOR THIS INDIVIDUAL WILL SCREEN THE PATIENT TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY CARE OR THE STATE MEDICAID PROGRAM |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 2 | IN ADDITION TO THE INTERNAL REVENUE CODE SECTION 501(R) COMMUNITY HEATLTH NEEDS ASSESSMENT INFORMATION OUTLINED IN THE FORM 990, SCHEUDLE 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 FREQUENCY ATLANTICARE REGIONAL MEDICAL CENTER ALSO RECEIVES COMMUNITY NEEDS ASSESSMENT INFORMATION FROM LOCAL AGENCIES SUCH AS THE UNITED WAY WHICH WE UTILIZE IN OUR PLANNING PROCESS ANOTHER TOOL THAT IS USED BY ATLANTICARE REGIONAL MEDICAL CENTER TO IDENTIFY COMMUNITY NEEDS ARE THE CUSTOMER FOCUS GROUPS THAT ARE HELD BY OUR MARKETING DEPARTMENT ATLANTICARE REGIONAL MEDICAL CENTER IS PLANNING ON UPDATING THE NEEDS ASSESSMENT IN 2015 |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 3 | ALL PATIENTS ARE INFORMED REGARDING THE AVAILABILITY OF CHARITY CARE THIS IS ACCOMPLISHED THROUGH POSTED SIGNS AND WRITTEN NOTICES PROVIDED AT THE TIME OF REGISTRATION IN BOTH ENGLISH AND SPANISH ATLANTICARE REGIONAL MEDICAL CENTER WILL ASSIST ANY PATIENT INTERESTED IN APPLYING BY PLACING THEM IN CONTACT WITH THE APPROPRIATE PERSONNEL IN THE COMPANY'S REGISTRATION OR BUSINESS OFFICE |

| Form and Line Reference | Explanation |
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| 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 430,000 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 AREAS ARE ATLANTIC COUNTY (COMPRISED OF 16 ZIP CODES IN CENTRAL AND EASTERN ATLANTIC COUNTY) AND SOUTHERN OCEAN COUNTY (TUCKERTON ZIP CODE ONLY) THE REGIONAL SERVICE IS COMPRISED OF ATLANTIC COUNTY RSA (REMAINING ZIP CODES), CAPE MAY COUNTY RSA AND SOUTHERN OCEAN COUNTY RSA (LONG BEACH ISLAND, MANAHAWKIN AND WEST CREEK) |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 5 | PLEASE REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES WHICH COMPRISE THE ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES FOR FURTHER INFORMATION ON HOW THE ORGANIZATION'S HOSPITALS AND OTHER HEALTHCARE FACILITIES FURTHER ATLANTICARE'S 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 |
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| SCHEDULE H, PART VI, QUESTION 6 | ATLANTICARE HEALTH SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF ATLANTICARE HEALTH SYST EM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ALL AFFILIATE S ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE H IGHEST QUALITY HEALTHCARE AND RELATED SERVICES THE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPAS SION PLEASE ALSO REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT THE FOLLOWING ARE THE NOT FOR-PROFIT ATLANTICARE HEALTHCARE SYSTEM, INC ENTITIES ATLANTI CARE HEALTH SYSTEM, INC ========== ATLANTICARE HEALTH SYSTEM, INC ("AH SYSTEM") IS THE TAX-EXEMPT PARENT OF THE ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATE S SYSTEM ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFF ILIATED 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 NET WORK 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 PURSUAN T 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 HE ALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGI N OF ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVIC ES AH SYSTEM IS THE SOLE CORPORATE MEMBER OF ATLANTICARE REGIONAL MEDICAL CENTER ("ARMC") , A HOSPITAL PROVIDING COMPREHENSIVE INPATIENT, OUTPATIENT AND EMERGENCY SERVICES ARMC OP ERATES 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 A CTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 3 65 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUA LIFIED PHYSICIANS, 4 CONTROL OF IT RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUS TEES OF ATLANTICARE HEALTH SYSTEM, INC BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEA DERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROV E THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PR OGRAMS AND ACTIVITIES ATLANTICARE REGIONAL MEDICAL CENTER ========== ==== ATLANTICARE REGIONAL MEDICAL CENTER ("ARMC") IS A 593-BED NON-PROFIT ACUTE CARE MEDIC AL CENTER LOCATED IN ATLANTIC CITY, ATLANTIC COUNTY, NEW JERSEY ARMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZ ATION PURSUANT TO ITS CHARITABLE PURPOSES, ARMC PROVIDES MEDICALLY NECESSARY HEALTHCARE S ERVICES 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 CR ITERIA 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 ========== ATLANTI CARE 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 NECESSAR Y 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 H EALTH, INC MANAGES A 34-BED ACUTE CARE PSYCHIATRIC FACILITY IN ATLANTIC COUNTY, NEW JERSE Y AND OPERATES 26 LOCATIONS THROUGHOUT THE REGION THE ORGANIZATION PROVIDES INPATIENT, PA RTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS AND OLDER ADULTS DIAGN OSED WITH PSYCHIATRIC AND DUAL DISORDERS ATLANTICARE BEHAVIORAL HEALTH, INC IS ACCREDITE D BY THE JOINT COMMISSION ON ACCREDITATION FOR HEALTHCARE ORGANIZATIONS ATLANTICARE FOUND ATION ========== ATLANTICARE FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AN D AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (1) THROUGH FUNDRAI SING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHAR |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, QUESTION 6 | ITABLE PURPOSES, PROGRAMS AND SERVICES OF ATLANTICARE REGIONAL MEDICAL CENTER, A RELATED I NTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY ATLANTICARE HEALTH ENGAGEM ENT, INC ========== ATLANTICARE HEALTH ENGAGEMENT, INC IS AN OR GANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL R EVENUE CODE 501(C)(3) THE ORGANIZATION IS PRIMARILY AN AMBULATORY CARE NETWORK THAT REACH ES BEYOND ATLANTICARE REGIONAL MEDICAL CENTER TO ADDRESS THE HEALTH AND WELLNESS NEEDS FOR THE REGIONALS RESIDENTS THROUGHOUT ALL STAGES OF LIFE ATLANTICARE HEALTH SERVICES, INC ========== ATLANTICARE HEALTH SERVICES, INC IS AN ORGANIZATION REC OGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 50 1(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE O RGANIZATION IS PRIMARILY AN AMBULATORY CARE NETWORK THAT REACHES BEYOND ATLANTICARE REGION AL MEDICAL CENTER TO ADDRESS THE HEALTH AND WELLNESS NEEDS FOR THE REGIONS RESIDENTS THROU GHOUT ALL STAGES OF LIFE ATLANTICARE PHYSICIAN GROUP, P A ========== === ATLANTICARE PHYSICIAN GROUP, P A IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENU E SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE F OUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION PROVIDES SERVICES OUTSIDE OF THE HOSPITAL ATMOSPHERE TO SPECIALIZE IN PREVENTIVE CARE AND IN DIAGNOSING AND TREATING VARIOUS ILLNESSES INFOSHARE, INC ========== INFOSHARE, INC IS AN ORGANIZA TION 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 IS THE INFORMATION TECHNOLOGY FIRM OF ATLANTICARE REGIONAL MEDICAL CEN TER AND, AS SUCH, SUPPORTS ALL OTHER ATLANTICARE HEALTH SYSTEM, INC AFFILIATES TO ACHIEV E MAXIMUM RESULTS THROUGH THE USE OF INFORMATION TECHNOLOGY THE FOLLOWING ARE THE FOR PRO FIT ATLANTICARE HEALTHCARE SYSTEM, INC ENTITIES ATLANTICARE ASSURANCE ALLIANCE, INC === ========== A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS AH SYSTEM THE ENTITY IS AN ACCOUNTABLE CARE ORGANIZATION FOR ATLANTICARE HEALTH SYSTEM ATLANTICARE HEALTH PLANS, INC ========== A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOL DER IS AH SYSTEM THE ENTITY PROVIDES INSURANCE SERVICES FOR BOTH ATLANTICARE HEALTH SYSTE M ENTITIES AND NON ATLANTICARE HEALTH SYSTEM ENTITIES ATLANTICARE HEALTH SOLUTIONS, INC ========== A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS AH SYSTEM THE ORGANIZATION PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS ATLANTICARE SURGERY CENTER , L L C ========== A LIMITED LIABILITY COMPANY TAXED AS A PARTNERS HIP LOCATED IN EGG HARBOR TOWNSHIP, ATLANTIC COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS COOPERATIVE HEALTHCARE SERVICES OF SOUTH JERSEY, L L C ========== A LIMITED LIABILITY COMPANY TAX ED AS A PARTNERSHIP OWNED BY ATLANTICARE HEALTH SYSTEM, INC THE ORGANIZATION PROVIDES HEA LTHCARE SERVICES TO INDIVIDUALS ENGLISH CREEK ASSURANCE, LTD ========== == A CONTROLLED FOREIGN CORPORATION BY ATLANTICARE HEALTH SYSTEM, INC THE ORGANIZATION WA S FORMED AND OPERATES SOLELY IN BERMUDA SOUTH JERSEY ONCOLOGY PROPERTIES, L L C ======== ========== A LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP OWNED BY ATLANTICARE HEALTH SERVICES, INC THE ORGANIZATION PROVIDES HEALTHCARE SERVICES TO INDI VIDUALS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS AH SYSTEM THE ORGANIZATION IS LOCA TED IN EGG HARBOR TOWNSHIP, ATLANTIC COU |

| Form and Line Reference | Explanation |
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| 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 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 | |
| SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B | IN 2013, ATLANTICARE REGIONAL MEDICAL CENTER CONDUCTED ITS REQUIRED COMMUNITY HEALTH NEEDS ASSESSMENT IN COLLABORATION WITH BACHARACH INSTITUTE FOR REHABILITATION, WHICH IS A TAX-E XEMPT HOSPITAL LOCATED IN ATLANTIC COUNTY, NEW JERSEY ATLANTICARE CONTINUES TO WORK WITH ITS COMMUNITY PARTNERS TO FIND SOLUTIONS FOR ALL IDENTIFIED COMMUNITY NEEDS TO DATE, AT L EAST ONE STRATEGY PER COMMUNITY NEED HAS BEEN IDENTIFIED AND CONTINUED IMPLEMENTATION AND REVISIONS OF PROPOSED STRATEGIES ARE ONGOING |
| SCHEDULE H, PART V, SECTION B, QUESTION 11 | IN 2013, ATLANTICARE REGIONAL MEDICAL CENTER CONDUCTED ITS REQUIRED COMMUNITY HEALTH NEEDS ASSESSMENT IN COLLABORATION WITH BACHARACH INSTITUTE FOR REHABILITATION, WHICH IS ALSO LO CATED IN ATLANTIC COUNTY, NEW JERSEY IN ADDITION TO A REVIEW OF PRIMARY AND SECONDARY DAT A SOURCES, BOTH PARTIES ENSURED THAT THEY RECEIVED FEEDBACK FROM COMMUNITY LEADERS THROUGH FORMAL MEETINGS WHERE FINDINGS WERE SHARED FOR VALIDATION AND INPUT COMMUNITY RESIDENT F EEDBACK WAS ALSO COLLECTED THROUGH A SERIES OF FOCUS GROUPS WHICH WERE CONDUCTED IN FOUR D ISTINCT COMMUNITIES WITHIN THE COUNTY, SOMERS POINT, HAMMONTON, GALLOWAY, AND ATLANTIC CIT Y ADDITIONAL EFFORTS WERE TAKEN TO ENSURE THAT ALL MEMBERS OF OUR COMMUNITY-INCLUDING MIN ORITY AND UNDERSERVED MEMBERS WERE INCLUDED AS PART OF THESE FEEDBACK SESSIONS COMMUNITY NEEDS THAT EMERGED FROM THIS ASSESSMENT WERE ORGANIZED INTO THEMES, WITH THE IDENTIFIED TH EMES BEING ACCESS TO PRIMARY, PREVENTATIVE AND MENTAL HEALTH CARE, THE COST OF CARE, UNCO ORDINATED CARE, AND DEFICIENT COMMUNITY SUPPORTS UNDER THESE THEMES, SPECIFIC NEEDS THAT OUR COMMUNITY FACES INCLUDE LONG WAIT TIME FOR SPECIALTY CARE DUE TO THE LACK OF PROVIDERS , THE COST OF MEDICAL SERVICES AND PRESCRIPTION DRUGS FOR A COMMUNITY WHICH IS DEPENDENT O N SEASONAL TOURISM AS ITS MAIN ECONOMIC DRIVER, LACK OF MASS TRANSIT AND FEW REGIONAL TRAN SIT OPTIONS, AND LACK OF CONVENIENT AND/OR CULTURALLY APPROPRIATE HEALTH CARE OPTIONS (IE AFTERHOURS CARE, ON-LINE SERVICES, ETC) AS A RESULT OF THIS REPORT A MULTI-DISCIPLINARY TEAM, COMPRISED OF INTERNAL AND EXTERNAL MEMBERS MET AND, THROUGH A RIGOROUS PROCESS, DETE RMINED ACTIONABLE ITEMS WHICH WERE INCLUDED INTO ATLANTICARE'S IMPLEMENTATION STRATEGY TH IS DOCUMENT INCLUDES STRATEGIES WHICH, OVER A THREE YEAR TIMEFRAME, ATLANTICARE INTENDS TO CARRY OUT IN RESPONSE TO THE COMMUNITY'S UNMET NEEDS INCLUDED STRATEGIES WERE SELECTED B ASED ON ALIGNMENT WITH THE HOSPITAL'S MISSION AND ABILITY TO POSITIVELY IMPACT GIVEN AVAIL ABLE RESOURCES THESE PLANS WERE APPROVED BY THE HOSPITAL'S BOARD OF TRUSTEES ON OCTOBER 3 0, 2013 IN 2014, ATLANTICARE RELEASED ITS PROGRESS TO DATE TOWARD THE ATTAINMENT OF SUCH STRATEGIES THIS CAN BE FOUND IN ITS 2014 IMPLEMENTATION STRATEGY INTERIM REPORT HOSPITAL S ARE NOT REQUIRED TO, NOR CAN THEY RESPOND TO ALL UNMET NEEDS IN THE COMMUNITY ANY UNMET NEEDS NOT ADDRESSED BY THE APPROVED IMPLEMENTATION STRATEGY ARE EITHER ALREADY BEING ADDR ESSED BY OTHER AGENCIES WITHIN THE HOSPITAL'S SERVICE AREA, OR HAVE BEEN DEEMED TO NOT BE A VIABLE USE OF EXISTING RESOURCES AN EXAMPLE OF THIS WOULD BE TRANSPORTATION, WHERE THE LOCAL COUNTY GOVERNMENT IS ACTIVELY WORKING TO ADDRESS WITH OTHER AREA PARTNERS INTERESTED IN IMPROVING TRANSIT ACROSS THE COUNTY UNMET NEEDS AND THE COMMUNITY PARTNERS WHO IMPACT THESE WILL CONTINUE TO BE MONITORED AND ASSESSED ANNUALLY TO ENSURE THAT ATLANTICARE REMA INS AGILE AND RESPONSIVE TO THE NEEDS WHICH HAVE THE LARGEST IMPACT ON THE HEALTH OF OUR C OMMUNITY ANNUAL UPDATES TOWARD STRATEGIES ARE POSTED VIA AN ANNUAL IMPLEMENTATION STRATEG Y REPORT ON ATLANTICARE'S WEBSITE THIS REPORT DEMONSTRATES ATLANTICARE'S COMMITMENT TO TH E COMMUNITIES WE SERVE |
| SCHEDULE H, PART V, SECTION B, QUESTION 22D | ATLANTICARE REGIONAL MEDICAL CENTER HAS INSTITUTED A SELF-PAY DISCOUNT POLICY THAT LIMITS CHARGES FOR MEDICAL SERVICES TO AN AMOUNT NOT TO EXCEED 115% OF THE APPLICABLE MEDICARE RE IMBURSEMENT RATE FOR ALL QUALIFIED UNINSURED PATIENTS WHO ARE NOT ELIGIBLE FOR EXISTING ST ATE, FEDERAL AND LOCAL PROGRAMS |
| SCH H H,PART V,SECT B,Q'S 3J,7D,13B,13H,15E,16I,18D,19D,20E,21C,21D,23,24 | NOT APPLICABLE |

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|---|---|
| ARMC CANCER CAREFACULTY PRACTICE<br>2500 ENGLISH CREEK AVE BUILDING 40<br>EGG HARBOR TOWNSHIP,NJ 08234 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC SATELLITE EMERGENCY DEPARTMENT<br>219 NORTH WHITE HORSE PIKE<br>HAMMONTON,NJ 080372014 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC FACULTY PRACTICE<br>1925 PACIFIC AVENUE<br>ATLANTIC CITY,NJ 08401 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC THE CANCER CARE INSTITUTE<br>106 COURT HOUSE SOUTH DENNIS RD BL<br>CAPE MAY COURT HOUSE,NJ 08210 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC ADULT PARTIAL CARE SERVICES<br>400 CHRIS GAUPP DRIVE<br>GALLOWAY,NJ 08205 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ATLANTICARE HEALTHPLEX<br>1401 ATLANTIC AVENUE<br>ATLANTIC CITY,NJ 08401 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ATLANTICARE PHARMSPECIALTY CARE CLINIC<br>54 WEST JIMMIE LEEDS ROAD<br>GALLOWAY,NJ 082059401 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| CHILD PARTIAL HOSPITALIZATION<br>6010 BLACK HORSE PIKE<br>EGG HARBOR TOWNSHIP,NJ 08234 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC WOUND HEALING CENTER<br>2500 ENGLISH CREEK AVE BLDG 700 ST<br>EGG HARBOR TOWNSHIP,NJ 08234 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC PREADMISSION TESTING<br>2500 ENGLISH CREEK AVENUE BLDG 20<br>EGG HARBOR TOWNSHIP,NJ 08234 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC OUTPATIENT SERVICES<br>2500 ENGLISH CREEK AVE BLD 1000 STE<br>EGG HARBOR TOWNSHIP,NJ 08234 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC FACULTY PRACTICE<br>65 W JIMMIE LEEDS ROAD<br>POMONA,NJ 082409102 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC WOUND HEALING CENTER<br>219 N WHITE HORSE PIKE<br>HAMMONTON,NJ 08037 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ARMC CARDIAC DIAGNOSTIC CENTER<br>2500 ENGLISH CREEK AVE BLDG 900ST<br>EGG HARBOR TOWNSHIP,NJ 08234 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |
| ATLANTICARE COMMUNITY PHARMACY<br>65 W JIMMIE LEEDS ROAD<br>POMONA,NJ 082409102 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|---|---|
| ARMC THE HEART INSTITUTE CARDIAC DIAG<br>219 NORTH WHITE HORSE PIKE<br>HAMMONTON,NJ 080372014 | CANCER CARE INSTUTUTE, IMAGING CENTER AND GYNECOLOGY/ONCOLOGY |

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**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," to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) ATLANTICARE HEALTH ENGAGEMENT INC 2500 ENGLISH CREEK AVE EGG HARBOR TWP, NJ 08234 | 61-1608389 | 501(C)(3) | 10,000,000 | | | | PROGRAM SUPPORT |
| (2) ATLANTICARE REGIONAL MEDICAL CENTER 1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 | 21-0634549 | 501(C)(3) | 2,018,703 | | | | PROGRAM SUPPORT |
| (3) ATLANTICARE FOUNDATION 2500 ENGLISH CREEK AVE EGG HARBOR TWP, NJ 08234 | 22-2148992 | 501(C)(3) | 500,000 | | | | PROGRAM SUPPORT |
| (4) ACSS 516 ATLANTIC AVE MAYS LANDING, NJ 08330 | 22-3201959 | 501(C)(3) | 8,200 | | | | GENERAL SUPPORT |
| (5) AC TEEN CENTER 65 JIMMIE LEEDS ROAD GALLOWAY, NJ 08205 | 21-0721208 | 501(C)(3) | 6,725 | | | | GENERAL SUPPORT |
| (6) OAKCREST HIGH 824 DR DENNIS FORMAN DRIVE MAYS LANDING, NJ 08330 | 22-3566494 | 501(C)(3) | 6,667 | | | | GENERAL SUPPORT |
| (7) PROJECT FIT AMERICA PO BOX 308 BOYES HOT SPRINGS, CA 95416 | 36-3730823 | 501(C)(3) | 12,800 | | | | GENERAL SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

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" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) EMPLOYEE ASSISTANCE | 25 | 22,807 | | | |

**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 |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

**Employer identification number**
90-0779828

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☑ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **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 | | | |
| | ☑ Compensation committee | ☐ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☑ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in 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 in 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," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in 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," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | Yes | |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

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

| **(A)** Name and Title | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column(B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

## Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE J, PART I, QUESTION 1A | THE ORGANIZATION PAID FOR FINANCIAL/TAX PLANNING SERVICES FOR CERTAIN EMPLOYEES THE FINANCIAL/TAX PLANNING SERVICES AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S RESPECTIVE 2014 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES LORI S HERNDON, $1,500, ROBYN O BEGLEY, $1,500 AND JOAN MARY BRENNAN, $1,500 |
| SCHEDULE J, PART I, QUESTION 4A | THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2014 WHICH WAS INCLUDED IN THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES SCOTT R JANNEY, $63,939 |
| SCHEDULE J, PART I, QUESTION 4B | THE AMOUNTS 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 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DAVID P TILTON, $655,467, ROBYN O BEGLEY, $166,193, RENE A ZANELOTTI-BUNTING, $115,109 AND IRA R PEEZICK, $17,544 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 THE UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES LORI S HERNDON, $55,003, DAVID P TILTON, $186,200, DOMINIC S MOFFA, $43,243, JAMES P NOLAN, JR , CPA, $55,983 AND STEVEN M BLUMBERG, $40,817 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 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES LORI S HERNDON, $38,240, DAVID P TILTON, $345,101, DOMINIC S MOFFA, $31,250, JAMES P NOLAN, JR , CPA, $38,921, WALTER A GREINER, $27,066, MARGARET A BELFIELD, $29,246, CHRISTOPHER A SCANZERA, $26,308, MARILOUISE VENDITTI, M D , $30,277, ROBYN O BEGLEY, $23,340, RENE A ZANELOTTI-BUNTING, $20,270, TERRI LU SCHIEDER, $24,869, RICHARD D LOVERING, $25,417, CHARISSE FIZER, $22,795, IRA R PEEZICK, $17,544, JOAN MARY BRENNAN, $17,459, JATIN MOTIWAL, $19,588, AND STEVEN M BLUMBERG, $28,378 |
| SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2014 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2014 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) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS FOLLOWS DAVID P TILTON, $655,467, ROBYN O BEGLEY, $166,193, RENE A ZANELOTTI-BUNTING, $115,109 AND IRA R PEEZICK, $17,544 |

## 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 in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **1** BLAIR A BERGEN MD, TRUSTEE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 385,505 | 384,733 | 20,383 | 17,565 | 26,946 | 835,132 | 0 |
| **1** LORI S HERNDON, TRUSTEE-ARMC PRES/CEO-EVP SYS | (I) | 448,950 | 150,000 | 50,126 | 111,195 | 28,171 | 788,442 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** DAVID P TILTON, TRUSTEE - PRESIDENT/CEO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 776,960 | 300,000 | 819,158 | 550,146 | 23,646 | 2,469,910 | 655,467 |
| **3** DOMINIC S MOFFA, TRUSTEE-VICE CHAIR/SR VP ADMIN | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 352,429 | 140,000 | 52,125 | 92,304 | 28,225 | 665,083 | 0 |
| **4** JAMES P NOLAN JR CPA, TRUSTEE - TREAS/SR VP FINANCE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 454,061 | 160,000 | 59,761 | 112,895 | 32,650 | 819,367 | 0 |
| **5** DAVID A DESIMONE ESQ, VP GENERAL COUNSEL (TERM 5/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 140,301 | 74,333 | 14,051 | 15,391 | 17,318 | 261,394 | 0 |
| **6** DONNA MICHAEL-ZIEREIS ESQ, VP GENERAL COUNSEL (EFF 5/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 204,784 | 18,682 | 1,066 | 15,419 | 27,895 | 267,846 | 0 |
| **7** WALTER A GREINER, VP OF FINANCE/CFO - ARMC | (I) | 312,242 | 85,000 | 48,781 | 44,353 | 19,672 | 510,048 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8** MARGARET A BELFIELD, CHIEF OPERATING OFFICER - ARMC | (I) | 337,460 | 87,567 | 44,025 | 46,154 | 29,300 | 544,506 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9** CHRISTOPHER A SCANZERA, VICE PRESIDENT/CIO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 316,401 | 73,185 | 22,914 | 42,886 | 18,408 | 473,794 | 0 |
| **10** MARILOUISE VENDITTI MD, CHIEF MEDICAL OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 351,970 | 90,653 | 47,029 | 49,213 | 21,717 | 560,582 | 0 |
| **11** ROBYN O BEGLEY, VP NURSING/CNO | (I) | 252,542 | 65,344 | 205,772 | 42,637 | 27,435 | 593,730 | 166,193 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **12** RENE A ZANELOTTI-BUNTING, VP MARKETING | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 229,513 | 60,690 | 158,678 | 37,741 | 14,949 | 501,571 | 115,109 |
| **13** TERRI LU SCHIEDER, VP CLINICAL DEV & INTEGRATION | (I) | 300,908 | 74,460 | 23,826 | 43,949 | 28,575 | 471,718 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **14** RICHARD D LOVERING, VP HUMAN RESOURCES & ORG DEV | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 288,273 | 69,870 | 25,520 | 42,928 | 30,804 | 457,395 | 0 |
| **15** CHARISSE FIZER, VP CLINICAL OPS & AMB SERVICES | (I) | 264,997 | 68,251 | 31,400 | 39,796 | 15,304 | 419,748 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **16** IRA R PEEZICK, VP STRATEGIC PLANNING | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 192,275 | 52,530 | 59,768 | 36,201 | 28,148 | 368,922 | 17,544 |
| **17** JOAN MARY BRENNAN, VP QUALITY & PERF EXCELLENCE | (I) | 192,770 | 52,275 | 35,738 | 36,724 | 28,734 | 346,241 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **18** BARBARA YOUNG, CORP DIRECTOR SUPPLY CHAIN | (I) | 120,622 | 7,688 | 707 | 8,679 | 17,246 | 154,942 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **19** JATIN MOTIWAL, VP PHYSICIAN PRACTICE ADMIN | (I) | 238,599 | 29,325 | 25,067 | 37,722 | 23,971 | 354,684 | 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 in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **21** JULIA DREW, EXECUTIVE DIRECTOR | (I) | 141,826 | 13,500 | 956 | 10,875 | 7,383 | 174,540 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1** MICHAEL J SAYNISCH, SENIOR DIRECTOR | (I) | 115,393 | 12,712 | 1,931 | 10,249 | 21,534 | 161,819 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** SCOTT R JANNEY, EXEC DIRECTOR (TERM 8/16/14) | (I) | 126,069 | 31,325 | 66,719 | 14,853 | 17,257 | 256,223 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** JOSEPH J MCCARTHY CPA, CORPORATE REG DIRECTOR FINANCE | (I) | 165,567 | 7,913 | 1,056 | 13,980 | 24,736 | 213,252 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** STEVEN M BLUMBERG, SVP/EXECUTIVE DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 335,556 | 110,000 | 33,252 | 86,293 | 31,355 | 596,456 | 0 |
| **5** ROMEO PERICIC MD, PHYSICIAN - ARMC | (I) | 648,393 | 123,000 | 4,555 | 18,311 | 26,489 | 820,748 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** OLAWALE A FADUGBA MD, PHYSICIAN - ARMC | (I) | 475,968 | 63,781 | 19,364 | 18,276 | 27,617 | 605,006 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** RICHARD ZALMAN MD, PHYSICIAN - ARMC | (I) | 479,917 | 58,601 | 19,432 | 20,862 | 24,418 | 603,230 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8** CATHERINE A DUDICK MD, PHYSICIAN - ARMC | (I) | 460,696 | 84,050 | 1,030 | 17,826 | 32,872 | 596,474 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9** TIMOTHY J DRONEY MD, PHYSICIAN - ARMC | (I) | 424,372 | 70,751 | 22,459 | 18,162 | 25,340 | 561,084 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10** GLEN ANN STOLL, FORMER OFFICER | (I) | 122,742 | 7,751 | 158 | 8,029 | 1,150 | 139,830 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

**Employer identification number**
90-0779828

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 21-0634549 | 64579frp0 | 06-01-2007 | 113,420,000 | EQUIPMENT/CONSTRUCTION/RENOVATION | X | | X | | | X |
| B | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 21-0634549 | 64579fx65 | 01-19-2012 | 39,325,000 | EQUIP/CONSTRUCTION/RENOV/REFUND | | X | | X | | X |
| C | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 21-0634549 | | 04-11-2012 | 41,810,000 | EQUIP/CONSTRUCTION/RENOV/REFUND | | X | | X | | X |
| D | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 21-0634549 | | 09-25-2014 | 60,000,000 | EQUIPMENT/CONSTRUCTION/RENOVATION | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 0 | 39,000,000 | 50,275,000 | 0 |
| 2 | Amount of bonds legally defeased | 0 | 0 | 0 | 0 |
| 3 | Total proceeds of issue | 113,420,000 | 39,325,000 | 48,810,000 | 60,000,000 |
| 4 | Gross proceeds in reserve funds | 4,152,081 | 0 | 0 | 0 |
| 5 | Capitalized interest from proceeds | 0 | 0 | 0 | 0 |
| 6 | Proceeds in refunding escrows | 62,514,897 | 0 | 0 | 0 |
| 7 | Issuance costs from proceeds | 1,225,397 | 325,000 | 270,060 | 278,238 |
| 8 | Credit enhancement from proceeds | 0 | 0 | 0 | 0 |
| 9 | Working capital expenditures from proceeds | 0 | 0 | 0 | 0 |
| 10 | Capital expenditures from proceeds | 49,115,000 | 0 | 0 | 0 |
| 11 | Other spent proceeds | 0 | 0 | 0 | 0 |
| 12 | Other unspent proceeds | 0 | 0 | 0 | 59,721,762 |
| 13 | Year of substantial completion | 2007 | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | X | | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | X | | X | | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

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

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

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | X | | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | X | | X | | X | |
| b | Exception to rebate? | | | | | | X | | X |
| c | No rebate due? | | | | | | X | | X |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

**Part IV Arbitrage** *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | X | | X |

**Part V Procedures To Undertake Corrective Action**

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

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

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**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.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

**Employer identification number**
90-0779828

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

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

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

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

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

## Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | (d) From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) No | (h) Approved by board or committee? Yes | (h) No | (i) Written agreement? Yes | (i) 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) LAURA GRASSO | FAMILY MEMBER OF OFFICER | 32,980 | EMPLOYEE OF ARMC | | No |
| (2) SCOTT J TILTON | FAM MEMBER OF OFFICER | 11,567 | EMPLOYEE OF ARMC | | No |
| (3) JOHN B TUOHY | FAMILY MEMBER OF TRUSTEE | 45,256 | EMPLOYEE OF ARMC | | 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.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
90-0779828

## Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► ( RECEPTION AND DINNER ) | X | 1 | 20,250 | FMV |
| 26 Other ► ( EQUIPMENT ) | X | 1 | 22,682 | FMV |
| 27 Other ► ( GOLF FOURESOME ) | X | 24 | 5,760 | FMV |
| 28 Other ► ( JEWELERY ) | X | 1 | 5,000 | FMV |

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 |

| | | Yes | No |
|---|---|---|---|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b If "Yes," describe the arrangement in Part II | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | Yes | |
| b If "Yes," describe in Part II | | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

**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 |

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|---|---|---|

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| ATLANTICARE HEALTH SYSTEM INC - SUBORDINATES | 90-0779828 |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | AtlantiCare Health System, Inc Feid 22-3265213 AtlantiCare Health System, Inc ("System" ) is a not-for-profit organization located in Atlantic City, New Jersey 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, mana gerial and support services to a number of affiliated healthcare related organizations Th e internal revenue service has recognized the System as being a tax-exempt organization un der internal revenue code ("IRC") code section 501(c)(3) System and affiliates ("AtlantiC are") is an integrated healthcare system dedicated to transforming healthcare at the regio nal level by providing high quality health and wellness services AtlantiCare includes the System, AtlantiCare Regional Medical Center ("ARMC" and formerly the Atlantic City Medica l Center), AtlantiCare Behavioral Health ("ABH"), AtlantiCare Foundation ("Foundation"), A tlantiCare Health Services ("Services"), AtlantiCare Health Solutions ("Health Solutions") , and AtlantiCare Information Technology ("AIT") Additionally, these key AtlantiCare divi sions participate in other healthcare related activities in collaboration with other membe rs of the community The region's largest healthcare organization and largest non-casino e mployer, AtlantiCare's nearly 5,000 employees serve the community in more than 80 location s AtlantiCare and its affiliated organizations are governed by more than 50 volunteer com munity leaders who dedicate considerable time and energy toward the ultimate achievement o f AtlantiCare's mission, vision and values Mission statement ========== We deliver health and healing to all people through trusting relationships Vision ====== AtlantiCar e builds healthy communities Values ====== AtlantiCare stresses the following values Int egrity --------- Actions and decisions consistently reflect the highest ethical standards AtlantiCare operates on the basis of openness, to nurture an environment of honesty and t rust Respect ------- Each individual is treated with dignity and compassion Creativity i s encouraged Each individual is equally important in a unique way Safety ------ Safety o f patients and staff is our top priority AtlantiCare continues to apply new learning in q uality improvement and safety management to all aspects of our care environment Service - ------ Customer commitments are built upon the philosophy that quality and service will en sure loyalty Service is defined and measured by our customers AtlantiCare's goal is to e xceed their expectations Teamwork -------- To achieve the greatest success, collaboration and open communication are essential Charitable purpose ========== AtlantiCare i s proud to be able to provide healthcare services to all individuals who reside in our pri mary and regional service areas in a non-discriminatory manner regardless of medical condi tion, race, color, creed, sex, national origins, handicap, age, lifestyle, financial statu s or ability to pay AtlantiCare services range from emergent services for those who many have an acute or episodic concern, to disease management services for those are living wit h a chronic condition ARMC is one of two "safety net" hospitals in southern New Jersey pr oviding approximately $31 million in charity care, at cost, which represents approximately 90% of the charity care provided in Atlantic County Within the region AtlantiCare provid es more charity care than the 7 closest hospitals combined To further ensure that our com munity's healthcare needs are meet, AtlantiCare also provides free care to patients that d o 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 A tlantiCare's commitment to the community it serves, it recognizes that health and the assu rance of good health is truly cultivated beyond the walls of its clinical settings As suc h, AtlantiCare has established itself within its service area as a collaborator and partne r to agencies and services that improve the quality of life for our area residents Atlant iCare sponsors many charitable agencies and their programs, which provide substantial bene fit and close evident service gaps These programs include services for elderly population , clinical outreach programs for at-risk populations, support initiatives for healing pati ents and their caregivers, in addition to health promotion and disease prevention campaign s to improve the general welfare Examples include AtlantiCare's support of the United Way of Greater Philadelphia and Southern New Jersey, which through the generosity of AtlantiC are employees over $245,000 was raised, or its employee-led fundraising efforts to support the American Heart Association in the amount of $45,785 Additional community agencies wh ich AtlantiCare and its employees have supported i |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | nclude but it not are not limited to the Big Brothers & Big Sisters, Jewish Family Service s, Ruth Newman Shapiro Heart & Cancer Memorial Fund, Shirley Mae Breast Cancer Assistance Fund, Gilda's Club of South Jersey, March of Dimes, and Juvenile Diabetes Research Fund to name a few AtlantiCare hosts and supports various professional and higher educational pr ograms and strongly believes in investing in the individuals w ho one day w ill become healt hcare professionals Employees participate in job shadow days and conduct career presentat ions and skills fairs at local schools In addition AtlantiCare offers scholarships/suppor t to local students w ho w ish to pursue nursing and allied health degrees and sponsors tech nical honor societies AtlantiCare also extend this offering to displaced casino w orkers w ho recently lost their job as a result of casino closures in Atlantic City Various commun ity events and activities are offered by AtlantiCare These community events are promoted via an electronic calendar mailing, ads placed in local new spapers and AtlantiCare's w ebsi te Community events include - Cancer Survivors Day - Adult Diabetes Support Group - Weig ht loss surgery seminars & support groups - Heart Heroes meetings - First aid and CPR cour ses - Birthing and breastfeeding classes - Women's health events - Healthy cooking demonst rations Beyond educational events, AtlantiCare brings health and w ellness services to the community through risk based screenings Nursing and allied health volunteers support thes e endeavors and assist in detecting early stage disease and identifying services for follo w-up In 2014, AtlantiCare Health Engagement staff conducted over 400 w ellness screenings in the community in addition to educational lectures and events conducted at a variety of community venues Lastly, AtlantiCare operates three signature community programs w here as partners w e help community members improve their health and w ell-being These unique prog rams Healthy Schools, Healthy Children w hich partners w ith 92 schools to teach children h ow to eat healthy and stay active, Grow ing Green program w hich has funded the construction of 42 school gardens and 19 community gardens in Southeastern New Jersey, w hich collectiv ely has impacted over 3600 students and 100 adults, and Healing Arts w hich is a unique ini tiative, designed to show case original artw ork and promote a healing presence, allow us to serve distinct audiences, children, those w ith limited access to healthy foods, and those seeking respite and healing Staffing costs to support screening outreach and the aforeme ntioned signature programs is approximately $377,408 |

| Return Reference | Explanation | |
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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | AtlantiCare is proud to have received the following awards and recognitions ---------- ---------- ---------- -Named in HealthGrades as one of America's Best 100 Hospitals for cardiac care, joint replacement, and orthopedic surger y- 2014 - ARMC joint commission's named a top performer on key quality measures - 2013 - U S News & World Report named ARMC "the best hospital in the region" - recognizing 10 sp ecialties - 2012/2013 - ARMC mainland icu received the silver beacon award for critical c are nursing excellence - 2013 - ARMC earned reaccreditation by the american society for m etabolic and bariatric surgery (asmbs) as a bariatric surgery center of excellence (bscoe) - 2013 - AtlantiCare pride employee resource group achieved "leader in lgbt healthcare e quality" status in the healthcare equality index (hei) for the second consecutive year - 2 013 - AtlantiCare homecare named one of the "top 100" home care agencies in the nation by homecare elite - 2013 In addition, AtlantiCare provides a significant positive economic c ontribution to the community AtlantiCare directly impacts the community in a positive man ner by virtue of employing nearly 5,000 area residents AtlantiCare supports the local bus iness community by purchasing goods and services from many local area businesses AtlantiC are Regional Medical Center Feid 21-0634549 Background ========== ARMC is a 593-bed, not- for-profit hospital that w as 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 section 501(c) (3) ARMC operates consistently w ith the following criteria outlined in IRS revenue ruling 69-545 ARMC provides urgent and em ergent healthcare services to all individuals and also provides elective procedures to ind ividuals w ho reside in our primary service area 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 pe rsons, w hich are open 24 hours a day, 7 days a w eek, 365 days per year, ARMC maintains an open medical staff, w ith privileges available to all qualified physicians, and Control of ARMC rests w ith its board of trustees, w hich is comprised of independent civic leaders and other prominent members of the community Surplus funds are used to improve the quality o f patient care, expand and renovate facilities and advance medical care, programs and acti vities The operations of ARMC, as show n through the factors outlined above and other info rmation 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 i nures to the benefit of any private individual nor is any private interest being served ot her than incidentally ARMC's City Campus is located in Atlantic City w here the hospital w as founded, and is a busy metropolitan hospital serving a grow ing resident population and more than 35 million tourists each year ARMC's Mainland Campus, w hich opened in 1975, is located in Gallow ay, New Jersey, one of the state's fastest grow ing residential and commer cial areas ARMC offers a number of outpatient services at its over 70 locations One of t hese locations, the AtlantiCare HealthPlex, w hich is located in Atlantic City, offers serv ices regardless of the ability to pay ARMC is a teaching hospital, training residents in a number of specialties ARMC is home to many centers of excellence and specialized servic es, several of w hich are exclusive to the region - level ii regional trauma center - neon atal intensive care unit (nicu) - accredited chest pain center - accredited stroke center - heart institute - the region's only full service cardiac surgery program - the joint ins titute - stanley m Grossman pediatric center - the cancer care institute - center for sur gical w eight loss and w ellness - roger b Hansen center for childbirth - psychiatric unit and crisis intervention program - special care center - joslin diabetes center - w ound car e centers ARMC is proud of its affiliations w ith renow ned healthcare organizations includi ng thomas jefferson university hospital, The Children's Hospital of Philadelphia, Fox chas e cancer center and new york university Mission, vision and values ========== ==== Mission statement ========== To care for the sick, injured and poor in an envi ronment w here patients, their families and physicians are extended a superior level of per sonal service, w here quality improves in measurable terms, in an environment w hich respect s the dignity of the patient, family and all on the healthcare team Vision ====== Atlanti Care regional medical center w ill be the premier healthcare provider in New Jersey We w il l achieve and sustain excellence in quality of car |

| Return Reference | Explanation | |
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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | e and personal service through total conformance to customer's expectations while providin g an outstanding work environment Charitable purpose ========== ARMC provides urg ent and emergent healthcare services to all individuals and also provides elective procedu res to individuals who reside in our primary service area in a non-discriminatory manner r egardless 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 provi ding these services and supplies to patients who meet the state-mandated charity care elig ibility requirements approximated $31 million and $56 million for the years ended December 31, 2014 and 2013, respectively The significant reduction in the cost of providing chari ty care is the result of the Medical Center's efforts in assisting patients to enroll in t he State Medicaid Program The estimated unreimbursed cost of providing care to Medicaid p atients was $32 million and $18 million for the years ended December 31, 2014 and 2013, re spectively Because the medical center does not pursue collections of amounts determined t o qualify as charity care, they are not reported as revenue The medical center also provi des free care to patients who do not meet the state eligibility requirements or are not co mpliant in pursuing eligibility status Such amounts are included in the consolidated stat ements 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 se lf-pay discount policy that limits charges for medical services to an amount not to exceed 115% of the applicable Medicare reimbursement rate for all qualified uninsured patients w ho are not eligible for existing state, federal and local programs Additionally, the comp any sponsors other charitable programs, which provide substantial benefit to the broader c ommunity Such programs include services to the needy and elderly population that require specials support, various clinical outreach programs as well as health promotion and educa tion for the general community welfare ARMC's collection policies include discounts for t hose patients who are uninsured but do not qualify for the state charity care program ARM C is one of two designated safety net hospitals in southern New Jersey providing approxima tely 90% of the charity care in Atlantic County and more charity care than the 7 closest h ospitals combined Awards and recognitions ========== Named in HealthGrades a s one of America's Best 100 Hospitals for cardiac care, joint replacement, and orthopedic surgery- 2014 - ARMC joint commission's named a top performer on key quality measures - 2 013 - U S News & World Report named ARMC "the best hospital in the region" - recognizing 10 specialties - 2012/2013 - ARMC mainland ICU received the silver beacon award for crit ical care nursing excellence - 2013 - ARMC earned reaccreditation by the American society for metabolic and bariatric surgery (asmbs) as a bariatric surgery center of excellence ( bscoe) - 2013 (bscoe) - 2013 |

| Return Reference | Explanation | |
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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | AtlantiCare behavioral health (ABH) Feid 21-0721208 ABH is southeastern New Jersey's larg est provider of behavioral health and substance abuse/addiction recovery services With 26 locations throughout the region, ABH offers a broad range of services to help individuals and their families w ith serious mental illnesses, anxieties related to school or job stre ss, and marriage counseling services ABH also provides employee assistance programs for a rea employers, w hich include employee counseling services, behavioral health and w ellness programs and critical incident debriefing services ABH manages a 34-bed psychiatric inpat ient 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-exemp t organization under IRC code section 501 (c)(3) The majority of ABH's patients are under insured (Medicaid/Medicare) or uninsured Behavioral health provides services to clients w ithout insurance coverage and charges rates based on a sliding scale fee based on income a nd family size The cost of providing these services and supplies to patients that meet th e established criteria approximated $2,122,017 and $2,947,344 for the years ended December 31, 2014 and 2013 respectively ABH provides many of their services under grants from sta te and federal agencies Such programs include Department of education ---------- ----- - 21st century community learning centers Department of human services ---------- ---------- - division of mental health services outpatient treatment - division of ad diction services, outpatient and intensive outpatient treatment - w elfare to w ork services Department of children and families ---------- - school based yo uth services program - oakcrest teen center - school based youth services program - ac tee n - school based youth services program - buena teen and cleary middle school - family fri endly center - hammonton elementary school - family friendly-atlantic city schools - outre ach to at-risk youth - atlantic city high school- east campus - adolescent pregnancy preve ntion initiative-oakcrest high school - juvenile delinquency prevention - atlantic city hi gh school - residential intensive support team - supported housing - supported employment - foster care resource homes - children and adolescent outpatient treatment - family perma nency and mentoring programs - mobile outreach Department of health ---------- - substance abuse treatment services to w omen - county of atlantic - substance abuse intens ive outpatient treatment for medically indigent adults - adolescent outpatient services - family outreach program - hammonton family center - program assertive community treatment AtlantiCare Foundation Feid 22-2148992 The Foundation exists to improve the health and w e llbeing of our community through a comprehensive development program to support safe, equi table, quality healthcare, and to promote healthy behaviors The internal revenue service has recognized the Foundation as being a tax-exempt organization under IRC code section 50 1(c)(3) The Foundation is committed to supporting AtlantiCare's expansion and clinical in vestments by securing the financial resources necessary to ensure high quality evidenced b ased medicine for current and future generations AtlantiCare health services Feid 22-326 5214 Services is primarily an ambulatory care netw ork that reaches beyond the hospital to address the health and w ellness needs for the regions residents throughout all stages of l ife The internal revenue service has recognized services as being a tax-exempt organizati on under the IRC code section 501(c)(3) Services programs include - AtlantiCare surgery center llc, a full service, freestanding ambulatory surgery centers - AtlantiCare life ce nter, offering a full spectrum of health and w ellness, physical and rehabilitative conditi oning - AtlantiCare clinical labs, providing lab services at ten convenient locations - AtlantiCare home care nurses and other healthcare professionals make home visits to assist patients w ith their medical needs - AtlantiCare hospice w orks w ith patients and their fa milies to enhance the end stages of life in the comfortable surroundings of the patient's home - AtlantiCare health park, a regional healthcare ambulatory care campus offering a v ariety of services - AtlantiCare occupational medicine provides occupational medicine for businesses and municipalities, including the treatment of w ork related injuries - mission healthcare, a program offering primary care to the homeless population operating as a fed erally qualified health center - AtlantiCare lifeline provides emergency medical alert cap ability to individuals w ho require convenient notification capabilities AtlantiCare physi cian group Feid 02-0701782 The physician group provides services outside of the hospital atmosphere to specialize in preventive care and in |

| Return Reference | Explanation | |
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| | CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | diagnosing and treating various illnesses The internal revenue service has recognized se rvices as being a tax-exempt organization under the IRC code section 501(c)(3) - AtlantiC are primary/urgent care centers (located in atlantic, cape may, burlington, and ocean coun ties) offering primary care and urgent care as an alternative to more expensive emergency room treatment - pavilion ob/gyn a full service obstetrics and gynecology practice Atlan tiCare information technology Feid 22-3337816 AtlantiCare information technology supports all other AtlantiCare affiliates to achieve maximum results through the use of informatio n technology The internal revenue service has recognized AIT as a tax-exempt organization under IRC code section 501(c)(3) AIT's innovative netw orking technology enhances the spe ed and efficiency of patient's diagnosis and treatment w hile maintaining patient confident iality and safety AIT has been recognized for its innovation in healthcare through the fo llow ing aw ards - top 100 integrated healthcare systems by hospitals and health netw ork ma gazine - top (7) netw orked healthcare systems in the united states for information techno logy by healthcare informatics magazine Working w ith community leaders and in partnership w ith AtlantiCare health plans, infoshare has built a "connected community health exchange " that shares health information seamlessly among all participating healthcare and health management stakeholders The goal of this project is to improve the healthcare status of t he community AtlantiCare Health Engagement, inc Feid 61-1608389 At the end of 2009 Atla ntiCare Health Engagement, inc w as established to support the development of health manag ement capabilities and structures, and health status improvement initiatives for the benef it of the broader community The AtlantiCare Regional Medical Center contributed for the y ear ended December 31, 2012 and 2013 $2,000,000 and $5,000,000 respectively, and an additi onal $10,000,000 in 2014 to support the mission and vision of Health Engagement |

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

| Return Reference | Explanation |
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| CORE FORM, PART I, SUMMARY | THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED ON PAGE 1 OF THIS FORM 990 IS FOR ATLANTICARE REGIONAL MEDICAL CENTER, THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL OTHER ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION - ATLANTICARE BEHAVIORAL HEALTH, INC , 14 VOTING, 9 INDEPENDENT, - ATLANTICARE REGIONAL HEALTH SERVICES A NEW JERSEY NONPROFIT CORPORATION, 14 VOTING, 9 INDEPENDENT, - ATLANTICARE FOUNDATION, 20 VOTING, 14 INDEPENDENT, - ATLANTICARE HEALTH ENGAGEMENT, 3 VOTING, 0 INDEPENDENT, - ATLANTICARE HEALTH SERVICES, INC , 14 VOTING, 9 INDEPENDENT, AND - INFOSHARE, INC , 3 VOTING, 0 INDEPENDENT |

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

| Return Reference | Explanation |
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| CORE FORM, PART VI, SECTION B, QUESTION 11b | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ATLANTICARE HEALTH SYSTEM, INC ("SYSTEM") IS THE TAX-EXEMPT PARENT ENTITY OF ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES THIS FEDERAL FORM 990 WAS provided TO THE SYSTEM'S GOVERNING BODY, ITS FULL BOARD OF TRUSTEES, FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THIS FORM 990 WAS ALSO PROVIDED TO THE VOTING MEMBERS OF THE ATLANTICARE HEALTH ENGAGEMENT, INC BOARD OF TRUSTEES, BUT NOT THE OTHER SUBORDINATES INCLUDED IN THIS FORM 990 ALL SUBORDINATES HAVE DELEGATED THE FORM 990 PREPARATION, REVIEW AND FILING PROCESS TO THE SYSTEM'S GOVERNING BODY AS PART OF THE TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL 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 THE SYSTEM'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW THE 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 THE SYSTEM'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING THE FEDERAL FORM 990 TO EACH MEMBER OF BOTH THE SYSTEM'S AND ATLANTICARE HEALTH ENGAGEMENT, INC 'S GOVERNING BODIES AND FILING WITH THE IRS A FORM 990 PRESENTATION WAS ALSO GIVEN BY THE CPA FIRM TO THE SYSTEM'S BOARD OF TRUSTEES PRIOR TO FILING |

| Return Reference | Explanation |
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| CORE FORM, PART VI, SECTION B, QUESTION 12 | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") ATLANTICARE HEALTH SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM ATLANTICARE HEALTH SYSTEM, INC HAS ADOPTED A SYSTEM WIDE 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 ATLANTICARE HEALTH SYSTEM, INC '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 ATLANTICARE HEALTH SYSTEM, INC 'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION |

| Return Reference | Explanation |
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| CORE FORM, PART VI, SECTION B, QUESTION 15 | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") ATLANTICARE HEALTH SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") OF THE BOARD OF TRUSTEES ("BOARD") OF ATLANTICARE HEALTH SYSTEM, INC 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 THE 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 THE SYSTEM IN NOVEMBER OF 2014, THE CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES ("IHSTRATEGIES"), PRESENTED ITS ANALYSES AND FINDINGS TO THE COMMITTEE THE COMMITTEE HAD DIRECT ACCESS TO THE CONSULTANT TO ASK QUESTIONS ABOUT THE DATA AND ANALYSES, BOTH WITH AND WITHOUT THE PRESENCE OF MANAGEMENT THE COMMITTEE APPROVED EXECUTIVE SALARIES AND INCENTIVE AWARD PAYOUTS AT A SUBSEQUENT MEETING IN MARCH OF 2015 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 |

| Return Reference | Explanation |
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| CORE FORM, PART VI, SECTION C, QUESTION 19 | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC 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 |

| Return Reference | Explanation |
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| CORE FORM, PART VII, SECTION A, COLUMN B | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC 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 THESE ORGANIZATIONS 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 THESE ORGANIZATIONS TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN PART VII OF THIS CONSOLIDATED GROUP FORM 990 THE HOURS REFLECTED ON 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 ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, NOT SOLELY THIS ORGANIZATION |

| Return Reference | Explanation |
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| CORE FORM, PART VII AND SCHEDULE J | PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM AN ATLANTICARE HEALTH SYSTEM AFFILIATE. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE AFFILIATE AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF AN AFFILIATE BOARD OF TRUSTEES |

| Return Reference | Explanation |
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| CORE FORM, PART XI, QUESTION 9 | OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS AND GRANTS RECEIVED FOR THE PURCHASE OF PROPERTY, PLANT AND EQUIPMENT - ($3,548,000), - TRANSFERS TO INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AFFILIATES - ($16,795,000), - CHANGE IN BENEFICIAL INTEREST IN ATLANTICARE FOUNDATION - $1,734,000, - CHANGE IN PENSION AND POSTRETIREMENT LIABILITIES - ($72,790,000), - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION - ($3,907,000), - DECREASE IN NON-CASH CONTRIBUTIONS - ($55,062), AND - STATE GRANT ADJUSTMENT - ($261,472) |

| Return Reference | Explanation |
| --- | --- |
| CORE FORM, PART XII, QUESTION 2 | THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS ATLANTICARE HEALTH SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF ATLANTICARE HEALTH SYSTEM, INC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF ATLANTICARE REGIONAL MEDICAL CENTER FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF ATLANTICARE BEHAVIORAL HEALTH, INC FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF ATLANTICARE FOUNDATION FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE ATLANTICARE HEALTH SYSTEM, INC AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR |

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE B | THE GIFTS, GRANTS AND CONTRIBUTIONS REFLECTED ON SCHEDULE B ARE AMOUNTS RECEIVED BY ALL ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE REGIONAL MEDICAL CENTER ARE REFLECTED IN NUMBERS 1 THROUGH 3 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE BEHAVIORAL HEALTH, INC ARE REFLECTED IN NUMBERS 4 THROUGH 13 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE FOUNDATION ARE REFLECTED IN NUMBERS 14 THROUGH 89 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE HEALTH ENGAGEMENT, INC ARE REFLECTED IN NUMBER 90 GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ATLANTICARE HEALTH SERVICES, INC ARE REFLECTED IN NUMBERS 91 THROUGH 94 |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART VII | CORE FORM, PART VII INCLUDES, AS OF DECEMBER 31, 2014, THE MEMBERS OF THE BOARD OF TRUSTEE S, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 IN ADDITION, CORE FORM, PART VII INCLUDES THE REMAINING TOP FIVE HIGHEST P AID EMPLOY EES AMONGST ALL ENTITIES COMBINED AFTER OFFICERS AND KEY EMPLOY EES OF ALL ORGANI ZATIONS INCLUDED IN THE ATLANTICARE HEALTH SY STEM, INC AND AFFILIATES GROUP EXEMPTION RUL ING AND 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 GR OUP FORM 990, AS OF DECEMBER 31, 2014, IS IDENTICAL THESE SUBORDINATES ARE - ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION, - ATLANTICARE REGIONAL MEDI CAL CENTER, - ATLANTICARE HEALTH SERVICES, INC , AND - ATLANTICARE BEHAVIORAL HEALTH, INC THE BOARD OF TRUSTEE LIST REFLECTED IN PART VII FOR THESE SUBORDINATES INCLUDES KENNETH R STEINBERG THROUGH FRANCIS WREN, M D PLEASE NOTE THAT DEBORAH BAYER, D O AND MICHAEL J CHARLTON WERE VOTING MEMBERS OF THESE SUBORDINATE'S BOARD OF TRUSTEES FOR THE PERIOD JANU ARY 1, 2014 THROUGH JULY 31, 2014 AND ARE REFLECTED AS SUCH ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE FOUNDATION INCLUDES BENJAMIN ZELTNER, ESQ THROU GH DAVID P TILTON PLEASE NOTE THAT LORI S HERNDON IS ALSO A MEMBER OF THIS ORGANIZATION 'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATE D GROUP FORM 990 AS A BOARD MEMBER OF ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY N ONPROFIT CORPORATION, ATLANTICARE REGIONAL MEDICAL CENTER, ATLANTICARE HEALTH SERVICES, IN C AND ATLANTICARE BEHAVIORAL HEALTH, INC PLEASE NOTE THAT MARK J LIPPMAN WAS ALSO A VOT ING MEMBER OF ATLANTICARE FOUNDATION'S BOARD OF TRUSTEES FOR THE PERIOD JANUARY 1, 2014 TH ROUGH JULY 31, 2014 AND IS REFLECTED AS SUCH ON CORE FORM, PART VII OF THIS CONSOLIDATED G ROUP FORM 990 ATLANTICARE HEALTH ENGAGEMENT, INC INCLUDES DOMINIC S MOFFA THROUGH JAMES P NOLAN, JR , CPA PLEASE NOTE THAT DAVID P TILTON IS ALSO A MEMBER OF THIS ORGANIZATIO N'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDAT ED GROUP FORM 990 AS A BOARD MEMBER OF ATLANTICARE FOUNDATION THE BOARD OF TRUSTEES FOR I NFOSHARE, INC INCLUDES DOMINIC S MOFFA, JAMES P NOLAN, JR , CPA AND DAVID P TILON PLE ASE NOTE THAT THESE TRUSTEES ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOL IDATED GROUP FORM 990 AS BOARD MEMEBERS OF ATLANTICARE HEALTH ENGAGEMENT, INC THE OFFICER S OF ALL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 WHICH FOLLOW THE LIST OF ATLANTICARE BOARD OF TRUSTEES ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 99 0 ARE OUTLINED IN THE FOLLOWING ORDER ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION ("ARHS") INCLUDES DAVID A DESIMONE, ESQ AND DONNA MICHAEL-ZIEREIS, ESQ PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT), DO MINIC S MOFFA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMINISTRATION) AND JAMES P NOLAN, JR , CPA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP OF FINANCE) ARE ALSO OFFI CERS OF ARHS BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE REGIONAL MEDICAL CENTER INCLUDES WALTER A GREINER THROUGH BARBARA Y OUNG PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT), D AVID P TILTON (ATLANTICARE HEALTH SY STEM, INC PRESIDENT/CHIEF EXECUTIVE OFFICER), DOMINI C S MOFFA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMINISTRATION), JAMES P NOLAN, JR , CPA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP OF FINANCE), DAVID A DESIMONE, E SQ (ATLANTICARE REGIONAL MEDICAL CENTER VP GENERAL COUNSEL FROM JANUARY 1, 2014 THROUGH M AY 14, 2014) AND DONNA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION VP GENERAL COUNSEL EFFECTIVE MAY 15, 2014) ARE ALSO OFFICERS OF ATLANTICARE REGIONAL MEDICAL CENTER BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE HEALTH SERVICES, INC INCLUDES JATIN MOTI WAL PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT), DAV ID P TILTON (ATLANTICARE HEALTH SY STEM, INC PRESIDENT/CHIEF EXECUTIVE OFFICER), MARGARET A BELFIELD (ATLANTICARE REGIONAL MEDICAL CENTER CHIEF OPERATING OFFICER), JAMES P NOLAN , JR , CPA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP OF FINANCE), DOMINIC S MOFFA (A TLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMINISTRATION), DAVID A DESIMONE, ESQ (ATL ANTICARE REGIONAL MEDICAL CENTER VP GENERAL COUNSEL FROM JANUARY 1, 2014 THROUGH MAY 14, 2 014), RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER VP HUMAN RESOURCES) AND DON NA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT COR PORATION VP GENERAL COUNSEL EFFECTIVE MAY 15, 2014 |

| Return Reference | Explanation | |
|---|---|---|
| | CORE FORM, PART VII | ) ARE THE OFFICERS OF ATLANTICARE HEALTH SERVICES, INC BUT ARE ONLY DISCLOSED ONCE ON COR E FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE BEHAVIORAL HEALTH, INC INCLUDES JULIA DREW THROUGH LOYAL M OWNES PLEASE NOTE THAT LORI S HERNDON (ATLANTICARE REGIONAL MEDICAL CENTER PRESIDENT), WALTER A GREINER (ATLANTICARE REGIONAL MEDICAL CENTER VP OF FINANCE/CFO), DOMINIC S MOFFA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMIN ISTRATION), RICHARD D LOVERING (ATLANTICARE REGIONAL MEDICAL CENTER VP HUMAN RESOURCES), DONNA MICHAEL-ZIEREIS, ESQ (ATLANTICARE REGIONAL HEALTH SERVICES, A NEW JERSEY NONPROFIT CORPORATION VP GENERAL COUNSEL EFFECTIVE MAY 15, 2014) AND BARBARA YOUNG (CORPORATE DIRECT OR - SUPPLY CHAIN) ARE ALSO OFFICERS OF ATLANTICARE BEHAVIORAL HEALTH, INC BUT ARE ONLY D ISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 ATLANTICARE FOUN DATION INCLUDES SCOTT R JANNEY THROUGH JOSEPH J MCCARTHY, CPA PLEASE NOTE THAT DAVID P TILTON (ATLANTICARE HEALTH SYSTEM, INC PRESIDENT/CHIEF EXECUTIVE OFFICER) AND DOMINIC S MOFFA (ATLANTICARE REGIONAL MEDICAL SENIOR VP ADMINISTRATION) ARE ALSO OFFICERS OF ATLANT ICARE FOUNDATION BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED G ROUP FORM 990 ATLANTICARE HEALTH ENGAGEMENT, INC INCLUDES STEVEN M BLUMBERG PLEASE NOT E THAT DAVID P TILTON (ATLANTICARE HEALTH SYSTEM, INC PRESIDENT/CHIEF EXECUTIVE OFFICER) DOMINIC S MOFFA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMINISTRATION), JAMES P NOLAN, JR , CPA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP OF FINANCE) AND DAVID A D ESIMONE, ESQ (ATLANTICARE REGIONAL MEDICAL CENTER VP GENERAL COUNSEL FROM JANUARY 1, 2014 THROUGH MAY 14, 2014) ARE ALSO OFFICERS OF ATLANTICARE HEALTH ENGAGEMENT, INC BUT ARE ON LY DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 PLEASE NOTE THAT DAVID P TILTON (ATLANTICARE HEALTH SYSTEM, INC PRESIDENT/CHIEF EXECUTIVE OFFICER), JAMES P NOLAN, JR , CPA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP OF FINANCE), DOMIN IC S MOFFA (ATLANTICARE REGIONAL MEDICAL CENTER SENIOR VP ADMINISTRATION) AND CHRISTOPHER A SCANZERA (ATLANTICARE REGIONAL MEDICAL CENTER VICE PRESIDENT/CHIEF INFORMATION OFFICER ) ARE OFFICERS OF INFOSHARE, INC BUT ARE ONLY DISCLOSED ONCE ON CORE FORM, PART VII OF TH IS CONSOLIDATED GROUP FORM 990 |

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

OMB No 1545-0047

**2014**

**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.

| (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 | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| **(1)** ATLANTICARE HEALTH SYSTEM INC<br>2500 ENGLISH CREEK AVE<br><br>EGG HARBOR TOWNSHIP, NJ 08234<br>22-3265213 | SUPPORT ARMC | NJ | 501(C)(3) | 509(A)(3) | NA | | No |
| **(2)** ATLANTICARE PHYSICIAN GROUP PA<br>2500 ENGLISH CREEK AVE BLDG C<br><br>EGG HARBOR TOWNSHIP, NJ 08234<br>02-0701782 | HEALTHCARE | NJ | 501(C)(3) | 509(A)(3) | ARMC | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| **(1)** S JERSEY ONCOL PROP<br><br>2500 ENGLISH CREEK AVENUE<br>EGG HARBOR TOWNSHIP, NJ 08234<br>94-3463625 | HEALTHCARE SVCS | NJ | NA | | | | | | | | | |
| **(2)** ATL SURGERY CTR LLC<br><br>2500 ENGLISH CREEK AVE<br>EGG HARBOR TOWNSHIP, NJ 08234<br>22-3491867 | HEALTHCARE SVCS | NJ | N/A | | | | | | | | | |
| **(3)** COOP HLTH SVS OF SJ<br><br>1301 ATLANTIC AVENUE<br>ATLANTIC CITY, NJ 08401<br>22-3619231 | WHOLESALE PURCH | NJ | N/A | | | | | | | | | |

**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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| **(1)** ATLANTICARE HEALTH PLANS INC<br><br>1001 S GRAND STREET PO BOX 941<br>HAMMONTON, NJ 08037<br>22-3265212 | INSURANCE SVCS | NJ | NA | C CORP | | | | | No |
| **(2)** ENGLISH CREEK ASSURANCE LTD<br><br>44 CHURCH STREET<br>HAMILTON, BERMUDA HM 12<br>BD<br>98-0656394 | FINANCIAL VEHICLE | BD | NA | FOREIGN CORP | | | | | No |
| **(3)** ATLANTICARE HEALTH SOLUTIONS INC<br><br>2500 ENGLISH CREEK AVE<br>BLDG 500<br>EGG HARBOR TOWNSHIP, NJ 08234<br>38-3856295 | ACO/HEALTH | NJ | NA | C CORP | | | | | No |
| **(4)** ATLANTICARE ASSURANCE ALLIANCE INC<br><br>2500 ENGLISH CREEK AVE<br>BLDG 500<br>EGG HARBOR TOWNSHIP, NJ 08234<br>46-3730123 | HEALTHCARE SVCS | NJ | NA | C CORP | | | | | No |

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

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

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

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

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

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

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

## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| 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) INFOSHARE, INC (FEID 22-3337816) |
| SCHEDULE R, PART V | THIS RETURN INCLUDES ORGANIZATIONS THAT ARE ALL AFFILIATES WITHIN ATLANTICARE HEALTH SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES ATLANTICARE REGIONAL MEDICAL CENTER THE MEDICAL CENTER ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED |