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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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Department of the Treasury Internal Revenue Service

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For the 2002 colonder year

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АГ		and e	inding		
B c a	Check if	e: C Name of organization		D Employer identifie	cation number
	Addr	Atlantic Health System Inc Group Retur	m		
	Name Chan			65-13018	77
	Initial returr		Room/suite	E Telephone numbe	r
	Final	175 South Street ACCMC #920		973-660-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4	,971,477,302.
	Amer returr	ded Marrigtown NT 07960		H(a) Is this a group re	eturn Stmt 1
	Appli tion	F Name and address of principal officer: Michael Walter		for subordinates	? X Yes No
	pend	^{ng} same as C above		H(b) Are all subordinates ir	ncluded? X Yes No
ΙT	ax-e>	empt status: 🗴 501(c)(3) 🗔 501(c) () (insert no.) 🗔 4947(a)(1) or	r 📃 527	If "No," attach a	list. See instructions
J۷	Vebs	te: www.atlantichealth.org		H(c) Group exemptio	
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🔄 Other	L Year		State of legal domicile: NJ
	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: Refer	to S	chedule O	
ů		, , , , , , , , , , , , , , , , , , , ,			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			41
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
ŝ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			23126
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			1257
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			11,215,591.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		71,105,177.	122,508,809.
nué	9	Program service revenue (Part VIII, line 2g)		3,719,286,268.	4,018,853,750.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,709,329.	70,634,864.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,256,259.	26,575,531.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,872,357,033.	4,238,572,954.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,297,896.	1,266,526.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,019,935,499.	2,245,822,557.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed x	b	Total fundraising expenses (Part IX, column (D), line 25) 3,430,87	/9.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,657,300,429.	1,767,762,441.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,678,533,824.	4,014,851,524.
	19	Revenue less expenses. Subtract line 18 from line 12	1	93,823,209.	223,721,430.
or ces				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,605,741,294.	6,064,671,986.
t As d Bi	21	Total liabilities (Part X, line 26)		2,779,737,762.	2,664,289,882.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		2,826,003,532.	3,400,382,104.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Michael Walter, SVP, Chie Type or print name and title	f Financial Officer	[Date		
Paid Preparer	Print/Type preparer's name Nicole Sokolowski Firm's name Ernst & Young U.S	Preparer's signature Nicole Sokolowski	Date	Check Check self-employed	PTIN P016831 6565596	
Use Only	Firm's address 1 Manhattan West New York, NY 1000			Phone no. 212 –		
May the II	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

Form 990 (2023)

4e	Total program service expenses3,359,944,993.Form 990 (
	(Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	AHS Hospital Corp.(the "Hospital") is comprised of five hospitals, th (Code:)(Expenses \$
	Continued on Schedule O
	(Hackettsown Regional Medical Center Emergency Medical Services, Inc.
	emergency ambulance service for Hackettsown, NJ and community
	(Atlantic Ambulance Corp), a not-for-profit Primary Care and OB/GYN Medical Center (Medical Center Partners, Inc.) and a not-for-profit
	Hospital Corp), a not-for-profit physicians practice (Practice Associates Medical Group PC) a not-for-profit ambulance corporation
4a	revenue, if any, for each program service reported. (Code:)(Expenses \$ 3,359,944,993. including grants of \$ 1,266,526.) (Revenue \$ 4,017,070,71] This group return consists of five not-for-profit hospitals (AHS
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
3	If "Yes," describe these changes on Schedule O.
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	health care, to build healthier communities and improve lives for patients, consumers, and caregivers.
1	Briefly describe the organization's mission: Designing and delivering high quality, innovative and personalized

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		X
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	110		x
А	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	11c		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	Х	X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or 12 if "Yes " complete Schedule L Parts Land II.	21	х	
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
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		v	
	Schedule K. If "No," go to line 25a		X	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		x
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 0		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	v	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c		X
29 30	Did the organization receive more than \$25,000 in honcash contributions? If res, complete Schedule w	29		- 23
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	· · · · · · · · · · · · · · · · · · ·		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		x
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		X
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	1 22	I
	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 69	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2023)	Atlantic	Health	System	Inc	Group	Return
Part V	Statements	Regarding Othe	er IRS Filin	gs and Tax	Com	pliance (co	ontinued)

			Yes	No
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 23126			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
5	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form **990** (2023)

Form 990 (2023)

Atlantic Health System Inc Group Return 65-1301877

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Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

12	Enter the number of voting members of the governing body at the end of the tax year	1 a	41		Yes	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	16	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			-		
2	officer, director, trustee, or key employee?			2		L
3	Did the organization delegate control over management duties customarily performed by or under t					
5	of officers, directors, trustees, or key employees to a management company or other person?		-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		t
6	Did the organization become aware during the year of a significant diversion of the organization sectors as Did the organization have members or stockholders?			6	x	┢
	Did the organization have members of stockholders, or other persons who had the power to elect or a			–		┢
7 a	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b	X	L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
	The governing body?			8a	X	Ļ
	Each committee with authority to act on behalf of the governing body?			8b	X	Ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			-
					Yes	ļ
0a	Did the organization have local chapters, branches, or affiliates?			10a		ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapter	s, affiliates,			l
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	I
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					ſ
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	ſ
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe			ſ
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	ſ
14	Did the organization have a written document retention and destruction policy?			14	Х	I
15	Did the process for determining compensation of the following persons include a review and approv					ſ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'					
а	The organization's CEO, Executive Director, or top management official			15a	X	I
	Other officers or key employees of the organization			15b	X	t
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					t
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	vith a			
	taxable entity during the year?			16a		ſ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	-			
~				16b		1
~	exempt status with respect to such arrangements?				-	
	exempt status with respect to such arrangements?					
ec	tion C. Disclosure					
ec [:]		and 99(0-T (section 501(c)(3)s only) avail	la
ec [:]	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ	and 99(0-T (section 501(c)(3	i)s only) avail	la
ec [:]	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and a state of the s			s only) avail	la
ec 17 18	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	n on Sc	hedule O)		-	la
ec.	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and the section in the section. Indicate how you made these available. Check all that apply. Own website Own website Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or the section of the se	n on Sc	hedule O)		-	la
ec 17 18	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	n on Sc conflict	<i>hedule O)</i> of interest policy, ar		-	la
ec 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	n on Sc conflict	<i>hedule O)</i> of interest policy, ar		-	la
ec 17 18	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	n on Sc conflict	<i>hedule O)</i> of interest policy, ar nd records		-	a

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	Ľ		(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	not cl , unle:	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or diı	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional) ploye	st con yee	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) Brian Gragnolati	55.00	_		0	×	1 0				
President & CEO		х		х				8,373,068.	0.	1,137,448.
(2) Kevin Lenahan	55.00									
EVP,Chief Bus & Strategy		Х		Х				6,754,515.	0.	406,954.
(3) James Wittig, MD	55.00									
Physician-Chair					Х			3,829,922.	0.	19,886.
(4) Steven Sheris, MD	55.00									
EVP, Chief Phy Exec		Х		Х				1,817,270.	0.	282,400.
(5) Patricia O'Keefe	55.00							1 801 450	0	050 105
SVP,Pres MMC				Х				1,781,450.	0.	250,125.
(6) Sheilah O'Halloran	55.00	37		37				1 (1 () 47	0	070 010
EVP, General Counsel		X		Х				1,616,347.	0.	272,919.
(7) Nichell Sumpter	55.00			37				1 570 000	0	242 670
EVP, Chief Admin Officer				Х				1,570,206.	0.	243,678.
(8) Tom Thomas	55.00					v		1 726 207	0	20 012
Physician	55.00					X		1,736,207.	0.	30,842.
(9) Mark Widmann	55.00					x		1,674,383.	0.	20 553
Physician (10) Scott Leighty	55.00					^		I,0/4,303.	0.	29,553.
EVP,Chief Health Sy Officer	55.00	x		х				1,464,724.	0.	236,487.
(11) Sean Calhoun	55.00	- 11		21				1,101,721.	0.	250,407.
Physician						x		1,629,424.	0.	30,054.
(12) Philippe Genereux, MD	55.00							, ,		
Physician						х		1,621,621.	Ο.	32,553.
(13) Sunil Dadlani	55.00									
EVP,Chief-Inf/Dig Trans Of				Х				1,414,223.	0.	238,367.
(14) Suja Mathew	55.00									
EVP, Chief Clinical Officer				Х				1,364,036.	0.	223,531.
(15) Madeline Ferraro	55.00									
VP,Gov't and Public Affair					Х			1,459,004.	0.	111,767.
(16) Stephanie Schwartz	55.00								_	
SVP,Pres OMC				Х				1,345,679.	0.	179,808.
(17) Jeffrey Leary	55.00								_	
Physician						X		1,408,581.	0.	28,357.
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		_	-					Group Return		<u>301</u>	877	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ghes	t C	ompensated Employ	es (continued)			
(A)	(B)				C)			(D)	(E)		((F)
Name and title	Average	(do	not cl	Pos	ition	than o	ne	Reportable	Reportable	•	Estir	mated
	hours per	box	, unles	ss pe	rson i	is both	an	compensation	compensatio	on	amo	ount of
	week		cer an	dad	recto	r/truste	e)	from	from related	b	ot	ther
	(list any	recto						the	organization			ensation
	hours for related	or di	æ			ated		organization	(W-2/1099-MI			n the
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	'	•	nization related
	below	lual tr	tional) ploye	st con yee	_	1099-1120)				izations
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Former				organ	Zationio
(18) Lee Starker, MD	55.00	-	=	0	\leq	프	ш.					
PAMG-Trustee		х						1,362,459		0.	29	,365.
(19) Robert Adams Jr	55.00							,,				
SVP,Pres West Region				х				1,088,433		0.	146	,989.
(20) Eric Whitman, MD	55.00											1
Physician					x			1,070,539		0.	50	,002.
(21) Michael Walter	55.00											/ • • = •
SVP_Chief Financial Office		x		х				971,184		0.	137	,577.
(22) Maureen Schneider	55.00											/ • · · ·
SVP,Pres CMC				х				949,148		0.	121	,265.
(23) Rolando Rolandelli, MD	55.00											/=
Chairman-Dep of Surgery					x			1,002,452		0.	50	,002.
(24) Jason Smith, MD	55.00											/ • • = •
PAMG-Trustee		x						994,359		0.	29	,427.
(25) Katharine Driebe	55.00											<u>,</u>
VP of Finance		х		х				787,518		0.	119	,910.
(26) Christopher Herzog	55.00											/ = = = =
PAMG, VP & COO				х				736,807		0.	95	,317.
th Subtatal								49,823,559	,	0.		534,583.
c Total from continuation sheets to Part VI								7,013,436	,	0.		,456.
d Total (add lines 1b and 1c)								56,836,995		0.)12,039.
2 Total number of individuals (including but n										ble	,	,
compensation from the organization						,		--	-,			5,775
												es No
3 Did the organization list any former officer,	director, trust	ee. ł	kev e	ame	love	e. or l	hio	hest compensated em	plovee on			
line 1a? If "Yes," complete Schedule J for s	,							, I			3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150									0		4	x
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	, unre	lat	ed organization or indi	vidual for services	3		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	on		-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	actor	s t	hat received more thar	n \$100,000 of cor	npens	ation fro	m
the organization. Report compensation for	the calendar y	ear	endii	ng v	vith	or wit	hir	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address							Description of	services	С	ompens	ation
RIGHTSOURCING LLC												
PO BOX 515743, LOS ANGELI	ES, CA 🤉	900)51	_			_	CONTRACT EMP		73	<u>,838</u>	,735.
TORCON INC								CONSTRUCTION	1			
328 NEWMAN SPRINGS ROAD,	RED BAI	JK (, N	IJ	07	770	1	MANAGEMENT S	SERVICES	62	<u>,595</u>	,630.
GIFTED NURSES LLC												
PO BOX 205426, DALLAS, T	x 75320							CONTRACT EMP	PLOYMENT	36	,300	,695.
ZOTEC PARTNERS LLC							T					_
PO BOX 2288, INDIANAPOLIS	5, IN 46	52()6					PATIENT BILI	JING	20	,000	,569.
DELOITTE							I					
PO BOX 844717, DALLAS, TX	x 75284							CONSULTING		19	<u>,179</u>	,762.

2 Total number of independent contractors (including but not limited to those listed above) who received more than 407 \$100,000 of compensation from the organization

See Part VII, Section A Continuation sheets

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Key E age rs rs r ed ations ww 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	stee or director		(C Posi all t Jugged S S	;) tion			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
age rs sk sk inny for ed attions ww) 000 000 000	X Individual trustee or director	neck	Posi all t	tion hat	app		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
rs r ek (ny for ed tations (00 (00 (00) (00) (00) (00)	X Individual trustee or director	neck	Officer	hat	app		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
r ek ny for ed attions w e 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	X Individual trustee or director		X Officer				from the organization	from related organizations	other compensation from the organization and related
ek iny for ed ations w) 00 00 00 00 00	x	Institutional trustee	x	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
Any for ed ations ww b) c 0 0 c 0 0 c 0 0 c 0 0 c 0 0	x	Institutional trustee	x	Key employee	Highest compensated employee	Former	organization	U U	from the organization and related
for ed ations ww)) 00 00 00 00	x	Institutional trustee	x	Key employee	Highest compensated emp	Former	٠.	(W-2/1099-MISC)	organization and related
ed ations w 00 00 00 00 00	x	Institutional trustee	x	Key employee	Highest com pensated	Former	(W-2/1099-MISC)		and related
ations w) 00 00 00 00	x	Institutional trus	x	Key employee	Highest compen	Former			
x 00 00 00 00 00 00	x	Institutiona	x	Key employ	Highest col	Former			organizationo
e) 00 00 00 00 00	x	Institu	x	Key e	Highe	Forme			
00	x		x		_				
00									
00							759,425.	Ο.	26,446.
00									
00			Х				608,497.	Ο.	41,303.
00									·
.00							612,663.	Ο.	29,980.
.00	x								
	1						572,245.	Ο.	33,775.
.00									ī
.00	X						508,257.	0.	50,000.
	Х						474,887.	0.	29,446.
.00									
	X						470,798.	0.	21,277.
.00							41 0 0 1 0	0	20 205
	X		Х				416,910.	0.	30,375.
.00	x						200 767	0.	22 220
.00							399,767.	0.	33,328.
	x						373,041.	Ο.	25,286.
.00							373,041.	••	23,200.
	x						351,340.	Ο.	34,080.
.00							551,540.	••	51,000.
	x						336,671.	Ο.	34,028.
00							55070711		51/0200
	-x						334,600,	0.	31,706.
.00									
	x						287,154.	Ο.	4,596.
00							,		· ·
	X						200,775.	Ο.	32,305.
00									ī
	X						210,251.	Ο.	19,525.
00	1						-		
	x						96,155.	Ο.	0.
00	1								
	X						Ο.	Ο.	0.
00									
	X						0.	0.	0.
00									
	X						0.	0.	0.
	.00 .00 .00 .00 .00	000 X 000 X 000 X 000 X 000 X 000 X 000 X 000 X 000 X	00 x 00 x	x 00 x x x x x x x x x x x x x	x 00 x x x x x x x x x x x x x	.00 x .00 x	.00 X .00 X	.00 x 334,600. .00 x 287,154. .00 x 200,775. .00 x 210,251. .00 x 96,155. .00 x 0. .00 x 0. .00 x 0. .00 x 0.	.00 x 334,600. 0. .00 x 287,154. 0. .00 x 200,775. 0. .00 x 210,251. 0. .00 x 96,155. 0. .00 x 0. 0. .00 x 0. 0. .00 x 0. 0. .00 x 0. 0.

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								Group Return		1877
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl	heck	k all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	ъ				Highest compensated employee		the	organizations	compensation from the
	(list any hours for	Individual trustee or director				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	e or (stee			1 sate ((00-2/1033-10100)		and related
	organizations	truste	Institutional trustee		yee	mper				organizations
	below	idual	ution	5	Key employee	est co	er			5
	line)	Indiv	Instit	Officer	Keye	Highe	Former			
(47) Christopher R. Reidy	2.00							_	_	
Trustee-AHS		X						0.	0.	0.
(48) Arthur Orduna	2.00									_
Trustee-AHS		Х						0.	0.	0.
(49) Grant Parr, MD	2.00									
Trustee-AHS		Х						0.	0.	0.
(50) Finn Wentworth	2.00									
Trustee-AHS		Х						0.	0.	0.
(51) John F Vigorita, MD	2.00									
Trustee-AHS		X						0.	0.	0.
(52) Laura A Kelly	2.00									
Trustee-AHS Vice Chair		X		Х				0.	0.	0.
(53) Richard W. Herbst	2.00									
Trustee-AHS		X						0.	0.	0.
(54) Robert E McCracken	2.00									
Trustee-AHS Chairman		X		Х				0.	0.	0.
(55) Sean Nicholson	2.00									
Trustee-AHS		X						0.	0.	0.
(56) Charles Reid, III	2.00									
Trustee-VNASH Organization		X						0.	0.	0.
(57) Justice Jaynee LaVecchia	2.00									
Trustee-AHS		X						0.	0.	0.
(58) Mai Pham, MD	2.00									
Trustee-AHS		X						0.	0.	0.
(59) Michael Ranger	2.00									
Trustee-AHS		X						0.	0.	0.
		1								
		1								
		1								
Total to Part VII, Section A, line 1c		<u></u>	<u></u>		<u></u>	<u></u>		7,013,436.		477,456.

04-01-23

1 4	rt V	7111	Statement of Rev	venue						
			Check if Schedule O c	contains a re	sponse	or note to any lir				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d f f h a b c	Fundraising events	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b c d e	1,507,873. 22,007,718. 93,024,029. 5,969,189. Business Code 621990 621990 621110 621500	1,515,471,188. 520,862,013.		2 206 076	
Be		a e	THE FILE FROCESSING			521500	2,206,076.		2,206,076.	
Pro			All other program service	revenue						
			Total. Add lines 2a-2f				4,018,853,750.			
	3 4 5		Investment income (includ other similar amounts)	ling dividenc	ls, intere	est, and proceeds	61,172,823. 423,041.	423,041.	2,720,064.	58,452,759.
		a b	Royalties Gross rents Less: rental expenses Rental income or (loss)	(i) F 6a 2,20 6b	Real 6,939. 0. 6,939.	(ii) Personal				
		d	Net rental income or (loss)			•	2,206,939.			2,206,939
Revenue	7	b		(i) Sec 7a 741,63 7b 732,59 7c 9,03	2,898.	(ii) Other				
			Net gain or (loss)		·····		9,039,000.			9,039,000
Other	8		contributions reported on Part IV, line 18	507,873. c	of 8a	0. 311,450.				
		с	Net income or (loss) from t	fundraising e	events		-311,450.			-311,450.
	9		Gross income from gaming Part IV, line 19 Less: direct expenses		9a					
			Net income or (loss) from			•				
	10	b	Gross sales of inventory, le and allowances Less: cost of goods sold		10 b					
		С	Net income or (loss) from s	Sales of INVE	niory	Business Code				
Miscellaneous Revenue	11		Cafeteria Corporate Health			722514 621610	7,335,817.		6,277,272.	7,335,817
cella		с	Parking			812930	2,988,286.			2,988,286
Misc		d	All other revenue			900099	8,078,667.		12,179.	8,066,488.
2							24 680 042			
		e	I Utal. Aud lines Tra-Tru		<u></u>		24,680,042.			

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65-1301877 Page 10 Atlantic Health System Inc Group Return Form 990 (2023) 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 respo	nse or note to a	any line ir							
Do	not include amounts reported on lines 6b,	(A) Total expe			(B) ogram s			(C) nageme	nt and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Totarexpe	11562		expens	ervice Ses		eral exp		expenses
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,266	,526.	1	,266	,526.				
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	C0 E01	016				60	E 0 1	016	
	trustees, and key employees	68,591	,910.				00	, 391	<u>,916.</u>	
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
-	persons described in section 4958(c)(3)(B)	1 0 0 0 0	55 005	1	500 /	154,154.	306	217	063	2,183,788
7	Other salaries and wages	1,808,8	55,005.	·	, 500,4	J4,104.	500	, 4 1 /	,005.	2,103,700
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,620	932	67	704	966	13	814	884	101,082
9	Other employee benefits	175,284								204,261
9 10		111,470				,031.			,060.	138,048
11	Payroll taxes Fees for services (nonemployees):	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		, _ 0 0	,	<u> </u>		,	100,040
	Management	69,744	.338.				69	744	,338.	
		3,761	,296.						,296.	
	Accounting	1,687	,898.						,898.	
	Lobbying		,500.						,500.	
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
a	Other. (If line 11g amount exceeds 10% of line 25,									
5	column (A), amount, list line 11g expenses on Sch O.)	128,096	,222.	128	,096	,222.				
12	Advertising and promotion	25,367					25	,367	,138.	
13	Office expenses	106,073	,004.	87	,047	,169.	18	,895	,875.	129,960
14	Information technology	11,187	,063.	9		,724.	1	,893	,485.	13,854
15	Royalties									
16	Occupancy	104,544	,130.	86	,186	,596.	18	, 228	,859.	128,675
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials \dots									
19	Conferences, conventions, and meetings	15,674							,114.	19,393
20	Interest	54,151	,707.	44	,919	,108.	9	,165	,817.	66,782
21	Payments to affiliates									
22	Depreciation, depletion, and amortization \dots	181,435							,965.	221,636
23	Insurance	73,481	<u>,996.</u>	59	,952	,232.	13	,440	,257.	89,507
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а		880,868	,147.							
b	REPAIRS & MAINTENANCE	72,760				,001.			,641.	89,626
с	EQUIPMENT AND RENTAL	6,661				,357.	1	130	,444.	5,229
d	DUES	2,628				,781.			,854.	3,240
е	All other expenses	29,315	,531.			,377.			,356.	35,798
25	Total functional expenses. Add lines 1 through 24e	4,014,8	51,524.	. 3	,359,9	944,993.	651	,475	,652.	3,430,879
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)									Eorm 990 (20

332010 12-21-23

Form **990** (2023)

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11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Form 990 (2023)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

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

(A) (B) Beginning of year End of year 24,827. Cash - non-interest-bearing 1 1 689,045,249 526,209,951. 2 2 Savings and temporary cash investments 6,583,394. 384,485,779. 24,096,398. Pledges and grants receivable, net 3 3 381,082,151. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 40,967,741. 42,163,199. 8 8 Inventories for sale or use 63,201,207. 159,594,672. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 4,206,889,021. basis. Complete Part VI of Schedule D _____ 10a 2,466,812,550. b Less: accumulated depreciation 10b 1,658,886,931. 1,740,076,471. 10c Investments - publicly traded securities 2,425,457,902. 2,768,995,744. 11 11 3,497,000. 3,599,813. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 333,513,278. 418,931,573. Other assets. See Part IV, line 11 15 15 5,605,741,294. 6,064,671,986. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 620,725,822. 580,563,917. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 497,403,875. 479,518,340. Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 925,000,000. 925,000,000. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 736,608,065. 679,207,625. 25 of Schedule D 2,779,737,762. 2,664,289,882. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,622,107,208. 27 3,189,410,768. 27 203,896,324. 210,971,336. Net assets with donor restrictions 28 28

Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 2,826,003,532. 32 3,400,382,104. 5,605,741,294. 6,064,671,986. 33 33 Total liabilities and net assets/fund balances ...

Form 990 (2023)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	,572,9 ,851,5 ,721,4	24.
	,572,9 ,851,5 ,721,4	54. 24.
	,851,5 ,721,4	24.
	,851,5 ,721,4	24.
	,721,4	
	,003,5	
5 Net unrealized gains (losses) on investments5 289	,748,4	68.
6 Donated services and use of facilities		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9 60	,908,6	72.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
column (B)) 10 3 , 400	,382,1	02.
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 X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
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 X	
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 X 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 X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a X	
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 on Schedule O and describe any steps taken to undergo such audits	3b X	

Form **990** (2023)

332012 12-21-23

SCH	IEDULE A								OMB No. 1545-0047
(Forn	n 990)			rity Status an					2023
		G		nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		2020
	ent of the Treasury		A	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public
	Revenue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.		Inspection
Name	of the organizati				-				identification number
_				h System Inc					5-1301877
Part				(All organizations must o				าร.	
The or	<u> </u>	•		(For lines 1 through 12, o		,			
1	A church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2	**			Attach Schedule E (Forn					
3 [.		•		anization described in s e					
4 🗆	A medical res	earch organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_	city, and stat								
5 🗆	An organizati	on operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
_			Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 L	An organizati	on that norma	Ily receives a substa	antial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
_			omplete Part II.)						
8 _	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 🗌	An agricultura	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state c	f the colleg	je or
_	university:								
10 L	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
	activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
	income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
_	See section	509(a)(2). (Cor	mplete Part III.)						
11 L	An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section a	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 12e, 12f, an	d 12g.	
а	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	aving
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
				s). You must complete l					
d	Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	orted organi	ization(s)
	that is not t	functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
				nally integrated support					
f	Enter the number								
g	Provide the follow	ing informatior	n about the supporte	ed organization(s).					·
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
									1

Total

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
_	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the		,				
	organization, check this box and stor	-			•		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check t	his box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, ch	eck this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is	10% or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line	15 is 10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	stop here. Explain	in Part VI how	the _
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orgai	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instru	uctions

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization'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 disgualified persons						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	x year as a section	501(c)(3) org	janization,
Sec	tion C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))	17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the	-					d line 17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in		
33202	3 12-21-23			1 7		Sche	dule A (Form 990) 2023
				17			

Atlantic Health System Inc Group Return 65-1301877 Page 4

Schedule A (Form 990) 2023 Atla Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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.*
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **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.
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

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| 10b | | Schedule A (Form 990) 2023

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18

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
--	---

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

Section C	. Type	II Supporting	Organizations	

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
3	By reason of the relationship described on line 2, above, 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		

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 yea(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 g	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-------------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b 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.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | | | Schedule A (Form 990) 2023

2a

2b

За

No

Yes

Yes No

1

2

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

Net short-term capital gain			
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Fotal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
ncome tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter of line 2 or line 3. Income tax imposed in prior year <	Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Minimum Asset Amount (add line 7 to line 6) 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 (explain in detail in Part VI): 3 Accash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount 2 Minimum asset amount for prior year (from Section A, line 8, column A)

instructions).

Schedule A (Form 990) 2023

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Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8
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.)
Listing of Subordinates in this Group 990:
Atlantic Health System - AHS Hospital Corp
52-1958352
Atlantic Ambulance Corp
22-3820288
Practice Assoc Med Group PC
20-2088165
Hackettstown Regional Medical Center Emergency Medical Serv Inc
27-0820164
Medical Center Partners, Inc
45-4789273
Adult Day Center of the Visiting Nurse Assoc. of Somerset Hills
22-2865641
Visting Nurse Assoc. of Somerset Hills Community Health Serv Inc
22-3413041
Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice
22-1487373
Visting Nurse Association of Somerset Hills, Inc
22-2888648
Atlantic Therapy and Wellness PA
87-3494583
Eye Care of Practice Associates
88-2087708
Determination of the Organizations in this Group IRS 990

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Atlantic Ambulance is a Box 10 organization. It receives more than 33
332028 12-21-23
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 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.)

1/3% of its support from activities related to it's exempt functions and no more than 33 1/3% of its support from gross investment income and unrelated income from businesses acquired by the organization after June 30, 1995.

Practice Associates Medical Group (PAMG) is a Box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). PAMG is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). Since August 17, 2006, PAMG has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (iii) 35% controlled entity of a person in (i) or (ii) (i) above. This organization's supported organization (AHS Hospital Corp) above. appoints the organization's trustees of this supporting organization. The organization operated only for the benefit of the supported organization (AHS Hospital Corp).

Medical Center Partners, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The 332028 12-21-23 Schedule A (Form 990) 2023 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

 Schedule A (Form 990) 2023
 Atlantic Health System Inc Group Return 65-1301877 Page 8

 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.)

 organization is a type 1 organization and is not controlled directly or

indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

Hackettstown Regional Medical Center Emergency Services, Inc. is a Box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. 332028 12-21-23 Schedule A (Form 990) 2023 24

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8

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.)

The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the

supported organization, AHS Hospital Corp.

Adult Day Center of the Visiting Nurse Association of Somerset Hills Medical Center Partners, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii) A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

The Visiting Nurse Association of Somerset Hills Community Health Services, Inc.is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization 332028 12-21-23 Schedule A (Form 990) 2023 25 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

 Schedule A (Form 990) 2023
 Atlantic Health System Inc Group Return 65-1301877 Page 8

 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.)

is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

The Visiting Nurse Association of Somerset Hills Home Health and Hospice Services, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii) A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. 332028 12-21-23 Schedule A (Form 990) 2023 26 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8

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.)

The trustees of the supporting organization are the same as the

trustees of Atlantic Health System which is the sole member of the

supported organization, AHS Hospital Corp.

Visiting Nurse Association of Somerset Hills, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the

trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

Atlantic Core Therapy and Wellness PA is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not 32028 12-21-23 Schedule A (Form 990) 2023 27 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

 Schedule A (Form 990) 2023
 Atlantic Health System Inc Group Return 65-1301877 Page 8

 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.)

controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii).

Determination of the Organizations in this Group IRS 990 below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity

of a person in (i) or (ii) above.

The trustees of the supporting organization are the same as the

trustees of Atlantic Health System which is the sole member of the

supported organization, AHS Hospital Corp.

Eye Care of Practice Associates is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii) A family member of a person described in (i) above. (iii) 35% 332028 12-21-23 Schedule A (Form 990) 2023 28 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Atlantic Health System Inc Group Return 65-1301877 Page 8 Schedule A (Form 990) 2023 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.) controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp. 332028 12-21-23 Schedule A (Form 990) 2023 29 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Form 990 Line H(b) - L Organizations Inc	Statement	
Name of Organization	Organization's Address	Employer ID
AHS Hospital Corp	475 South Street PO Box 1905 - Morristown, NJ 07960	52-1958352
Atlantic Ambulance Corp	475 South Street PO Box 1905 - Morristown, NJ 07960	22-3820288
Practice Associates Medical Group	475 South Street PO Box 1905 - Morristown, NJ 07960	20-2088165
Hackettstown Regional Medical Center Emergency Medical Serv Inc	475 South Street PO Box 1905 - Morristown, NJ 07960	27-0820164
Medical Center Partners, Inc	475 South Street PO Box 1905 - Morristown, NJ 07960	45-4789273
Adult Day Center of the Visiting Nurse Association of Somerset County	200 Mount Airy Rd - Basking Ridge, NJ 07920	22-2865641
Visiting Nurse Association of Somerset Hills Community Health Services, Inc.	200 Mount Airy Rd - Basking Ridge, NJ 07920	22-3413041
Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice Services,Inc	200 Mount Airy Rd - basking Ridge, NJ 07920	22-1487373
Visting Nurse Association of Somerset Hills, Inc	200 Mount Airy Rd – basking Ridge, NJ 07920	22-2888648
Atlantic Core Therapy and Wellness PA	475 South Street PO Box 1905 - Morristown, NJ 07960	87-3494583
Eye Care of Practice Associates	475 South Street PO Box 1905 - Morristown, NJ 07960	88-2087708

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990)	

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Nam	ne of organization				Employ	yer identification	
		c Health System 1				65-130187	77
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 5	527 orç	ganization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures					
Pa	rt I-B Complete if the org	ganization is exempt und	er section 501(c)((3).			
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		\$ _		
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		\$		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 t	for this year?			Yes	No
4a	Was a correction made?					Yes	No No
	If "Yes," describe in Part IV.						
	rt I-C Complete if the org			-			
	Enter the amount directly expended		•		\$_		
2	Enter the amount of the filing organ		-				
	exempt function activities				\$ _		
3	Total exempt function expenditures				•		
	line 17b						No
4	Did the filing organization file Form Enter the names, addresses, and e						
5	made payments. For each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also e	nter the	amount of politica	al
	contributions received that were pr		· · ·		separate	e segregated fund	or a
	political action committee (PAC). If	additional space is needed, provi	ide information in Part	IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid 1		(e) Amount of po	
				filing organizatio funds. If none, ent		contributions receipromptly and di	
						delivered to a se	parate
						political organiz If none, enter	
					—	ii none, enter	-0
					$ \longrightarrow $		
			+		-+		

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

LHA 332041 11-06-23

Schedule C (Form 990) 2023 Atlantic Health System Inc Group										
Part II-A Complete if the		organization	s exempt un	der sectior	n 501(d	c)(3) and f	filed Form 5	5768 (e	lection un	der
	section 501(h)).									
A Check	X if the filing organi	ization belongs t	o an affiliated gro	oup (and list in	Part IV	each affiliate	ed group memb	oer's nam	ne, address, E	EIN,
	expenses, and sh	hare of excess lo	bbying expendit	ures).						
B Check	if the filing organi	ization checked	oox A and "limite	ed control" prov	visions a	apply.				
	Liı (The term "expe	mits on Lobbyir enditures" mear	• •				(a) Fili organiza total	tion's	(b) Affiliated totals	• •
1a Total lo	bbying expenditures to ir	nfluence public o	pinion (grassroo	ots lobbying)						
b Total lo	bbying expenditures to ir	nfluence a legisla	tive body (direct	t lobbying)						
c Total lo	bbying expenditures (add	d lines 1a and 1I)							
d Other e	exempt purpose expendit	ures								
e Total e	xempt purpose expenditu	ures (add lines 1	and 1d)							
f_Lobbyi	ng nontaxable amount. E	nter the amount	from the followir	ng table in both	l columr	ıs.				
If the ex	mount on line to column (a	(h) = (h)		ntovoblo omo						

1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg			
с	Total lobbying expenditures (add lines 1a and	d 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add line	s 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)		
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-		
i	Subtract line 1f from line 1c. If zero or less, e			
j	If there is an amount other than zero on eithe	er 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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Atlantic Health System Inc Group Return 65-1301877 Page 3

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k)
of the	e lobbying activity.	Yes	No	Amo	ount
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:		x		
a	Volunteers?	v			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	x		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x		301	3,500.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		x	543	5,500.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?			201	
	Total. Add lines 1c through 1i		v	543	3,500.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(E) or or	otion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(0)	(o), or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
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 campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Parl		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
_	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ist); Part I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
rdl	ct II-B, Line 1, Lobbying Activities:				
The	e organization compensated four different consultan	ts pr	imaril	y for	
the	eir services and time in participating in conferenc	e tele	ephone	calls	3,
attending meetings and conferences, providing communication emails and					1
coi	correspondence and travel expenses for the following:				

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Schedule C (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 4 Part IV Supplemental Information (continued)

1. State Budget Meetings

2. Various State and Federal Legislative/Regulatory Affairs

3 State and Federal Hospital Issues

4. Healthcare Forums

5. NJ bills as listed below:

A5757: Extends certain pay parity regarding telemedicine and telehealth for one year

A4619: Codifies and extends authorization for certain out-of-State

health care practitioners and recent graduates of health care training

programs to practice in New Jersey

A5225: Provides for coverage of community-based palliative care

benefits under Medicaid

A5669: Appropriates \$54,357,547,000 in State funds and \$26,144,171,463

in federal funds for the State budget for fiscal year in 2023-2024

S304: Establishes minimum registered professional nurse staffing

standards for hospitals and ambulatory surgery facilities and certain

DHS facilities

S3929: Revises certain requirements for involuntary commitment for

mental health treatment

State Health Benefits Plan Design Committee: Reference-Based Pricing

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Resolution

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Schedule C (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 4 Part IV Supplemental Information (continued)

Also, the following represents the vendors were paid \$323,500 in 2023

for lobbying expenses.

1.	Edge Advocacy LLC	\$ 97,000	
2.	CLB Partners	42,000	
3.	OPTIMUS Partners	126,000	
4.	Keywood Strategies	58,500	

Schedule C (Form 990) 2023

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)

Department of the Treasury Internal Revenue Service

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



Name	of the organization Atlantic Health System Inc Group Return	Employer identification number 65–1301877
Par		Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value of grants non (during year)	
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
U	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	impermissible private benefit?	·
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	
	Purpose(s) of conservation easements held by the organization (check all that apply).	.,
•		torically important land area
		tified 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 c	conservation easement on the last
-	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
		20 2c
	Number of conservation easements on a certified historic structure included on line 2a	
u	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	
3		
4	year Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	
U	Stan and volunteer hours devoted to monitoring, inspecting, nandling of violations, and emotoring conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
'		asements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B	3)(i)
U	and section 170(h)(4)(B)(ii)?	
a	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	
	organization's accounting for conservation easements.	that describes the
Par		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
ia	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	co shoot works of
b		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items.	¢
	(i) Revenue included on Form 990, Part VIII, line 1	A
~	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	i, proviae
	the following amounts required to be reported under FASB ASC 958 relating to these items:	^
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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		c Health Sy					65-13			age 2	
Pai	t III Organizations Maintaining C								nued)		
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following the	at make :	significant	use of its	3			
	collection items (check all that apply).										
a		d		change progr	am						
b	Scholarly research	e	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	•	•	•			ose in Pa	rt XIII.			
5	During the year, did the organization solicit o							-		1	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		e if the organizatio	n answered '	'Yes" on	Form 990), Part IV,	line 9, or			
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contributio	ons or other a	issets no	ot included	k	_		_	
	on Form 990, Part X?						L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII										
								Amoun	t		
с	Beginning balance					1c					
d	Additions during the year					1d					
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F							Yes		No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided in	Part XIII]	
Pa	t V Endowment Funds Complete if	the organization ans	wered "Yes" on Fo	orm 990, Part	IV, line 1	10.					
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back	
1a	Beginning of year balance	215,821,109	5,821,109. 181,506,836. 1		167,1	L16,847.	. 149	,622,	240.		
	Contributions	33,838,255.	33,869,600	. 57,37	9,727.	27. 40,804,		. 52	,656,	881.	
	Net investment earnings, gains, and losses	6,786,637.	-7,047,457	. 5,71	9,346.	5,0	073,267.	. 5	,050,	049.	
	Grants or scholarships						·				
	Other expenditures for facilities										
· ·	and programs	33,549,880.	-38,746,939	28 78	4,800.	31 4	188,171.	40	,212,	323.	
f	Administrative expenses		, , , , , , , , , , , , , , , , , , , ,		-,	- /	,		,,		
	End of year balance	210 971 336	203,896,324	215 82	1,109.	181 5	506,836	167	,116,	847	
2	Provide the estimated percentage of the cur				-,	,	,		,,	• • • •	
	Board designated or quasi-endowment	Terre year end balance	%	ajj ficiu as.							
	Permanent endowment 25.0000	%									
	Term endowment 75.0000										
C		, -									
0-	The percentages on lines 2a, 2b, and 2c sho	•				u					
Ja	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	and administ	ered for i	the			Yes	No	
	organization by:							0-(1)	165	X	
	(i) Unrelated organizations?									X	
	(ii) Related organizations?									Λ	
	If "Yes" on line 3a(ii), are the related organiza			·				. 3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere		, Part IV, line 11a.	See Form 99	0, Part X	, line 10.					
	Description of property	(a) Cost or ot		t or other			ed	(d) Boo	k value	e	
		basis (investm		(other)		preciation		(,			
1 a	Land	· · · ·	,	2,350.				4,77	2,3	50.	
	Buildings			9,298,798.	1	748,821					
	Leasehold improvements			57,669.		<u>,</u> 571,5					
	Equipment			B,960,204.				1,132			
	Other			, ,				,	, - ,		
	Add lines 1a through 1e. (Column (d) must e		X line 10c colum	n (B))				1,740	.076	471.	
1010			.,	· (- //			Schedul				

Schedule D (Form 990) 2023 Atlantic He	alth System I	nc Group Return	65-1301877 Page 3					
Part VII Investments - Other Securities								
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.					
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market va								
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))								
Part VIII Investments - Program Related.								
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.					
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value					
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(9)

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	415,782,322.
(2) FOUNDATION ACCOUNTS	3,149,251.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	418,931,573.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990. Part IV. line 11e or 11f. See Form 990. Part X.	line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ADVANCES THIRD PARTY PAYORS	67,192,763.
(3)	LONG TERM LIABILITIES	299,337,609.
(4)	LONG TERM LEASE LIABILITIES	270,570,555.
(5)	SHORT TERM LEASE LIABILITIES	42,106,698.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	679,207,625.
0 1 1		41 4

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 Atlantic Health System Inc G			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue per R	eturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	4,387,786,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a 289,748,468.		
b	Donated services and use of facilities	2b		
С	· · · · · · · · · · · · · · · · · · ·	2c		
d	Other (Describe in Part XIII.)	2d 15,283,419.		
е	Add lines 2a through 2d		2e	305,031,887.
3	Subtract line 2e from line 1		3	4,082,754,264.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 155,818,690.		
с	Add lines 4a and 4b		4c	155,818,690.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,238,572,954.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,928,375,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,928,375,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 86,475,911.		
с	Add lines 4a and 4b		4c	86,475,911.
5			5	4,014,851,524.
Pa	rt XIII Supplemental Information			
Drow	ide the descriptions required for Dart II, lines 2, 5, and 0; Dart III, lines 1a and 4; Dart IV	lines 1b and 2b; Dart V line	1. Dord	V line Q Dert VI

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.

Part V, line 4:

Temporarily restricted net assets are those funds whose use by the
Hospital has been limited by donors to a specific time period and/or
purpose. Once the restrictions are satisfied, or have been deemed to have
been satisfied, those temporarily restricted net assets are released from
restrictions. Temporarily restricted net assets are available and
intended for the following purposes:
- Research
- Newton Medical Center's Redesign of the Behavioral Health of the
Emergency Room
- Overlook Medical Center's Master improvement plan
- Chilton Medical Center's Emergency Room Renovation
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11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule D (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 5 Part XIII Supplemental Information (continued)

- Haackettstown Medical Center's expansion of infusion services

- Morristown Medical Center's cogeneration plan

- Purchase of plant and equipment

- Scholarships and education

- Program Services

Permanently restricted net assets are restricted to investments to be held in perpetuity, the income from which is expendable to support health care services.

Part XI, Line 2d - Other Adjustments:

Net Assets Released From Restrictions

15,283,419.

Part XI, Line 4b - Other Adjustments:

Revenue recorded as an offset in the AFS expenses	47,451,865.
Count never a recorded of an offect to the AEC every	22 014 095
Grant revenue recorded as an offset to the AFS expenses	22,014,085.
Unrestricted Net Asset Distribution for Capital	8,094,472.
_	
MMC FDN Off Set - Restricted Activity	14,169,515.
Reclass Contra Revenue to Expenses	17,009,961.
Government Grants Used for Capital Purposes	47,078,792.
Total to Schedule D, Part XI, Line 4b	155,818,690.

Part XII, Line 4b - Other Adjustments:	
Revenue recorded as an offset in the AFS expenses	47,451,865.
Grant revenue recorded as an offset to the AFS expenses	22,014,085.
Reclass Contra Revenue to Expenses	17,009,961.
Total to Schedule D, Part XII, Line 4b	86,475,911.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
(Form 990)	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV	, line 14b, 15,	or 16.	2023
Department of the Treasury Internal Revenue Service	Go to W	ww.irs.gov/Eorg	Attach to Form 990. 1990 for instructions and the latest	information		Open to Public Inspection
Name of the organization	G0 10 W	ww.iis.govii oiii		intormation.	Employer	identification number
Atlantia Heal	th Greatom	Ing Crow	n Poturn		65-13	01077
Atlantic Heal Part General Ir			tside the United States. Complete	ete if the orgar		
	art IV, line 14b.			U		
-	•		ds to substantiate the amount of its gr the selection criteria used to award the			Yes No
2 For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistar	nce outside the
	n. (The following Parl	t I. line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and		(e) If acti is a pro describe	vity listed in gram service specific typ (s) in the reg	e, expenditures for and investments
Central America and						
the Caribbean -	1	0	Asset Investment	Insurance		39,821,272.
3 a Subtotal	1	0				39,821,272.
b Total from continuat sheets to Part I	tion	a				0.
c Totals (add lines 3a and 3b)		0				39,821,272.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization 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 ...

65-1301877

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

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

		Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 4
Part IV	Foreign For	ms							

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X 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 the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

chedule F	(Form 990) 2023	Atlantic H	Iealth	System	Inc	Group	Retur	n 6.	5-1301	.877	Paç
Part V		al Information	ut Lline O (an an it an impact of fe		t l line O					
		mation required by Pa expenditures per regio									
		per of recipients), as a									
		,					, <u> </u>				
									0-1		<u></u>
									> on odulo	⊢ I⊢orm Q	ч())
2075 11-29-2	23				45				Schedule I		00,

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ. Jine 6a. Open to Public Inspection Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990 or Form 990-EZ. Jine 6a. Open to Public Inspection Name of the organization Atlantic Health System Inc Group Return Employer identification number 65-1301877 Part Fundraising Activities. Complete if the organization answered "Yes" on 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. Employer identifications a Mail solicitations f Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising services? Yes No 2 a 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 Internet and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities c	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Name of the organization Employer identification number 65–1301877 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events No 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) from activity (v) Amount paid to (or retained by) from activity (v) Amount paid to (or retained by) organization	(Form 990)						or 19,	, or if the	2023
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number Atlantic Health System Inc Group Return 65–1301877 Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 e b Internet and email solicitations f c Phone solicitations g 2 a 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 In "Yes," list the 10 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) Amount paid to (or retained by) fundraiser (is control or plated in col. (i) </td <td>Department of the Treasury</td> <td>U</td> <td>-</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>Open to Public</td>	Department of the Treasury	U	-			-			Open to Public
Atlantic Health System Inc Group Return 65–1301877 Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have custody or entity from activity (v) Amount paid to (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.	Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	he latest informatio	n.		-
Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 e b Internet and email solicitations f c Phone solicitations g Special fundraising events d In-person solicitations d In-person solicitations g special fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iv) Gross receipts from activity form activity (v) Amount paid to (or retained by) organization (j) organization?	Name of the organizatio		c Health System In	c G	rou	p Return			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g No 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser is control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) organization organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser is control of control of control of contretained by) (Part I Fundrais						line 1		
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Poid fundraiser is custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (v) Amount paid to (or retained by) organization									
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser for activity or entity (fundraiser) (iv) Gross receipts form activity form activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) or ganization	a Ail solicitat b Internet and c Phone solici	tions email solicitations tations	e Solicitat s f Solicitat	ion of	non-g gover	overnment grants nment grants			
b If "Yes," list the 10 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? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) or control of contributions?	•		•	•	Ũ			·	<u> </u>
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? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (v) Amount paid to (or retained by) or ganization	• • •					-			
(i) Name and address of individual or entity (fundraiser) (ii) Activity or entity (fundraiser) (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross receipts from activity listed in col. (i) (v) Andon t paid to (or retained by) organization					ugrot				
Yes No	.,		(ii) Activity	fundr have c or cor	aiser ustody trol of		tò (o	or retained by) fundraiser	to (or retained by)
				Yes	No				
Total	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. 	3 List all states in wh					s or has been notified	d it is	exempt from re	egistration

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

Atlantic Health System Inc Group Return 65-1301877 Page 2

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

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Fall Rummage	None	(add col. (a) through
			Rummage Sale			col. (c))
P			(event type)	(event type)	(total number)	
שאפע	1	Gross receipts	792,211.	715,662.		1,507,873
	2	Less: Contributions	792,211.	715,662.		1,507,873
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
2	5	Noncash prizes				
יפי ופרע	6	Rent/facility costs	89,585.	89,585.		179,170
וו ברי ב	7	Food and beverages				
	8	Entertainment				
Direct Expenses Revenue Direct Expenses	9	Other direct expenses	66,140.			132,280
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			311,450
		Net income summary. Subtract line 10 from li				-311,450
a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
Т		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
				5 1 5 5		(u)(
	1	Gross revenue				
1						
	2	Cash prizes				
	3	Noncash prizes				
		Rent/facility costs				
1	5	Other direct expenses				
┫			Yes %	Yes %	Yes %	
	6	Volunteer labor			□ No //	
		Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	7					
	7					
			from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7				
	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	ucts gaming activities:			
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these	states?		
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	ucts gaming activities: ctivities in each of these	states?		
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these	states?		
a b	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		Yes N
a b)a	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	year?	Yes N
a b)a	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	year?	Yes N
a b)a	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	year?	Yes N
a b a b	8 Ent Is t If "I We If "`	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	year?	Yes N

Schedule G	(Form 990) 2023	Atlantic	Health	System	Inc Grou	ıp Return	65-1	<u>30187</u>	7 Page 3
	he organization conduct ga	aming activities with	nonmember	s?				Yes	No No
	organization a grantor, bene	•		-		•		<u> </u>	<u> </u>
	inister charitable gaming? e the percentage of gaming							└── Yes	└── No
	ganization's facility						1	13a	%
	side facility							13b	%
	he name and address of th							•	
Name									
Addres	S								
15a Does t	he organization have a con	tract with a third pa	arty from who	m the organiza	ation receives gar	ming revenue?		Yes	No No
				· .· .					
	," enter the amount of gam ing revenue retained by the		ed by the orga	anization \$		and the am	ount		
	," enter name and address	· · · · ·							
Name									
A alalua a	_								
Addres									
16 Gaming	g manager information:								
Name									
Gamin	g manager compensation	\$							
Garning	g manager compensation	Ф							
Descrip	otion of services provided								
	Director/officer	Employee] Independent	t contractor				
	tory distributions:		ala avita la la clica	tuile, stieve e fueve					
	organization required under he state gaming license?	state law to make						Yes	
	he amount of distributions								
	ation's own exempt activit								
Part IV	Supplemental Infor		-	-			; and Parl	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also p	rovide any ad	ditional inform	ation. See instruc	ctions.			
332083 09-13-	23						Schedu	le G (Form	990) 2023
	1 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			48		1.1 ~ .	_		00001

Schedule G (Form 990) Part IV Supplemental Infor	Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 4
		90)						
332094 04-01-23							Schedule G (F	orm 990)
332084 04-01-23			49					

SC	HEDULE H						OM	IB No. 1	1545-00	047
	rm 990)			Hospi	tals			20	23	2
-	-	Complete	e if the organizati	on answered "Y	es" on Form 990, F	Part IV, question 2	20a.	LU	ΔIJ)
	ment of the Treasury			Attach to Fo				pen to		ic
	Revenue Service		o www.irs.gov/Fo	orm990 for instru	ictions and the lat	est information.		spect		
Nam	e of the organizati			h Greatom	The Choun	Dotum	Employer ident		on nu	mber
Par	t I Financia				Inc Group		05-13010	11		
1 41					ity benefite u				Yes	No
1a	Did the organizatio	on have a financial	assistance policy	during the tax ve	ar? If "No," skip to	question 6a		1a	X	<u> </u>
	-							1b	Х	
2	If the organization hat to its various hospital	d multiple hospital fa I facilities during the	acilities, indicate whic tax vear:	ch of the following b	est describes applica	tion of the financial a	ssistance policy			
	X Applied unif	ormly to all hospita	al facilities	Appl 🗌	ed uniformly to mo	st hospital facilities	8			
	Generally ta	ilored to individual	hospital facilities							
3	-				est number of the organiza		-			
а	-		•		determining eligibi	• • •			37	
					for eligibility for fre	e care:		3a	X	
			X 200%	Other	%					
D	•				oviding <i>discounted</i> o care:			3b	x	
	200%					ther %		30		
с					, describe in Part V					
•	-				the organization us		-			
					free or discounted					
4					ts during the tax year pro			4	Х	
					its financial assistance			5a	X	
b	If "Yes," did the or	ganization's finan	cial assistance exp	penses exceed th	e budgeted amoun	t?		5b	X	
С			-	-	ation unable to pro					
								5c	37	X
					year?			6a	X	<u> </u>
b					not submit these worksh			6b	X	
7	Financial Assistan	-			not submit these workshi	eets with the Schedule H	•			
<u> </u>	Financial Assis		(a) Number of	(b) Persons	(C) Total community	(d) Direct offsetting	(e) Net community	(f	Percer	nt
Mea	ins-Tested Govern		` activities or programs (optional)	served (optional)	• benefit expense	revenue	benefit expense	e	of total expense	
а	Financial Assistan	ce at cost (from								
	Worksheet 1)				45,424,777.	13,294,818.	32,129,959.		.80	8
b	Medicaid (from We									
	column a)				368,265,604.	252,997,358.	115,268,246.	2	.87	8
С	Costs of other me									
	government progr	-								
لہ	Worksheet 3, colu Total. Financial Assist	,						├		
u	Means-Tested Governm				413 690 381.	266,292,176.	147,398,205.	3	.67	8
	Other Ben				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	, ,			
е	Community health									
	improvement serv									
	community benefi	t operations								
	(from Worksheet 4)			21,737,820.	636,841.	21,100,979.		.53	8
f	Health professions							1	20	0.
	(from Worksheet 5				71,369,754.	19,197,283.	52,172,471.	<u>⊢</u> – ⊥	.30	б
g	Subsidized health				246 397 730	12 201 025	233 002 005	5	.83	۶.
h	(from Worksheet 6 Research (from W				246,387,730. 4,323,577.		233,992,805. 2,499,827.	<u> </u>	.05	
	Cash and in-kind o					_,020,,000	_,155,027.	<u> </u>		-
•	for community ber									
	Worksheet 8)				1,266,526.	0.	1,266,526.		.03	8
j	Total. Other Bene				345,085,407.		311,032,608.	7	.75	
	Total. Add lines 7				758,775,788.	300,344,975.	458,430,813.	11	.42	8
LHA	For Paperwork R	eduction Act Not	ice, see the Instru	uctions for Form	990. 332091 12	2-26-23	Schedule H	l (Forr	n 990)) 2023

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the nd describe in Part VI how its nity building nromoted the health of th

	tax year, and describe in Pan	(a) Number of	(b) Persons	(c) Total	(d) Direct	(e) Net		Percent	t of
		activities or programs (optional)	served (optional)	community building expense	offsetting rever	ue community building expense	to	tal exper	ise
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								
Pa	rt III Bad Debt, Medicare, 8	& Collection P	ractices						
Sect	ion A. Bad Debt Expense							Yes	No
1	Did the organization report bad deb	-			-				
	Statement No. 15?						1	X	
2	Enter the amount of the organization					~~ ~~ ~~ ~~ ~			
	methodology used by the organizati	ion to estimate this	amount		2	99,387,754	•		
3	Enter the estimated amount of the o	organization's bad	debt expense attri	ibutable to					
	patients eligible under the organizat	ion's financial assis	stance policy. Exp	lain in Part VI th	e				
	methodology used by the organizati					10 105 001			
	for including this portion of bad deb	t as community be	nefit		3	19,195,891	<u>·</u>		
4	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.									
Sect	Section B. Medicare								
5									
6	Enter Medicare allowable costs of care relating to payments on line 5								
7	Subtract line 6 from line 5. This is the surplus (or shortfall)						7.		
8	Describe in Part VI the extent to whi	ch any shortfall rep	ported on line 7 sh	nould be treated	as community b	enefit.			
	Also describe in Part VI the costing		urce used to dete	ermine the amou	nt reported on li	ne 6.			
	Check the box that describes the m		_	-					
	Cost accounting system	X Cost to char	ge ratio	Other					
	ion C. Collection Practices								
	Did the organization have a written of						9a	X	
b	If "Yes," did the organization's collection					tain provisions on the		37	
De	collection practices to be followed for pat						9b	X	
Pa	rt IV Management Compar	lies and Joint	ventures (owned	d 10% or more by offi	cers, directors, truste	es, key employees, and phy	sicians - s	ee instru	ictions)
	(a) Name of entity		cription of primar		Organization's	(d) Officers, direct-		hysicia	
		ac	tivity of entity		rofit % or stock ownership %	ors, trustees, or key employees'		ofit % (stock	or
					ownership 70	profit % or stock ownership %		iership	%

332092 12-26-23

11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule H (Form 990) 2023 Atlantic Health System Part V Facility Information	Ind	с (Gr	ouj	<u>p</u> I	Ret	cui	rn	65-1301877	Page 3
			-	1	ସ					
Section A. Hospital Facilities		cal			Critical access hospita					
(list in order of size, from largest to smallest - see instructions)	tal	Gen. medical & surgical	Children's hospita	tal	ğ	2				
How many hospital facilities did the organization operate	spi	& SI	l so	spi	SS	cilit				
during the tax year?6	-icensed hospital	g	ے ا	Teaching hospital	8 C	Research facility	ER-24 hours			
Name, address, primary website address, and state license number	Sed	ledi	e ,	ing.	ala	1 2	q	le,		Facility
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	l ü	μ.	jā	g	ţi	seg	-24	ER-other		reporting group
	Ľ.	Gei	5	Ĕ	ō	Я	ШШ.	Hin I	Other (describe)	· ·
1 Morristown Medical Center										
100 Madison Avenue										
Morristown, NJ 07960										
www.atlantichealth.org										
11403	Tx	X	x	X	x		Х			
2 Overlook Medical Center										
99 Beauvoir Avenue	-									
Summit, NJ 07902	-									
www.atlantichealth.org	-									
11902	-	v	v	v	v		x			
	_^		<u> </u> ▲	X	<u>^</u>	<u> </u>	^			+
3 Newton Medical Center	4			1						
175 High Street	_									
Newton, NJ 07960										
www.atlantichealth.org										
12005	X	Х					Х			
4 Chilton Medical Center										
97 West Parkway										
Pompton Plains, NJ 07444										
www.atlantichealth.org	1									
11401	- Tx	x					x			
5 Atlantic Rehabilitation Institute										
95 Mt, Kemble Avenue	-									
	-									
Morristown, NJ 07962	-								Comprehensive	
www.atlantichealth.org									Rehabilitaiton	
11404	X								Hospital	
6 Hackettstown Medical Center										
631 Willow Grove Street										
Hackettstown, NJ 07840										
www.atlantichealth.org										
12101	Tx	Х					Х			
	1									
	-									
	-									
	-									
	-	\vdash	+			-				-
	-									
	4									
	1			1						
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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: Morristown Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V. Section A): 1

	nmunity Health Needs Assessment		Yes	No
	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		x
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		x
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	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	a 🔀 A definition of the community served by the hospital facility			
k	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			
c	How data was obtained			
e				
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
	groups			
ç				
ł				
i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: $20 22$			
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	Х	
6a	a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Section C	6a		X
k	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	37	X
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a				
k				
c				
C				
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs		v	
_	identified through its most recently conducted CHNA? If "No," skip to line 11	8	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23	10	Х	
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Δ	
		101-		
	b) If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
10	-			
128	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)?	10-		x
L		12a		<u>^</u>
	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
C	for all of its hospital facilities? \$			

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Part	1	/	Fa	aci	lity	' li	nfo	orn	าอ	ati	on	(co	ntii	nue	ed,)
			-			-										_

Financial Assistance Policy (FAP)

3

Name of hospital facility or letter of facility reporting group: Morristown Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If <u>"Yes</u> ,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b		Income level other than FPG (describe in Section C)			
с		Asset level			
d		Medical indigency			
е		Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

Schedule H (Form 990) 2023

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Pa	rt V	Facility Information (continued)			
Billi	ng and	Collections			
Nar	ne of ho	spital facility or letter of facility reporting group: <u>Morristown Medical Center</u>			
				Yes	No
17	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpa	/ment?	17	Х	
18	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19	Did the	hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility under the facility's FAP?	19		Х
	lf "Yes	," check all actions in which the hospital facility or a third party engaged:			
a		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not ch	ecked) in line 19 (check all that apply):			
a	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k	X	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect	ion C)		
c	X	Processed incomplete and complete FAP applications (if not, describe in Section C)			
c	X	Made presumptive eligibility determinations (if not, describe in Section C)			
e	X	Other (describe in Section C)			
f		None of these efforts were made			
Poli	cy Rela	ting 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 re	quired the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individ	uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	lf <u>"No</u> ,	' indicate why:			
a		The hospital facility did not provide care for any emergency medical conditions			
k		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)

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Schedule H (Form 990) 2023	Atlantic	Health	System	Inc	Group	Return	65-1301877 Pag	e 7
Dart V Eacility Informat	ion (continued)							

Pa	art V Facility Information (continued)							
Cha	arges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)							
Nar	ne of hospital facility or letter of facility reporting group: Morristown Medical Center							
		_	Yes	No				
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	12-month period							
k	b X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period							
c	c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination							
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior							
	12-month period							
c	The hospital facility used a prospective Medicare or Medicaid method							
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided							
	emergency or other medically necessary services more than the amounts generally billed to individuals who had							
	insurance covering such care?	23		Х				
	If "Yes," explain in Section C.							
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any							
	service provided to that individual?							
	If "Yes," explain in Section C.							
			000					

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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: Overlook Medical Center

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A):	2

Community Health Needs Assessment						
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		X		
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		X		
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	Х			
	If "Yes," indicate what the CHNA report describes (check all that apply):					
а	A definition of the community served by the hospital facility					
b	Demographics of the community					
с	Existing health care facilities and resources within the community that are available to respond to the health needs					
	of the community					
d						
е	The significant health needs of the community					
f	X 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						
i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)					
j	Other (describe in Section C)					
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22					
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	Х			
6a	a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other					
	hospital facilities in Section C	6a		X		
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		X		
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х			
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):					
а	, , ,					
b						
С	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	Х			
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23					
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х			
	alf "Yes," (list url): Refer to Sch H, Part VI for the full URL					
	o If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b				
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most					
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why					
	such needs are not being addressed.					
12a	a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			37		
	CHNA as required by section 501(r)(3)?	12a		X		
	b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b				
С	the "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? \$					

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Yes No

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Part V Facility Informa	tion (continued)							

Part V	Facility	Information	(continued))

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Overlook Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
c		Asset level			
c		Medical indigency			
e		Insurance status			
f		Underinsurance status			
g		Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а		Described the information the hospital facility may require an individual to provide as part of their application			
b		Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
C	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
c		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	Was w	dely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
C		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
C		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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		Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
-	777				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

Schedule H (Form 990) 2023

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Pa	rt V Facility Information (continued)			-
Billi	ng and Collections			
Nar	ne of hospital facility or letter of facility reporting group: Overlook Medical Center			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon		v	
	nonpayment?	17	X	
â				
t c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
e f				
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		x
a k o	 Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP Actions that require a legal or judicial process 			
20 a	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
t c c f	 Processed incomplete and complete FAP applications (if not, describe in Section C) Made presumptive eligibility determinations (if not, describe in Section C) 	on C)		
Poli	cy 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	x	
a k	The hospital facility's policy was not in writing			

d ____ Other (describe in Section C)

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Pa	art V Facility Information (continued)			
Cha	arges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nan	me of hospital facility or letter of facility reporting group: Overlook Medical Center			
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-el individuals for emergency or other medically necessary care:	ligible		
а	a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a pric 12-month period	or		
b	b X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period	te		
c	c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combinat with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	d L The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			
	emergency or other medically necessary services more than the amounts generally billed to individuals who had			
	insurance covering such care?			X
	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 a service provided to that individual?	any 24		x
	If "Yes," explain in Section C.			

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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: Newton Medical Center

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): _3

			Yes	No
Con	nmunity 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		X
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		X
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	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а				
b				
С	X Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
d				
e				
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
g				
h				
1				
J	Other (describe in Section C) Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
4	Indicate the tax year the hospital facility last conducted a CHNA: $20 \underline{21}$ In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
5	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	х	
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		x
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		x
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	V			
b	V			
с	X 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	Х	
	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
	If "Yes," (list url): Refer to Sch H, Part VI for the full URL			
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12-	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
120	CHNA as required by section 501(r)(3)?	12a		x
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		- <u>-</u>
	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? \$			
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	Part	1	/	Facility	y In	form	nat	tion	(continued)	1
1										_

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Newton Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If <u>"Yes</u> ,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200%			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
С		Asset level			
d		Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14		ed the basis for calculating amounts charged to patients?	14	X	
15		ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
		ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	idely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
С	X	A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
	37				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

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Pa	rt V Facility Information (continued)			
Billi	ng and Collections			
Nan	e of hospital facility or letter of facility reporting group: Newton Medical Center			
		_	Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	x	
18 a b c d e	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: Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP Actions that require a legal or judicial process Other similar actions (describe in Section C)			
f	X None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		x
a b c d	If "Yes," check all actions in which the hospital facility or a third party engaged: Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
a b c d e f	 not checked) in line 19 (check all that apply): X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) X Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) X Processed incomplete and complete FAP applications (if not, describe in Section C) X Made presumptive eligibility determinations (if not, describe in Section C) X Other (describe in Section C) None of these efforts were made 			
Poli	cy 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	x	
a b c	If "No," indicate why: The hospital facility did not provide care for any emergency medical conditions The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			

d Other (describe in Section C)

Schedule H (Form 990) 2023

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Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 7 Part V Facility Information (continued)

Facility Information (continued)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name of hospital facility or letter of facility reporting group: Newton Medical Center			
		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to individuals for emergency or other medically necessary care:	> FAP-eligible		
a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service durin 12-month period	ıg a prior		
b X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and a health insurers that pay claims to the hospital facility during a prior 12-month period	all private		
c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in co with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during 12-month period			
d The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provide emergency or other medically necessary services more than the amounts generally billed to individuals who have insurance covering such care?			x
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 char service provided to that individual?	rge for any 24		x
If "Yes," explain in Section C.			

Name of hospital facility or letter of facility reporting group: Chilton Medical Center								
Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):								
		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		X					
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		X					
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	Х						
If "Yes," indicate what the CHNA report describes (check all that apply):								
a X definition of the community served by the hospital facility								
b X Demographics of the community								
c X Existing health care facilities and resources within the community that are available to respond to the health needs								
of the community								
d X How data was obtained								
e X The significant health needs of the community								
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority								
groups								
g X The process for identifying and prioritizing community health needs and services to meet the community health needs								
h $\begin{bmatrix} X \\ T \end{bmatrix}$ The process for consulting with persons representing the community's interests								
i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)								
j Other (describe in Section C)								
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22								
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		37						
community, and identify the persons the hospital facility consulted	5	Х						
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			37					
hospital facilities in Section C	6a		X					
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			37					
list the other organizations in Section C	6b	v	X					
7 Did the hospital facility make its CHNA report widely available to the public?	7	Х						
If "Yes," indicate how the CHNA report was made widely available (check all that apply):								
a X Hospital facility's website (list url): Refer to Sch H, Part VI for the full URL								
b X Other website (list url): www.njhealthmatters.org								
c X 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	-	х						
identified through its most recently conducted CHNA? If "No," skip to line 11	8	~						
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23	40	Х						
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	~						
a If "Yes," (list url): Refer to Sch H, Part VI for the full URL	401							
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b							
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why								
such needs are not being addressed.								
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	10-		х					
	12a		- 23					
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? 								
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Atlantic Health System Inc Group Return

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

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Part V Facility Information (continued) Section B. Facility Policies and Practices 65-1301877 Page 4

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Part V	Facility	Information	(continued)	

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Chilton Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
с		Asset level			
d		Medical indigency			
е		Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
с	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
	If "Yes,	" indicate how the hospital facility publicized the policy (check all that apply):			
а	X	The FAP was widely available on a website (list url): See Part V, Page 8			
b	X	The FAP application form was widely available on a website (list url): See Part V, Page 8			
с	X	A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
	_	facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

Schedule H (Form 990) 2023

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Pa	rt V 🛛	Facility Information (continued)			5
Billi	ng and	Collections			
Nar	ne of ho	ospital facility or letter of facility reporting group: Chilton Medical Center			
				Yes	No
17	Did the	e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	ance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpa	yment?	17	Х	
18		all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
á		Reporting to credit agency(ies)			
k	, ∐	Selling an individual's debt to another party			
c	;	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
C	I 🛄	Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f	Х	None of these actions or other similar actions were permitted			
19	Did the	e hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reasor	able efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes	," check all actions in which the hospital facility or a third party engaged:			
á	· 님	Reporting to credit agency(ies)			
k	• <u> </u>	Selling an individual's debt to another party			
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
C	I 🖂	Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
20		e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
		ecked) in line 19 (check all that apply):			
â		Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
	37	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k		Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect	ion C)		
C		Processed incomplete and complete FAP applications (if not, describe in Section C)			
C		Made presumptive eligibility determinations (if not, describe in Section C)			
e		Other (describe in Section C)			
f		None of these efforts were made			
-	-	ting to Emergency Medical Care			
21		e hospital facility have in place during the tax year a written policy relating to emergency medical care			
		quired the hospital facility to provide, without discrimination, care for emergency medical conditions to		х	
		uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Δ	
	í	" indicate why:			
á		The hospital facility did not provide care for any emergency medical conditions			
k		The hospital facility's policy was not in writing			
0	; []	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			

d Other (describe in Section C)

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Pa	art V Facility Information (continued)								
Cha	arges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)								
Nar	me of hospital facility or letter of facility reporting group: Chilton Medical Center								
			Yes	No					
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:								
a	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period								
b X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private									
	health insurers that pay claims to the hospital facility during a prior 12-month period								
c	c Internation The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination								
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior								
	12-month period								
c	d L The hospital facility used a prospective Medicare or Medicaid method								
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			1					
	emergency or other medically necessary services more than the amounts generally billed to individuals who had								
	insurance covering such care?	23		X					
	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		X					
	If "Yes," explain in Section C.								

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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: Atlantic Rehabilitation Institute

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

			Yes	No
Cor	mmunity 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		X
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		X
3				
	community health needs assessment (CHNA)? If "No," skip to line 12	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	a X A definition of the community served by the hospital facility			
k	b X Demographics of the community			
c	c X Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
c	d X How data was obtained			
	e X The significant health needs of the community			
f	37			
	groups			
	g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
-	h \mathbf{X} The process for consulting with persons representing the community's interests			
i				
i	i Other (describe in Section C)			
, 4	· · · · · · · · · · · · · · · · · · ·			
5	· · · · · · · · · · · · · · · · · · ·			
Ũ	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	х	
6a	a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Section C	6a		x
Ł	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		x
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
-	If "Yes," indicate how the CHNA report was made widely available (check all that apply):	-		
a	a X Hospital facility's website (list url): Refer to Sch H, Part VI for the full URL			
	b X Other website (list url): www.njhealthmatters.org			
	c X Made a paper copy available for public inspection without charge at the hospital facility			
	d Other (describe in Section C)			
	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	х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
a	a If "Yes," (list url): Refer to Sch H, Part VI for the full URL			
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
	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	a 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		Х
b	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? \$			
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Part	V	/	Fa	aci	lity	/	nfo	orn	na	tior	۱(continue	d)	i.
	-		-											

Financial Assistance Policy (FAP)

3

Name of hospital facility or letter of facility reporting group: Atlantic Rehabilitation Institute

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
С		Asset level			
d		Medical indigency			
е	X	Insurance status			
f		Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15		ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
		ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
	37				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

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		Facility Information (continued)			
		Collections			
Nan	ne of ho	pspital facility or letter of facility reporting group: <u>Atlantic Rehabilitation Institute</u>			
				Yes	No
17		hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
		nce policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon		37	
		/ment?	17	Х	
18		all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
а		Reporting to credit agency(ies)			
b		Selling an individual's debt to another party			
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19		hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes	" check all actions in which the hospital facility or a third party engaged:			
а		Reporting to credit agency(ies)			
b		Selling an individual's debt to another party			
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
C		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
		ecked) in line 19 (check all that apply):			
а	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b		Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section	ion C)		
C		Processed incomplete and complete FAP applications (if not, describe in Section C)			
C		Made presumptive eligibility determinations (if not, describe in Section C)			
e	X	Other (describe in Section C)			
f		None of these efforts were made			
Poli	cy Rela	ting 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 re	quired the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individ	uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х	
	If <u>"No,</u> '	' indicate why:			
а		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)

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Pa	art V Facility Information (continued)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
Name of hospital facility or letter of facility reporting group: Atlantic Rehabilitation Institute				
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period 			
k	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c				
c	The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			
	emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		х
	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		x
	If "Yes," explain in Section C.			

Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page	Schedule H (Form 990) 2023	Atlantic	Health S	ystem Inc	Group	Return	65-1301877 Pa	ige 4
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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: Hackettstown Medical Center

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

Con	nmunity 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		X			
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		X			
3							
-	community health needs assessment (CHNA)? If "No," skip to line 12	3	х				
	If "Yes," indicate what the CHNA report describes (check all that apply):	-					
а							
b							
of the community d X How data was obtained							
d							
e							
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority						
	groups						
g							
h							
i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)						
j	Other (describe in Section C)						
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 21						
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							
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							
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		x			
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х				
•	If "Yes," indicate how the CHNA report was made widely available (check all that apply):						
а	V						
b	V						
C							
d							
0	Did the hospital facility adopt an implementation strategy to meet the significant community health needs		х				
•	identified through its most recently conducted CHNA? If "No," skip to line 11	8	л				
	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23		Х				
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	~				
	If "Yes," (list url): Refer to Sch H, Part VI for the full URL						
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b					
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most						
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why						
such needs are not being addressed.							
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a							
CHNA as required by section 501(r)(3)?							
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b					
С	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? \$						
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Part	V	Facilit	ty Info	ormation	l (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Hackettstown Medical Center

				Yes	No			
Did the hospital facility have in place during the tax year a written financial assistance policy that:								
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?								
	If "Yes," indicate the eligibility criteria explained in the FAP:							
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 8						
		and FPG family income limit for eligibility for discounted care of 300 %						
b		Income level other than FPG (describe in Section C)						
С		Asset level						
d		Medical indigency						
е		Insurance status						
f		Underinsurance status						
g	X	Residency						
h		Other (describe in Section C)						
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х				
15	Explain	ed the method for applying for financial assistance?	15	Х				
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)						
	explain	ed the method for applying for financial assistance (check all that apply):						
а	X	Described the information the hospital facility may require an individual to provide as part of their application						
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part						
of their application								
С	c X Provided the contact information of hospital facility staff who can provide an individual with information							
		about the FAP and FAP application process						
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources						
		of assistance with FAP applications						
е		Other (describe in Section C)						
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х				
		" indicate how the hospital facility publicized the policy (check all that apply):						
а		The FAP was widely available on a website (list url): See Part V, Page 8						
b		The FAP application form was widely available on a website (list url): See Part V, Page 8						
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8						
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)						
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital						
		facility and by mail)						
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,						
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public						
		displays or other measures reasonably calculated to attract patients' attention						
	v							
h		Notified members of the community who are most likely to require financial assistance about availability of the FAP						
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)						
		spoken by Limited English Proficiency (LEP) populations						
j		Other (describe in Section C)						

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Pa	rt V	Facility Information (continued)							
Billi	ng and	Collections							
Nar	Name of hospital facility or letter of facility reporting group: Hackettstown Medical Center								
				Yes	No				
17	Did the	e 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								
	nonpa	yment?	17	Х					
18		all of the following actions against an individual that were permitted under the hospital facility's policies during the							
	tax ye	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:	ſ						
á		Reporting to credit agency(ies)	ſ						
k		Selling an individual's debt to another party	ſ						
c	:	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a							
	_	previous bill for care covered under the hospital facility's FAP	ſ						
C	ı 🛄	Actions that require a legal or judicial process	ſ						
e		Other similar actions (describe in Section C)	ſ						
f	X	None of these actions or other similar actions were permitted							
19		e hospital facility or other authorized party perform any of the following actions during the tax year before making	ſ						
	reasonable efforts to determine the individual's eligibility under the facility's FAP?								
	If "Yes	s," check all actions in which the hospital facility or a third party engaged:							
á		Reporting to credit agency(ies)	ſ						
k		Selling an individual's debt to another party	ſ						
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a							
		previous bill for care covered under the hospital facility's FAP	ſ						
C		Actions that require a legal or judicial process							
e		Other similar actions (describe in Section C)							
20		te which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or							
		ecked) in line 19 (check all that apply):							
á	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the							
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)							
k		Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect	ion C)						
C		Processed incomplete and complete FAP applications (if not, describe in Section C)							
C		Made presumptive eligibility determinations (if not, describe in Section C)							
e		Other (describe in Section C)							
f		None of these efforts were made							
		ting to Emergency Medical Care							
21		e hospital facility have in place during the tax year a written policy relating to emergency medical care	ſ						
		quired the hospital facility to provide, without discrimination, care for emergency medical conditions to			v				
		uals regardless of their eligibility under the hospital facility's financial assistance policy?	21		Х				
		" indicate why:							
á		The hospital facility did not provide care for any emergency medical conditions							
k		The hospital facility's policy was not in writing							
0		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)							

d ____ Other (describe in Section C)

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Га	Facility information (continued)						
Cha	harges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)						
Name of hospital facility or letter of facility reporting group: Hackettstown Medical Center							
			Yes	No			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:							
a	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period						
b	b I The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period						
С	c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination						
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior						
	12-month period						
d	The hospital facility used a prospective Medicare or Medicaid method						
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided						
	emergency or other medically necessary services more than the amounts generally billed to individuals who had			x			
insurance covering such care? 23							
	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		Х			
	If "Yes," explain in Section C.						

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

Part V, Section A:

In addition to the non-hospital based facilities listed separately in

Schedule H, Part V, Section D, AHS operates numerous physician offices

related to it's various medical disciplines throughout the tristate area.

These physician facilities practice under Practice Associates Medical

Group (D/B/A Altantic Medical Group).

Morristown Medical Center:

Part V, Section B, Line 5: Morristown Medical Center (MMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2022, MMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of MMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided MMC with a health-centric view of the population it serves, enabling MMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report 332008 12-26-23 Schedule H (Form 990) 2023 77 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page & Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
serves as a compilation of the overall findings of the CHNA process. This
document is not a compendium of all data and resources examined in the
development of the CHNA and the identification of health priorities for
MMC's service area, but rather an overview that highlights statistics
relevant to MMC's health priorities for the CHNA/CHIP planning and
implementation period.
Key components of the MMC CHNA process include:
Secondary Data Research
Key Informant Survey
Prioritization Session
Implementation Plan
Adoption of Key Community Health Issues
Morristown Medical Center, in conjunction with community partners,
examined the findings of qualitative and quantitative data review to
prioritize key community health issues. The following issues were
identified and adopted as the key health priorities for MMC's 2022-2024
CHNA:
Behavioral Health (Including Substance Use Disorders)
Diabetes/Obesity/Unhealthy Weight
Heart Disease
Cancer
Stroke
Geriatrics & Healthy Aging
Based on feedback from community partners, health care providers, public
health experts, health and human service agencies, and other community
representatives, Morristown Medical Center plans to focus on multiple key
community health improvement efforts and will create an implementation
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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

strategy of their defined efforts, to be shared with the public on an

annual basis through its Community Health Improvement Plan (CHIP).

Methodology

MMC's CHNA comprised quantitative and qualitative research components. A

brief synopsis of the components is included below with further details

provided throughout the document:

- A secondary data profile depicting population and household statistics,

education and economic measures, morbidity and mortality rates, incidence

rates, and other health statistics related to the service area was

compiled with findings presented to advisory committees for review and

deliberation of priority health issues in the community.

- A key informant survey was conducted with community leaders and

partners. Key informants represented a variety of sectors, including

public health and medical services, non-profit and social organizations,

public schools, and the business community.

- An analysis of hospital-utilization data was conducted which allowed us

to identify clinical areas of concern based on high utilization and

whether there were identified disparities among the following

socioeconomic demographic cohorts: insurance type, gender, race/ethnicity, and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff

provided MMC with administrative and analytic support throughout the CHNA

process. Staff collected and interpreted data from secondary data sources,

collected and analyzed data from key informant surveys, provided key

market insights, and prepared all reports.

Community Representation

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

Community engagement and feedback were an integral part of the CHNA process. MMC's Community Health Department played a critical role in obtaining community input through key informant surveys of community leaders and partners and included community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all

potential community stakeholders. MMC sought to mitigate these limitations

by including, in the assessment process, a diverse cohort of

representatives or and/or advocates for medically underserved, low income,

and minority populations in the service area.

Prioritization of Needs

Following the completion of the CHNA research, MMC's Community Health

Advisory Board's Community Health Sub-Committee prioritized community

health issues, which are documented herein. MMC will utilize these

priorities in its ongoing development of an annual Community Health

Improvement Plan (CHIP) which will be shared publicly.

Overlook Medical Center: Part V, Section B, Line 5: Overlook Medical Center (OMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, 332096 12-26-23 80 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

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

beginning in June 2022, OMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Union, Essex, Morris, Somerset, Hudson and Middlesex counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of OMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided OMC with a health-centric view of the population it serves, enabling OMC to prioritize relevant health issues and inform the development of future community health implementation

plan(s) focused on meeting community needs. This CHNA Final Summary Report

serves as a compilation of the overall findings of the CHNA process. This

document is not a compendium of all data and resources examined in the

development of the CHNA and the identification of health priorities for

OMC's service area, but rather an overview that highlights statistics

relevant to OMC's health priorities for the CHNA/CHIP planning and

implementation period.

Key components of the OMC CHNA process include:

Secondary Data Research

Key Informant Survey

Prioritization Session

Adoption of Key Community Health Issues

Key Community Health Issues

Overlook Medical Center, in conjunction with community partners, examined

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

community health issues. The following issues were identified and adopted

as the key health priorities for OMC's 2022-2024 CHNA:

Mental Health & Substance Use Disorder

Cancer

Heart Disease (Including as i relates to Stroke)

Diabietes

Maternal/Infant Health

Based on feedback from community partners, health care providers, public

health experts, health and human service agencies, and other community

representatives, Overlook Medical Center plans to focus on multiple key

community health improvement efforts and will create an implementation

strategy of their defined efforts, to be shared with the public on an

annual basis through its Community Health Improvement Plan (CHIP).

Methodology

OMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the document:

A secondary data profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics related to the service area was compiled with findings presented to advisory committees for review and deliberation of priority health issues in the community.

A key informant survey was conducted with community leaders and partners. Key informants represented a variety of sectors, including public health

and medical services, non-profit and social organizations, public schools,

and the business community.

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

to identify clinical areas of concern based on high utilization and

whether there were identified disparities among the following

socioeconomic demographic cohorts: insurance type, gender, race/ethnicity,

and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff

provided OMC with administrative and analytic support throughout the CHNA

process. Staff collected and interpreted data from secondary data sources,

collected and analyzed data from key informant surveys, provided key

market insights and prepared all reports.

Community Representation

Community engagement and feedback were an integral part of the CHNA

process. OMC's Community Health Department played a critical role in

obtaining community input through key informant surveys of community

leaders and partners and included community leaders in the prioritization

and implementation planning process. Public health and health care

professionals shared knowledge about health issues, and leaders and

representatives of non-profit and community-based organizations provided

insight on the community, including the medically underserved, low income,

and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all

potential community stakeholders. OMC sought to mitigate these limitations

by including in the assessment process a diverse cohort of representatives

or and/or advocates for underserved population in the service area.

Prioritization of Needs

Following the completion of the CHNA research, OMC's Community Health 332098 12-26-23 83 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

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

Advisory Board's Community Health Sub-Committee prioritized community health issues, which are documented herein. OMC will utilize these priorities in its ongoing development of an annual Community Health Improvement Plan (CHIP) which will be shared publicly on an annual basis.

Newton Medical Center:

Part V, Section B, Line 5: Newton Medical Center (NMC) is committed to

the people it serves and the communities where they reside. Healthy

communities lead to lower health care costs, robust community

partnerships, and an overall enhanced

quality of life. To that end, beginning in June 2021, NMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Sussex and Warren counties in New Jersey as well as portions of Pike County in Pennsylvania. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of NMCfs service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided NMC with a health-centric view of the population it serves, enabling NMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for NMCfs service 332098 12-26-23 Schedule H (Form 990) 2023 84 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8 Part V Facility Information (continued)						
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.						
area, but rather an overview that highlights statistics relevant to NMCfs						
health priorities for the CHNA/CHIP planning and implementation period.						
CHNA Components						
- Secondary Data Research						
- Key Informant Survey						
- Prioritization Session						
- Implementation Plan						
- Key Community Health Issues						
Key Community Health Issues						
Newton Medical Center, in conjunction with community partners, examined						
secondary data and community stakeholder input to select key community						
health Issues. The following issues were identified and adopted as the						
key health priorities for NMC's 2021-2023 CHNA:						
- Mental Health and Substance Misuse						
- Cancer						
- Heart Disease						
- Diabetes						
- Obesity						
- Stroke						
Based on feedback from community partners, health care providers, public						
health experts, health and human service agencies, and other community						
representatives, Newton Medical Center plans to focus on multiple key						
community health improvement efforts and will create an implementation						
strategy of their defined efforts, to be shared with the public on an						
annual basis through its community health improvement plan (CHIP).						

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

Part V, Section B, Line 5: Chilton Medical Center (CMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2022, CMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Morris and Passaic counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of CMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided CMC with a health-centric view of the population it serves, enabling CMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for CMC's service area, but rather an overview that highlights statistics relevant to CMC's health priorities for the CHNA/CHIP planning and implementation period. CHNA Development Process Secondary Data Research

Key Informant Survey

Prioritization Session

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

Adoption of Key Community Health Issues

Key Community Health Issues

Chilton Medical Center, in conjunction with community partners, examined

secondary data and community stakeholder input to select key community

health Issues. The following issues were identified and adopted as the key

health priorities for CMC's 2022-2024 CHNA:

Mental Health/ Substance Abuse

Heart Disease

Cancer

Diabetes

Respiratory Disease

Based on feedback from community partners, health care providers, public

health experts, health and human service agencies, and other community

representatives, Chilton Medical Center plans to focus on multiple key

community health improvement efforts and will create an implementation

strategy of their defined efforts, to be shared with the public on an

annual basis thorugh its Community Heatlh Improvement Plan (CHIP).

Methodology

CMC's CHNA comprised quantitative and qualitative research components. A

brief synopsis of the components is included below with further details

provided throughout the document:

A secondary data profile depicting population and household statistics,

education and economic measures, morbidity and mortality rates, incidence

rates, and other health statistics related to the service area was

compiled with findings presented to advisory committees for review and

deliberation of priority health issues in the community.

A key informant survey was conducted with community leaders and partners. 332098 12-26-23 87

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

Key informants represented a variety of sectors, including public health

and medical services, non-profit and social organizations, public schools,

and the business community.

An analysis of hospital-utilization data was conducted which allowed us

to identify clinical areas of concern based on high utilization and

whether there were identified disparities among the following

socioeconomic demographic cohorts: insurance type, gender, race/ethnicity,

and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff

provided CMC with administrative and analytic support throughout the CHNA

process. Staff collected and interpreted data from secondary data sources,

collected and analyzed data from key informant surveys, provided key

market insights and prepared all reports.

Community Representation

Community engagement and feedback were an integral part of the CHNA process. CMC's Community Health Department played a critical role in obtaining community input through key informant surveys of community leaders and partners and included community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all

potential community stakeholders. CMC sought to mitigate these limitations 332098 12-26-23 88

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

by including in the assessment process a diverse cohort of representatives

or and/or advocates for underserved population in the service area.

Prioritization of Needs

Following the completion of the CHNA research, CMC's Community Health

Advisory Sub-Committee prioritized community health issues, which are

documented herein. CMC will utilize these priorities in its ongoing

development of an annual Community Health Improvement Plan (CHIP) which

will be shared publicly.

Atlantic Rehabilitation Institute:

Part V, Section B, Line 5: Refer to the MMC CHNA

Hackettstown Medical Center:

Part V, Section B, Line 5: Hackettstown Medical Center (HMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2021, HMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Warren, Morris and Sussex counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing resident of HMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health.

The completion of the CHNA provided HMC with a health-centric view of the 332098 12-26-23 Schedule H (Form 990) 2023 89

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

population it serves, enabling HMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA findings. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for HMC's service area, but rather an overview that highlights statistics relevant to HMC's health priorities for the next CHNA/CHIP planning and implementation period. CHNA Components Secondary Data Research Key Informant Survey Prioritization Session Implementation Plan Key Community Health Issues Key Community Health Issues Hackettstown Medical Center, in conjunction with community partners, examined the findings of qualitative and quantitative data review to prioritize key community health issues. The following issues were identified: Heart Disease Diabetes and Overweight/Obesity

Substance Misuse

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- Mental Health

- Cancer

Based on feedback from community partners, health care providers, public

health experts, health and human service agencies, and other community
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Part V Facility Information	t ion (continued)		—		_			
Section C. Supplemental Informa 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 1 separate descriptions for each hos and hospital facility line number fro	5e, 16j, 18e, 19e, 2 spital facility in a fac	0a, 20b, 20c, cility reporting	20d, 20e, 21c, group, design	, 21d, 23 ated by	8, and 24. If a facility report	applicable, provide ting group letter	9	
representatives,	Hackettsto	own Med:	ical Cer	nter	plans	to focus	on multiple	e
key community hea	lth improv	vement e	efforts	and	will d	create an	implementa	ion
strategy of their	defined e	efforts	, to be	shar	ced wit	th the pub	olic on an	
annual basis thro	ugh its co	ommunity	y health	ı im <u>r</u>	proveme	ent plan	(CHIP).	
Morristown Medica	1 Center:							
Part V, Section B	, Line 6a	: No oth	ner hos <u>p</u>	pital	l facil	lities		
Overlook Medical	Overlook Medical Center:							
Part V, Section B	, Line 6a	: No oth	ner hos <u>r</u>	pital	l facil	lities		
Newton Medical Center:								
Part V, Section B	, Line 6a	: No oth	ner hos <u>p</u>	pital	l facil	lities		

Chilton Medical Center:

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

Atlantic Rehabilitation Institute:

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

Hackettstown Medical Center:

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

Hackettstown Medical Center:

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

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Part V Facility Information (continued)

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

facilities

Morristown Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://ahs.atlantichealth.org/patients-visitors/education-support/communi

Overlook Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Newton Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Chilton Medical Center:

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Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Part V Facility Information (continued)

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

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Atlantic Rehabilitation Institute:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Hackettstown Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Morristown Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

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Part V Facility Information (continued)

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

Overlook Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Newton Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Chilton Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Atlantic Rehabilitation Institute

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Hackettstown Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Morristown Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Overlook Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html 332098 12-26-23 Schedule H (Form 990) 2023 94

Part V Facility Information (continued)

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

Newton Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Chilton Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Atlantic Rehabilitation Institute

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Hackettstown Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Morristown Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Overlook Medical Center

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Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Newton Medical Center

Part V, line 16c, FAP Plain Language Summary website:

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Part V Facility Information (continued)

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

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Chilton Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Atlantic Rehabilitation Institute

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Hackettstown Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Morristown Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding 332098 12-26-23 96

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

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Overlook Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

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5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

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

Newton Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Chilton Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the 332098 12-26-23 98 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

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

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Atlantic Rehabilitation Institute:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

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

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Hackettstown Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

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Part V	Facility Information (continued	
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Atlantic Health System Inc Group Return

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)

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

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Nam	e and address	Type of facility (describe)
1	The Family Health Center	
	200 South Street	
	Morristown, NJ 07962	Ambulatory Care Facility
2	Atlantic Rehabilitation Institute	
	95 Mt. Kemble Avenue]
-	Morristown, NJ 07962	Long Term Care Facility
3	Atlantic Home Care and Hospice	
	111 East Catherine Street, Suite 240	Home Health Agency, Hospice
	Milford, PA 18337	Care Program
4	Atlantic Home Care and Hospice	
	465 South Street	Hospice Care Program and Home
	Morristown, NJ 07960	Health Agency
5	Atlantic Maternal Fetal Med @Bridgew	
	784-792 Chimney Rock Road	Off-Site Ambulatory Care
	Martinsville, NJ 08886	Facility
6	Atlantic Maternal Fetal Medicine	
	435 South Street - Suite 380	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
7	Atlantic Health Sleep Centers	
	95 Mt. Kemble Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
8	Chilton Health Network at Pike Drive	
	1 Pike Drive	Off-Site Ambulatory Care
	Wayne, NJ 07470	Facility
9	Chilton Health Network at 242 West P	
	242 West Parkway	Off-Site Ambulatory Care
	Pompton Plains, NJ 07444	Facility
10	Morristown Medical Center Care Now	
	57 US Highway Route 46	Off-Site Ambulatory Care
	Hackettstown, NJ 07840	Facility

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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?

134

Nam	e and address	Type of facility (describe)
11	OP Audiology and Speech	
	575 Route 28 2nd Floor	
	Raritan, NJ 08869	Speech Therapy
12	Cardiac Imaging at Florham Park	
	10 James Street	Off-Site Ambulatory Care
	Florham Park, NJ 07932	Facility
13		
	435 South Street-First Floor	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
14	Morristown Surgical Center at Madiso	
	111 Madison Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
15		
	111 Madison Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
16	▲	
	435 South Street - Suite 360	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
17		
	435 South Street - Suite 320	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
18	4	
	11 Saddle Road	Off-Site Ambulatory Care
	Cedar Knolls, NJ 07927	Facility
19	· · · · · · · · · · · · · · · · · · ·	
	310 Madison Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
20	Overlook Hospital Satellite ED	
	1000 Galloping Hill Road	Off-Site Ambulatory Care
	Union, NJ 07083	Facility

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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?

Nam	e and address	Type of facility (describe)
21	Overlook Health Services	
	1 Springfield Avenue	Off-Site Ambulatory Care
	Summit, NJ 07901	Facility
22	Cardiac Imaging CT	-
	435 South Street	
	Morristown, NJ 07962	Imaging Services
23	Cardiac Imaging at Cedar Knolls - OP	
	11 Saddle Road	1
	Cedar Knolls, NJ 07927	Imaging Services
24		
	10 James Street	1
	Florham Park, NJ 07932	Imaging Services
25		
	95 Madison Avenue - Suite B07	1
	Morristown, NJ 07960	Cardiac Imaging
26	Cardiac Imaging - North Morrist	
	356 Route 46	
	Mountain Lakes, NJ 07046	Cardiac Imaging
27		
	95 Madison Avenue - Suite 300	
	Morristown, NJ 07960	Imaging Services
28	Imaging Center-Atlantic Cardiology	
	8 Tempe Wick Rd	
	Mendham, NJ 07945	Imaging Services
29	CV Imaging Mt Arlington	
	400 Valley Road - Suite 102	
	Mt Arlington, NJ 07856	Imaging Services
30	Cardiac Imaging at Dr. Wall	
	50 Cherry Hill Road	1
	Parsippany, NJ 07054	Imaging Services

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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?

134

	Atlantic Maternal Fetal 784-792 Chimney Rock Road	
	Martinsville, NJ 08836	Imaging Services
32	Diabetes Center, Adult and Endocrino	
	435 South Street - Suite 340	1
	Morristown, NJ 07960	Wellness Center
33	Maternal Fetal Medicine	
	435 South Street - Sutie 380	1
	Morristown, NJ 07960	Physican Practice
34	Metobolic Medicine	
	435 South Street - Suite 330	1
	Morristown, NJ 07960	Physican Practice
35	CTR Rheumatic Disease	
	435 South Street- Suite 220A	1
	Morristown, NJ 07962	Physican Practice
36	Assoc Rehab ARI	
	95 Mt. Kemble Avenue]
	Morrsitown, NJ 07962	Rehab Services
	Ped family Practice @ 200 South ST	
	200 South Street]
	Morristown, NJ 07962	Pediatrice Physician Practice
	Ryan White HIV Clinic	
	200 South Street]
	Morristown, NJ 07962	Physican Clinic
	MMC Wound Care	
	435 South Street - Suite 320]
	Morristown, NJ 07962	Wound Care
40	MMC Imaging Center	
	111 Madison Avenue - 4th Floor]
	Morristown, NJ 07962	Imaging Services

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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?

134

Nam	e and address	Type of facility (describe)
41	MMC Surgical Center	
	111 MAdison Avenue - 2nd Floor	
	Morristown, NJ 07960	Surgical Center
42	MMC OP Radiology at 310 Madison	
	310 MAdison Avenue	
	Morristown, NJ 07960	Radiology Services
43	Pain Center	
	95 Madison Avenue - Suite 402	
	Morristown, NJ 07962	Pain Management
44	Cardiac Imaging	
	14 Smull Avenue - Suite 402	
	West Caldwell, NJ 07006	Imaging Services
45	Center for Physical Therapy & Sports	
	111 Madison Avenue – 1st Floor	
	Morristown, NJ 07960	Rehab Services
46	OP Radiology at 435	
	435 South Street	
	Morristown, NJ 07960	Radiology Services
47	Arthritis Center Pre-Joint Testing C	
	435 South Street - Suite 150	
	Morristown, NJ 07962	Pain Management
48	Pre-Procedural Evaluation/OP Lab	
	435 South Street – Suite 140	
	Morristown, NJ 07962	OP Lab Services
49		
	8 Saddle Road - Suite 202	
	Cedar Knolls, NJ 07927	Infusion Center
50	Radiology Imaging Bio-Sport	
	720 US highway 202-206	
	Bridewater, NJ 08807	Radiology Services

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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?

134

51 Adult Family Practice 435 South Street - S 3rd Floor Morristown, NJ 07962 Physician Practice 261 James Street Morristown, NJ 07960 Imaging Services 54 Cardiac Rehab 435 South Street - Suite 160 Morristown, NJ 07962 Rehab Services 55 Geriatric Assessment Center 465 South Street Morristown, NJ 07962 Geriatric Services 56 Pulmonary & Allergy Associates Techn 8 Saddle Road Cedar Knolls, NJ 07962 Pulmonary Group 57 Child Development Center 435 South Street - Suite 250 Morristown, NJ 07962 Child Development Center 435 South Street 435 South Street 435 South Street 435 South Street Morristown, NJ 07962 Preventive Care 59 Adult Cystic Fibrosis Center 435 South Street - Suite 210 Morristown, NJ 07962 Pulmonary Rehab Group 60 Autism Support Group		e and address	Type of facility (describe)
Morristown, NJ 07962Physician Practice52Imaging at Children's Orth & Sports261James StreetMorristown, NJ 07960Imaging Services54Cardiac Rehab435South Street - Suite 160Morristown, NJ 07962Rehab Services55Geriatric Assessment Center465South StreetMorristown, NJ 07962Geriatric Services56Pulmonary & Allergy Associates Techn8Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57Child Development Center435South Street - Suite 250Morristown, NJ 07962Child Development Center435South Street - Suite 250Morristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	51		
52 Imaging at Children's Orth & Sports 261 James Street Morristown, NJ 07960 Imaging Services 54 Cardiac Rehab 435 South Street - Suite 160 Morristown, NJ 07962 Rehab Services 55 Geriatric Assessment Center 465 South Street Morristown, NJ 07962 Geriatric Services 56 Pulmonary & Allergy Associates Techn 8 Saddle Road Cedar Knolls, NJ 07927 Pulmonary Group 57 Child Development Center 435 South Street - Suite 250 Morristown, NJ 07962 Child Development Center 435 South Street 435 South Street 435 South Street 435 South Street Morristown, NJ 07962 Preventive Care 59 Adult Cystic Fibrosis Center 435 South Street - Suite 210 Morristown, NJ 07962 Pulmonary Rehab Group 60 Autism Center 435 South Street - Suite 255 Morristown, NJ 07962 Autism Support Group <		435 South Street -S 3rd Floor	
261 James StreetMorristown, NJ 07960Imaging Services54 Cardiac Rehab435 South Street - Suite 160435 South Street - Suite 160Rehab Services55 Geriatric Assessment Center465 South Street465 South StreetGeriatric Services56 Pulmonary & Allergy Associates Techn8 Saddle Road60 Cedar Knolls, NJ 07962Pulmonary Group57 Child Development Center435 South Street - Suite 250435 South Street - Suite 250Child Development Center435 South Street - Suite 250Preventive Care58 Carol W. Breast Screening Center435 South Street435 South Street - Suite 210Preventive Care59 Adult Cystic Fibrosis CenterPulmonary Rehab Group60 Autism Center435 South Street - Suite 255Morristown, NJ 07962Pulmonary Rehab Group60 Autism Center435 South Street - Suite 255435 South Street - Suite 255Autism Support Group61 MMC @ Eden Lane Radiation OncologyAutism Support Group		Morristown, NJ 07962	Physician Practice
Morristown, NJ 07960Imaging Services54Cardiac Rehab435South Street - Suite 160Morristown, NJ 07962Rehab Services55Geriatric Assessment Center465South StreetMorristown, NJ 07962Geriatric Services56Pulmonary & Allergy Associates Techn8Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57Child Development Center435South Street - Suite 250Morristown, NJ 07962Child Development Center58Carol W. Breast Screening Center435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	52	Imaging at Children's Orth & Sports	_
54Cardiac Rehab435South Street - Suite 160Morristown, NJ 0796255Geriatric Assessment Center465South StreetMorristown, NJ 07962Geriatric Services56Pulmonary & Allergy Associates Techn8Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57Child Development Center435South Street - Suite 250Morristown, NJ 07962Child Development Center435South Street58Carol W. Breast Screening Center435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology		261 James Street	
435 South Street - Suite 160Rehab Services55 Geriatric Assessment Center465 South Street465 South StreetGeriatric Services56 Pulmonary & Allergy Associates Techn8 Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57 Child Development Center435 South Street - Suite 250Morristown, NJ 07962Child Development Center435 South StreetSouth Street58 Carol W. Breast Screening Center435 South Street435 South StreetPreventive Care59 Adult Cystic Fibrosis CenterPulmonary Rehab Group60 Autism Center435 South Street - Suite 255Morristown, NJ 07962Pulmonary Rehab Group61 MMC @ Eden Lane Radiation OncologyAutism Support Group			<pre>Imaging Services</pre>
Morristown, NJ 07962Rehab Services55Geriatric Assessment Center465South StreetMorristown, NJ 07962Geriatric Services56Pulmonary & Allergy Associates Techn8Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57Child Development Center435South Street - Suite 250Morristown, NJ 07962Child Development Center58Carol W. Breast Screening Center435South Street435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	54	Cardiac Rehab	
55Geriatric Assessment Center465South StreetMorristown, NJ 07962Geriatric Services56Pulmonary & Allergy Associates Techn8Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57Child Development Center435South Street - Suite 250Morristown, NJ 07962Child Development Center58Carol W. Breast Screening Center435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology		435 South Street - Suite 160	
465 South StreetGeriatric Services56 Pulmonary & Allergy Associates Techn8 Saddle Road6 Cedar Knolls, NJ 07927Pulmonary Group57 Child Development Center435 South Street - Suite 250435 South Street - Suite 250Child Development Center435 South StreetPreventive Care58 Carol W. Breast Screening Center435 South Street435 South StreetPreventive Care59 Adult Cystic Fibrosis Center9 Adult Cystic Fibrosis Center435 South Street - Suite 210Pulmonary Rehab Group60 Autism Center435 South Street - Suite 255Morristown, NJ 07962Autism Support Group61 MMC @ Eden Lane Radiation Oncology1000000000000000000000000000000000000			Rehab Services
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56Pulmonary & Allergy Associates Techn 8 Saddle RoadCedar Knolls, NJ 07927Pulmonary Group57Child Development Center 435 South Street - Suite 250 Morristown, NJ 07962Child Development Center58Carol W. Breast Screening Center 435 South Street Morristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center 435 South Street - Suite 210 Morristown, NJ 07962Pulmonary Rehab Group60Autism Center 435 South Street - Suite 255 Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation OncologyAutism Support Group		465 South Street	
8 Saddle RoadPulmonary GroupCedar Knolls, NJ 07927Pulmonary Group57 Child Development Center435 South Street - Suite 250Morristown, NJ 07962Child Development Center58 Carol W. Breast Screening Center435 South StreetMorristown, NJ 07962Preventive Care59 Adult Cystic Fibrosis Center435 South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60 Autism Center435 South Street - Suite 255Morristown, NJ 07962Autism Support Group61 MMC @ Eden Lane Radiation OncologyAutism Support Group			Geriatric Services
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57Child Development Center435South Street - Suite 250Morristown, NJ 07962Child Development Center58Carol W. Breast Screening Center435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology			
435 South Street - Suite 250Child Development CenterMorristown, NJ 07962Child Development Center58 Carol W. Breast Screening Center435 South Street435 South StreetPreventive Care59 Adult Cystic Fibrosis Center9435 South Street - Suite 210Pulmonary Rehab Group60 Autism Center9435 South Street - Suite 2559Morristown, NJ 07962961 MMC @ Eden Lane Radiation OncologyAutism Support Group		Cedar Knolls, NJ 07927	Pulmonary Group
Morristown, NJ 07962Child Development Center58Carol W. Breast Screening Center435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	57		
58Carol W. Breast Screening Center435South StreetMorristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology			
435 South StreetMorristown, NJ 07962Preventive Care59 Adult Cystic Fibrosis Center435 South Street - Suite 210435 South Street - Suite 210Pulmonary Rehab Group60 Autism Center435 South Street - Suite 255435 South Street - Suite 255Autism Support Group61 MMC @ Eden Lane Radiation OncologyAutism Support Group		Morristown, NJ 07962	Child Development Center
Morristown, NJ 07962Preventive Care59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	58	Carol W. Breast Screening Center	
59Adult Cystic Fibrosis Center435South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology		435 South Street	
435 South Street - Suite 210Morristown, NJ 07962Pulmonary Rehab Group60 Autism Center435 South Street - Suite 255435 South Street - Suite 255Autism Support Group61 MMC @ Eden Lane Radiation OncologyAutism Support Group			Preventive Care
Morristown, NJ 07962Pulmonary Rehab Group60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	59		
60Autism Center435South Street - Suite 255Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology		435 South Street - Suite 210	
435 South Street - Suite 255Morristown, NJ 07962Autism Support Group61 MMC @ Eden Lane Radiation Oncology			Pulmonary Rehab Group
Morristown, NJ 07962Autism Support Group61MMC @ Eden Lane Radiation Oncology	60		
61 MMC @ Eden Lane Radiation Oncology		435 South Street - Suite 255	
			Autism Support Group
16 Eden Lane	61		
		16 Eden Lane	
Whippany, NJ 07981 Oncology Group		Whippany, NJ 07981	Oncology Group

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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?

134

Nam	e and address	Type of facility (describe)
62	MMC Health Pavilion Vascular Serv	
	333 Mount Hope Road	
	Rockaway, NJ 07866	Cardiology Group
63	Rippel Screening Breast Center@ Rock	
	333 Mount Hope Ave 130	
	Rockaway, NJ 07866	Womens Health Group
64	OP Radiology at Rockaway	
	333 Mount Hope Ave 140	
	Rockaway, NJ 07866	Radiology Services
65	Vascular Imaging	
	182 South Street	
	Morristown, NJ 07962	TImaging Services
65	Cardiac Imaging at Rockaway	
	333 Mount Hope Road	
	Rockaway, NJ 07866	Daignostic Cardiology Group
66	Atlantic Maternal Fetal Medicine	
	333 Mount Hope Ave 120	
	Rockaway, NJ 07866	Obstetrics Group
67		
	89 Mountain Boulevard - Suite 200	7
	Watchung, NJ 07069	Cardiovascular Iamging Center
68	Respiratory Services @ MMC Health Pa	
	333 Mount Hope Ave 220	7
	Rockaway, NJ 07866	Pulmonary Therapy
69	Associates in Cardiovascular Disease	
	211 Mountain Ave	7
	Springfield, NJ 07081	Cardiology Group
70	Associates in Cardiovascular Disease	
	571 Central #115]
	New Providence, NJ 07974	Cardiology Group

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Part V	Facility Informa	ation (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?

Nam	e and address	Type of facility (describe)
71	Cardiac Imaging at Union -Suburban G	
	1000 Galloping Hill Road	1
	Union, NJ 07083	Cardiac Imaging
72	Clark Multicare - Radiolgy	
	100 Commerce Place	
	Clark, NJ 07066	Radiology Services
73		
	215 North Ave	
	Westfield, NJ 07090	Cardiac Imaging
74	Cardiac Imaging at MDA Cardiology	
	99 Beauvoir Avenue - Mac II	7
	Summit, NJ 07901	Cardiac Imaging
75		
	385 Morris Ave - Suite 100	
	Springfield, NJ 07081	Oncology Group
76	Overlook Imaging at One Springfield	
	1 Springfield Avenue	
	Summit, NJ 07901	Imaging Services
77		
	1000 Galloping Hill Road	Development Disabilities
	Union, NJ 07083	Center
78	Overlook Medical Center Imaging	
	1000 Galloping Hill Road	
	Union, NJ 07083	Imaging Services
79	Overlook-Atlantic Laboratory - Union	
	1000 Galloping Hill Road	
	Union, NJ 07083	Laboratory Services
80	Overlook-Vascular Lab at Union	
	1000 Galloping Hill Road	
	Union, NJ 07083	Vascular Lab Services

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449.	Mount Pl	leasant Ave	- Suile I			
Woot	Orango	NT 07052		ITmoging	Comrigon	

	io io Deduvioi invende	
	Summit, NJ 07901	Behavioral Health Services
84	1 31	
	1 Springfield Avenue	
	Summit, NJ 07901	Pulmonary Group
85	CV Imaging at Advance Cardiolgy	
	449 Mount Pleasant Ave - Suite 1	
	West Orange, NJ 07052	Imaging Services
86	CV Imaging At Livingston	
	340 East Northfield Ave Suite 1D	
	Livingston, NJ 07039	Imaging Services
87	Milford Urgent Care	
	111 East Catherine Street, Suite 130	
	Milford, PA 18337	Urgent Care Center
88	Milford Health & Wellness	
	111 East Catherine Street, Suite 130	
	Milford, PA 18337	Wellness Center
89	Sparta Health & Wellness	
	89 Sparta Avenue - Suite 205	
	Sparta, NJ 07871	Wellness Center
90	Growth House	
	91 Plotts Road	Supportive Living Group

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Type of facility (describe)

Wound Care

Rehab Services

Name and address

81

82

83

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

Overlook-Wound Healing Ctr-Union

1000 Galloping Hill Road

Atlantic Rehabilitation 1000 Galloping Hill Road

46-48 Beauvior Avenue

Atlantic Behavioral Services

Union, NJ 07083

Union, NJ 07083

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

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

Newton,

NJ 07860

Name and address	Type of facility (describe)	

Atlantic Health System Inc Group Return

name	and address	Type of facility (describe)
91	PALS House	
	272 Andover Sparta Road	Supportive Living Group
	Newton, NJ 07860	Arrangement
92	HRMC's Counseling & Addiction Center	
	112 East Avenue, Unit 9	
	Hackettstown, NJ 07840	Behavioral Health Services
93	Atlantic Rehabilitation	
	550 Central Ave	
	New Providence, NJ 07974	Rehab Services
94	Cardiac Imaging at MDA Cardiology	
	1511 Park Avenue - 2nd Floor	
	South Plainfield, NJ 07080	Cardiac Imaging
95	Cardiac Imaging at Cedar Knolls	
	11 Saddle Road	
	Cedar Knolls, NJ 07927	Cardiac Imaging
96	West Parkway Physical Therapy	
	242 West Parkway	
	Pompton Plains, NJ 07080	Rehab Services
97	West Parkway Physical Therapy	
	242 West Parkway	
	Parsippany, NJ 07080	Rehab Services
98	Radiology Services @ Sports Medicine	
	150 North Finley Ave #C	
	Basking Ridge, NJ 07920	Radiology Services
99	Cadiology Practice	
	100 Madison Avenue	
	Morristown, NJ 07960	Cardiology Services
100	Northfield Infusion	
	741 Northfield Ave - Suite 202	
-	West Orange, NJ 07052	☐ Infusion Center

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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?

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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?

134

N		
	and address	Type of facility (describe)
101	Total Cardiology	
	1777 Hamburg Turnpike Suite 10	Condictory Course
	Wayne, NJ 07470	Cardiology Group
102	Newton Infusion	•
	89 Sparta Avenue - Suite 207A	
100	Sparta, NJ 07871	Infusion Center
103	Atlantic Health Sports Physical Ther	
	333 Mount Hope Ave	
	Rockaway, NJ 07866	Rehab Services
104	Cedar Crest	
	One Cedar Crest-Medical Suite #2	Off-Site Ambulatory Care
	Pompton Plains, NJ 07080	Facility
105	CV Imaging at PHA/Northern NJ Cardio	
	242 West Parkway	
	Pompton Plains, NJ 07444	Cardiac Imaging
106	Geriatric Assessment Center	
	435 South Street - Suite 390	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
106	Atlantic Health Sports Phy Therapy-R	
	333 Mount Hope Ave	
	Rockaway, NJ 07866	Rehab Services
107	PT NEW PROV AQUATIC	
	629 Central Avenue	
	New Providence, NJ 07974	Rehab Services
108	Newton Infusion Sparta Health & Well	
	89 Sparta Avenue - Suite 207A	
	Sparta, NJ 07871	Wellness Center
109	Infusion Ctr @ Rockaway	
	333 Mount Hope Ave Suite 210A	1
	Rockaway, NJ 07866	Infusion Center

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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?

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Name	and address	Type of facility (describe)
110	MMC Endoscopy	
	111 Madison Ave Suite 401	1
	Morristown, NJ 07960	Gastroenterology
111	Cardiovascular Imaging Center-CV Ima	
	242 West Parkway	1
	Pompton Plains, NJ 07444	Cardiac Imaging
112	Atlantic Heatlh Sports OT @ Rockaway	
	333 Mount Hope Ave	
	Rockaway, NJ 07866	Rehab Services
113	Mountain Lakes Physical Therapy	
	333 Route 46	
	Mt Lakes, NJ 07046	Rehab Services
115	Atlantic Health Adult Rehab	
	6 Saddle Road	
	Cedar Knolls, NJ 07927	Rehab Services
116	Randolph YMCA Physical Therapy	
	14 Dover Chester Road	
	Randolph, NJ 07869	Rehab Services
117	OMC Warren Physical Therapy	
	23 Mountain Blvd	
	Warren, NJ 07059	Rehab Services
119	Chilton West Parway ASC	
	97 W Parkway #1	
1.0.1	Pompton Plains, NJ 07844	Ambulatory Surgery Center
120	Infusion Center	
	1125 Route 22 Suite 265	
4.8.1	Bridgewater, NJ 08807	Infusion Center
121	OMC CV Imaging MDA WF	
	1511 Park Avenue - 2nd Floor	
	South Plainfield, NJ 07080	Imaging Services

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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?

134

Name	and address	Type of facility (describe)
122	HMC Cener For Healthcare Living	
	108 Bilby Road STE 101	
	Hackettstown, NJ 07840	Center For Healthier Living
123	CV Imaging Medicore Branchburg	-
	3322 Route 22 STE 1205	
	Branchburg, NJ 08876	Imaging Services
124	Sleep Disorder Center of MMC	
	5 Regent St STE 512	
	Livingston, NJ 07039	Sleep Disorder
125	Randolph YMCA Physical Therapy	
	14 Dover Chester Road	
	Randolph, NJ 07869	Physical Therapy
126	Rehab Byram	
	90 US Rt 206	
	Byram Township, NJ 07874	Rehab Services
126	Atlantic Behavioral Health/MMC	
	25A Vreeland RD	
	Florham Park, NJ 07932	Behavioral Health Services
127	Primary Care at Philipsburg	
	222 Red School Lane	
	Philipsburg, NJ 08865	Primary Care
128	Imaging	
	194 Route 31	
	Flemington, NJ 08822	Imaging Services
129	Diabetes EDU Center	
	1125 Route 22 Suite 280	
	Bridewater, NJ 08807	Diabeters Education
130	OMC Rehab PT Bayonne	
	471 Broadway	1
	Bayonne, NJ 07002	Physical Therapy

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Part V Facility Informat	tion (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 man	y non-hospital	health care fa	acilities d	id the orga	nization op	perate during	the tax y	/ear?

Name and address	Type of facility (describe)
131 Imaging Metuchen	
45 Pearl Street	
Metuchen, NJ 08840	Imaging Services
132 CV Iamging	
131 Madison Ave 2nd Floor	
Morristown, NJ 07960	Imaging Services
133 MMC CV Iamging	
757 State Route 15 S STE 103B	
Lake Hopatcong, NJ 07840	Imaging Services
134 Atlantic Consolidated Laboratory	
299 Madison Avenue	
Morristown, NJ 07960	Laboratory Services
	4

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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 (for example, 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.

Part I, Line 6a:

The 2023 community benefit report will be made available to the public via

the Atlantic Health System website (www.atlantichealth.org).

Search "Community Benefit Report"

Part I, Line 7:

Charity and unreimbursed Medicaid gross patient charges were decreased to

cost by applying the cost to charge ratio which was calculated on

Worksheet 2 per the IRS instruction, The charity care results from this

methodology was compared to the cost of charity care as calculated on S-10

of the 2023 Medicare Cost Reports.

All other costs for the remaining programs were compiled by the applicable program directors and represent actual expenses that were made.

program arrestors and represent actuar expenses that were

Part I, Line 7g:

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 Part VI
 Supplemental Information (Continuation)

 Subsidized Health Services represent clinical patient care services that

 are provided, despite a negative margin, because they are needed in the

 community.
 During 2023 the organization provided 42 such clinical patient

 care programs.
 The net community benefit expense represents the total

 actual expenses offset by any patient and grant revenue.

Part III, Line 2:

The bad debt expense at cost was established by "grossing up" the bad debt expense per the audited financial statements to gross charges and applying the 2023 cost to charge ratio as calculated on worksheet 2.

Part III, Line 3:

The portion of bad debt expense that reasonably could be attributable to patients who may qualify for financial assistance under the Organization's Charity Care program was calculated by identifying patients that were admitted with no insurance benefits. The Organization's collection agency's review process and charity care eligibility notification efforts are thorough, it is highly likely that these patients would have qualified for the Organization's Charity Care program had they applied. As a result, the organization believes this amount should have been treated as community benefit expense.

Part III, Line 4:

The Hospital recorded \$73,838,421 and \$96,913,998 of implicit price concessions as a direct reduction of patient service revenues for the years ended December 31, 2023 and 2022, respectively. The organization's audited financial statements does not include a separate bad debt

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footnote.

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 Part VI
 Supplemental Information (Continuation)

Part III, Line 8:

2023 Medicare Allowable Costs as calculated per the 2023 Medicare Cost report exceeds the 2023 Medicare payments received generating a Medicare shortfall to the organization of approx. \$103 million. Such a Medicare shortfall should be considered as additional community benefit. Medicare shortfall(s) should be treated as community benefit because: - Non-negotiated Medicare rates are sometimes out-of-line with the true costs of treating Medicare patients. - By continuing to treat patients eligible for Medicare, hosptials alleviate the federal government's burden for directly providing medical services. The IRS recently acknowledged that lessening the government burden associated with providing Medicare benefits is a charitable purpose. - IRS Rev Ruling 69-545 states that if a hospital serves patients with government health benefits, including Medicare, then this is an indication

that the hospital operates to promote the health of the community.

Part III, Line 9b:

The organization's collection policy is as follows:

This Section sets forth the billing and collection policies and procedures

of Atlantic Health System and explains the actions that may be taken if a

bill for medical care, including a bill for a remaining balance

after financial assistance discounts are applied, is not paid. Collection

agencies and attorneys acting on behalf of Atlantic Health System will be

provided with a copy of this FAP.

Each billing statement will include a conspicuous notice regarding the

availability of financial assistance, along with a telephone number for Schedule H (Form 990)

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Atlantic Health System Inc Group Return 65-1301877 Page 10 Schedule H (Form 990) Part VI Supplemental Information (Continuation the specific hospital facility's Financial Counseling Office where a patient can receive information about the FAP and assistance with the application for financial assistance. The billing statement will also include the website address where copies of the FAP, application for financial assistance, and PLS can be obtained. A. Notification period: Atlantic Health System will bill patients for any outstanding balance as soon as the patient balance is confirmed. For uninsured patients, the first post-discharge billing statement will mark the beginning of the 120 day notification period in which no extraordinary collection actions ("ECA") (defined below) may be initiated against the patient. For insured or underinsured patients, the first post-discharge billing statement reflecting processing by an insurer will mark the beginning of the 120 day notiflrcation period in which no ECAs may be initiated against the patient (the "120-day notification period"). B. When a patient is delinguent in payment, a notice will be sent to the patient offering to discuss the billing statement to determine if financial assistance or a new or revised payment plan is needed. Atlantic Health System may accommodate patients who request and establish payment plans. C. When no payment has been received at the end of the 120-day notification period and a patient has not applied for financial assistance or arranged with the hospital facility's Financial Counseling Office or

the hospital facility's Customer Service Office for an alternate payment

plan, the patient's account will be turned over to a collection agency.

Atlantic Health System will inform the patient in writing that the

patient's account will be turned over to a collection agency if no payment

is received within 10 days (the "Final Notice"). The Final Notice will

inform the patient that financial assistance is available for eligible Schedule H (Form 990)

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)
patients and will include a telephone number for the specific hospital
facility's Financial Counseling Office where a patient can receive
information about the FAP and assistance with the financial assistance
application process. The billing statement will also include the website
address where copies of the FAP, application for financial assistance and
PLS can be obtained.
D. Atlantic Health System may authorize collection agencies and attorneys
working on Atlantic Health System's behalf (a "Third Party") to initiate
ECAs on delinquent patient accounts after
the 120-day notification period, Once an account has been referred to a
Third Party,the Third Party will confirm that reasonable efforts have been
taken to determine whether a patient is eligible for financial assistance
under the FAP and that the following actions have been taken prior to
initiating an ECA:
The patient has been provided with written notice (the "30-Day Letter")
which:
(a) indicates that financial assistance is available for eligible
<pre>patients;</pre>
(b) identifies the ECA(s) that the Third Party intends to initiate to
obtain payment
for the care; and
(c) states a deadline after which such ECAs may be initiated
(which deadline is no earlier than 30 days after date that notice is
<pre>provided);</pre>
The 30-Day Letter included a copy of a plain-language summary of the FAP;
and Atlantic Health System and/or the Third Party have taken reasonable
efforts to orally notify the patient about the FAP and how the patient may
obtain assistance with the financial assistance application process. Schedule H (Form 990)
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E. Once it has been confirmed that reasonable efforts have been taken to
determine whether a patient is eligible for financial assistance under the
FAP, Third Parties may initiate the following ECAs against a patient to
obtain payment for care:
Actions that require a legal or judicial process, including but not
limited to:
a. Placing a lien on a patient's property, except as otherwise provided in I.R.C. Section 501(r);
b. Attaching or seizing a patient's bank account;
c. Commencing a civil action against a patient;
d. Causing apatient to be subject to a writ of body attachment;
e. Garnishing a patient's wages.
ECAs do not include liens on proceeds of personal injury judgments,
settlements, or compromises, nor claims filed in bankruptcy.
F. If an incomplete application for financial assistance is received,
Atlantic Health System will provide the patient with written notice that
describes the additional information or documentation required to make a
FAP-eligibility determination. Atlantic Health System will inform Third
Parties that an incomplete application for financial assistance was
submitted and Third Parties will suspend any ECAs to obtain payment for
care for a 30-day period.
G. If a completed application for financial assistance is received,
Atlantic Health System will ensure that the following will take place:
1. ECAs against the patient will be suspended;
2. An eligibility determination will be made and documented in a timely
manner;
3. Atlantic Health System will notify the patient in writing of the
determination and the basis for the determination;
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4. An updated billing statement will be provided which will indicate the
amount owed by the FAP-eligible patient (if applicable), how that amount
was determined and the applicable AGB percentage;
5. Any amounts paid in excess of the amount owed by the FAP-eligible
patient will be refunded accordingly (if applicable); and
6. Third Parties will take all reasonable available measures to reverse
any ECAs taken against the patients to collect the debt such as vacating a
judgment or lifting a levy or lien.
H. If any of the hospital facilities make presumptive eligibility
determinations the following is required:
1. If a patient is presumptively determined to be eligible for less than
the most generous assistance available under the FAP, then Atlantic Healt
System will:
a. Notify the patient regarding the basis for the presumptive
FAP-eligibility
determination and explain how to apply for more generous assistance;
b. Give the patient a reasonable period of time to apply for more generous
assistance before authorizing the initiation of ECAs to obtain the
discounted amount calculated;
c. Re-determine the patient's FAP-eligibility status if a completed
application for financial assistance is received.
Part VI, Line 2:
In addition to conducting a triennial community health needs assessment
and developing an annual community health plan, Atlantic Health utilizes
multiple methods to consistently understand and respond to the health
needs of the communities we serve. First, we consistently analyze multiple
years of utilization data from our emergency departments and inpatient
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121 491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E070770

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation) records to identify emerging health needs in the community. Second, we actively participate in community coalitions and engage with community partners from government agencies to faith communities, to understand the unique needs that their clients/participants are expressing. Finally, we actively monitor multiple public health data sources to identify trends in our local community.

Part VI, Line 3:

Per the Financial Assistance Policy (FAP)

I. Purpose:

To ensure all patients receive essential emergency and other medically necessary health care services provided by Atlantic Health System, Inc.'s ("Atlantic Health System") hospital facilities regardless of their ability to pay. This policy shall apply to any Atlantic Health System hospital, including Morristown Medical Center, Overlook Medical Center, Chilton Medical Center, Newton Medical Center, Hackettstown Medical Center, and Atlantic Rehabilitation Institute, and any Atlantic Health System facility that is designated as provider-based pursuant to 42 C.F.R. 413.65.

II. Policy

It is the policy of Atlantic Health System to ensure all patients receive essential emergency and other medically necessary health care services provided by its hospital facilities regardless of a patient's ability to pay. Financial assistance is available through a variety of programs as described in Section IV below to those low-income, uninsured and underinsured patients who do not otherwise have the ability to pay all or part of their hospital bill. This policy shall apply to any Atlantic Health System hospital facility, as noted above, and any Atlantic Health System facility that is designated as provider-based pursuant to federal Schedule H (Form 990)

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 Part VI
 Supplemental Information (Continuation)

 regulations governing provider-based status at 42 C.F.R. 413.65.

 Financial assistance and discounts are available only for emergency or

 other medically necessary health care services. Some services, including

 but not limited to, physician fees, anesthesiology fees, radiology

 interpretation and outpatient prescriptions are separate from hospital

 charges and may not be eligible for financial assistance through Atlantic

 Health System. A list of all providers, other than the hospital facility

 itself, providing emergency or other medically necessary care in the

 hospital facility, by facility, specifying which providers are covered by

 this Financial Assistance Policy ("FAP") and which are not can be found at

 Appendix A to this FAP. The provider listings will be reviewed quarterly

 and updated if necessary.

III.General:

A. Atlantic Health System will render health care services, inpatient and outpatient, to all New Jersey residents who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this FAP.
B. Atlantic Health System will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by pennitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.
C. Atlantic Health System's FAP, application for financial assistance and Plain Language Summary ("PLS") are all available on-line at the following

website: www. atlantichealth.org/financialassistance

D. Atlantic Health System's FAP, application for financial assistance and Schedule H (Form 990)

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PLS are available in English and in the primary language of populations
with limited proficiency in English that constitute the lesser of 1,000
individuals or 50/0 of the community served by each hospital facility's
primary service area. Translations of the FAP, application for financial
assistance and PLS are available in the languages set forth on Appendix B
to this FAP. Every effort will be made to ensure that the FAP, application
for financial assistance and PLS are clearly communicated to patients
whose primary languages are not included among the available translations.
E. Paper copies of the FAP, application for financial assistance and PLS
are available upon request by mail, without charge, and are provided in
various areas throughout the hospital facilities including admissions
departments, emergency departments, and financial counseling offices
listed below. Applications for financial assistance can be submitted in
person, by mail, by fax or by e-mail.
Financial Counseling Offices :
Morristown Medical Center:
100 Madison Avenue, Morristown, New Jersey 07960,
Financial Counseling Office, Phone # 973-971-8964
OverlookMedical Center: 99 Beauvoir Avenue, Summit, New Jersey 07901,
Financial Counseling Office, Phone # 908-522-4689
Chilton Medical Center: 97 West Parkway, Pompton Plains, New Jersey 07444,
Financial Counseling Office, Phone # 973-831-5113
Newton Medical Center: 175 High Street, Newton, New Jersey 07860,
Financial Counseling Office, Phone # 973-579-8407
Hackettstown Medical Center: 651 Willow Grove Street, Hackettstown, New
Jersey 07840, Financial Counseling Office, Phone # 908-850-6902
Atlantic Rehabilitation Institute 100 Madison Avenue, Morristown, New
Jersey 07960, Financial Counseling Office, Phone # 973-971-8964. Schedule H (Form 990)

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F. If patients need assistance obtaining paper copies of the FAP,

application for financial assistance or PLS, or if they need other

assistance, they can reach the Customer Service Department at

1 -800-619-4024 or visit or contact the Financial Counseling Offices

listed above.

G. Signs or displays will be conspicuously posted in public hospital locations including admissions areas, emergency departments, and Financial Counseling Offices that notify and inform patients about the availability of financial assistance.

H. The PLS will be offered to all patients as part of the intake process I. Atlantic Health System is committed to offering financial assistance to eligible patients who do not have the ability to pay for emergency and other medically necessary health care services in whole or in part. In order to accomplish this charitable goal, Atlantic Health System will widely publicize this FAP, the application for financial assistance and the PLS in the communities it serves through collaborations with local social service and non-profit agencies.

J. Patients or their representatives may request financial assistance. Patients or their representatives may be referred to financial counselors by Atlantic Health System employees, referring physicians or others. Financial counselors will explain the requirements for the available financial assistance programs and will determine whether a patient is eligible for an available frnancial assistance program. Those patients requesting financial assistance will be required to complete the Atlantic Health System application for financial assistance (including the certification pages) and to provide the supporting documentation set forth in the application in order to be considered for financial assistance. Translated materials and interpreters will be used, as required, to allow Schedule H (Form 990)

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for meaningful communication with individuals who have limited English
proficiency.
K. An uninsured patient has up to 365 days after the first post-discharge
billing statement to submit a completed application for financial
assistance. An insured or underinsured patient has up to 365 days from the
first post-discharge billing statement reflecting processing by an insurer
to submit a completed application for financial assistance.
IV. Financial Assistance Programs:
Patients of Atlantic Health System may qualify for free or discounted care
under the various programs described below. In each case, Atlantic Health
System will be deemed to have provided financial assistance in an amount
equal to the gross charges for services provided, net of amounts paid by
the patient or the patient's insurer (if any) and any governmental
reimbursement or payment for such services. Atlantic Health System will
report such net amounts (subject to application of a cost-to-charge ratio,
in cases where financial assistance is appropriately reported based on
costs rather than charges) as financial assistance provided by the
organization.
A New Jongov State Brograms.

A. New Jersey State Programs:

1. Charity Care:

2. Eligibilty For Discounted Care Under N.J.S.A 26:2H--12.52

3. Catastrophic Illness in Children Relief Fund Program

4. New Jersey Victim of Crime Compensation Office

B. Self Pay

C. Amounts Generally Billed

Part VI, Line 4:

MMC - Morris County Overview

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Atlantic Health System Inc Group Return 65-1301877 Page 10 Schedule H (Form 990) Part VI Supplemental Information (Continuation MMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For MMC, this represents 81 ZIP Codes, encompassing Morris County with portions extending to Sussex, Union, Somerset, and Hunterdon. There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by MMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, MMC always works to identify the health needs of the community it serves. MMC's Service Area's projected population change is 1.20%. About 51% of MMC's service area population is female and 49% male. MMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 53.5%, MMC's service area is 61.99%. About 74% of the population speak only English at home. About 10% speak Spanish at home. In the MMC service area about 71% of households had an income greater than \$75,000, a figure expected to remain constant through 2028. The average household income in MMC service area is \$176,214, while the national average is \$104,972. About 50% of the population have a bachelor's degree or greater and about 24% of the population have some

college or an associate degree.

OMC - Union County Overview

OMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For OMC, this represents 46 ZIP Codes, encompasses portions of Essex, Hudson, Middlesex, Morris, Somerset, and Union counties in New Jersey.1 There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by OMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, OMC always works to identify the health needs Schedule H (Form 990) 332271 04-01-23

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of the community it serves.

OMC's Service Area's projected population change is 1.43%. About 52% of OMC's service area population is female and 48% male. OMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 53.5%, OMC's service area is 64.47%. About 62% of the population speak only English at home. About 20% speak Spanish at home. In the OMC service area about 57% of households had an income greater than \$75,000, a figure expected to remain constant through 2028. The average household income in the OMC service area is \$139,809, while the national average is \$104,972. About 38% of the population have a college degree or greater and 24% of the population have some college or an associate degree.

NMC - Sussex County Overview

NMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For NMC, this represents 11 ZIP Codes, encompassing portions of Warren and Sussex counties in New Jersey and Pike County in Pennsylvania 1 There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by NMC, from more populated suburban settings to rural]suburban areas of the state. Throughout the service area, NMC always works to identify the health needs of the community it serves. Following are the towns and cities served by NMC. NMC's Service Area's projected population change is -1.7% through. At approximately 274.97 residents per square mile, the area is the 2nd least densely populated area in New Jersey; NJfs 21 counties range from a low of 183.02 population/sq. mile (Salem County) to a high of 14,864.40 population/sq. mile (Hudson County). NMC's service area is predominately White (Non]Hispanic). The New Jersey average for White(Non-Hispanic) is Schedule H (Form 990) 332271 04-01-23

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 Supplemental Information (Continuation)

 approximately 54%, NMCfs service area is 85%. About 87% of the population

 speak only English only at home. About 7% speak Spanish at home. In 2021,

 64% of households had an income greater than \$75,000, a figure expected to

 remain constant through 2026. About 35% of the population have a college

 degree or greater and 30% of the population have some college or an

 associate degree.

CMC-Passaic County Overview

Chilton Medical Center's hospital service area encompasses a population of more than 204,000 residents across 15 ZIP Codes primarily in Passaic and Morris County. The area is defined as ZIP Codes from which CMC receives 75% of its inpatient cases. There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by CMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, CMC always works to identify the health needs of the community it serves. Following are the towns and cities served by CMC.

CMC's Service Area is projected to increase by approximately 0.3% by 2027, with variable changes throughout the geography CMC serves. About 51% of the population in CMC's service area is female, while 49% is male. CMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 54%, CMC's service area is 74%. In the CMC Service Area, the largest age group in the population is the age group 18-44 at 32%. All age groups are projected to decrease, except the age group of 65 and older which is projected to increase. About 77% of the population speak only English only at home. About 8% speak Spanish at home. The average household income within CMC's service area is about \$160,000. About 45% of the population have a college degree or greater and Schedule H (Form 990)

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24% of the population have some college or an associate degree.

HMC-Warren County Overview

HMC receives 75% of its inpatient admission from 10 ZIP Codes, encompassing portions of Warren, Morris, and Sussex counties in New Jersey Hackettstown Medical Center's hospital service area encompasses a population of more than 118,000 residents across 10 ZIP Codes primarily in Warren County with portions extending to Sussex and Morris Counties. The area is defined as ZIP Codes from which HMC receives 75% of its inpatient cases. It's projected that total service area population will remain flat will through 2025, with variable changes throughout the geography HMC serves. Approximately 18% of the area's population are females of childbearing age (0% change through 2025). About 18% of the area are residents age 65+; by 2025 this cohort will increase to 21%. 20% of the population are age 0-17; this cohort will decrease to 18% by 2025. At 295.89 residents per square mile, Warren County is the 4th least densely populated county in New Jersey; the 21 counties range from a low of 187.80 population/sq. mile (Salem County) to a high of 13,744.70 population/sq. mile (Hudson County). HMC's service area is predominately White (Non-Hispanic). The New Jersey

average for White (Non-Hispanic) is 53.9%, HMC's service area is 79.2%. Over 95% of the population, ages 5 years and older, speak English only or speak English "very well"; this is 8 percentage points higher than the New Jersey average.

The median household income for the HMC service area was over \$97,200 which was \$19,200 more than the state average (Long Valley was 196% greater than the state average). There were five towns over \$100,000 (Flanders, Long Valley, Andover, Blairstown, and Great Meadows) however, Schedule H (Form 990)

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 Schedule H (Form 990)
 Atlantic Health System Inc Group Return 65-1301877 Page 10

 Part VI
 Supplemental Information (Continuation)

 in 2025 there are eight towns with a median household income projected to

 be over \$100,000. Great Meadows and Washington have been projected to

 increase over 11% in the next five years, both larger than the state

 average.

 The state average for families below poverty was 7.8%; HMC's service area

 was 3.3% and Warren county was 6.7%. HMC's service area has been projected

 to have a larger increase in the 'number of families below poverty' than

 the state average; however, the number of Warren county families has been

 projected to decrease.

 Currently, there are about 4% of people within HMC's service area

 average, 9.3%, and lower than Warren county, 6.6%. Within HMC's service

area, there were no towns higher than the state average.

Part VI, Line 5:

The 2023 Community Benefit Report which explains the description of

community health promotion is located on organization's internet website:

https://ahs.atlantichealth.org/patients-visitors/education-support.html

Search "Community Benefit"

Part VI, Line 6:

Atlantic Health System strengthens communities by training New Jersey's
future health care professionals. In the academic year 2023 - 2024,
Atlantic Health System trained 344 residents and fellows, 238 at
Morristown Medical Center and 106 at Overlook Medical Center. AHS
graduated 113 residents from various programs in June 2023. 36 of these
Schedule H (Form 990)
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 Schedule H (Form 990)
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 Part VI
 Supplemental Information (Continuation)

graduates chose to pursue fellowship training. Fifteen residents and

fellows were recruited by AHS and remained in our system.

Atlantic Health System provides third- and fourth-year medical students with clinical educational experiences:

Atlantic Health System's major medical school affiliation is with The Sidney Kimmel College of Medicine at Thomas Jefferson University. The affiliation provides opportunities for student rotations, faculty teaching and appointments, and research and clinical collaborations. Atlantic Health System also maintains medical school affiliations with St. George's University Medical School, Rutgers- New Jersey Medical School, and Rowan School of Osteopathic Medicine. These affiliations have the added benefit of enabling Atlantic Health System to offer patients the opportunity to participate in the latest clinical trials and allowing us to provide even more advanced care.

Atlantic Health System also trains allied health professional and nursing students from dozens of NJ institutions. These numbers have grown every year.

A number of critical services that benefit the community are located within Atlantic Health System organization, rather than at an individual medical center. They include protection and security services/emergency management, ambulance and helicopter service, research and clinical trials, library services, and efforts to provide a sustainable, green environment of care.

Schedule H (Form 990)

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Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)

Part VI, Line 7, List of States Receiving Community Benefit Report:

NJ

Morristown Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Morristown Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Overlook Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Overlook Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Newton Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Newton Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Chilton Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Chilton Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Schedule H (Form 990)

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Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)

Atlantic Rehabilitation Institute, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Atlantic Rehabilitation Institute, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Hackettstown Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Hackettstown Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	Grants and Oth overnments, ar lete if the organizatio Go to www.irs	nd Individual	l s in the Ŭni ' on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization								Employer identification number
Dant L. Our and Le			ystem Inc Gr	oup Retur	n			65-1301877
	formation on Grants a						· · · · · · · · · · · · · · · · · · ·	
	ation maintain records							
2 Describe in Part I	ward the grants or assi V the organization's pr	ocedures for mon	itoring the use of grant	funds in the Unite	d States			
	d Other Assistance to		U			anization answered "	/es" on Form 990, Par	t IV, line 21, for any
recipient th	at received more than	\$5,000. Part II ca	n be duplicated if addit	tional space is need	ded.			
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARC MORRIS COUNTY 1 EXECUTIVE DRIVE MORRIS PLAINS, NJ		22-1629144	501(c)(3)	7,500.	0.			GENERAL SUPPORT
Atlantic Visiting 200 Mt Airy Road Basking Ridge, NJ		22-2888648	501(c)(3)	30,000.	0.			General Support
Boys & Girls Club 19 Oak Ave Pequannock, NJ 07		22-2169444	501(c)(3)	16,897.	0.			General Support
CARING CONTACT 201 EAST GROVE ST WESTFIELD, NJ 070		23-7442645	501(c)(3)	11,800.	0.			GENERAL SUPPORT
Centenary Univers 400 Jefferson St Hackettstown, NJ	-	22-1500484	501(c)(3)	6,350.	0.			General Suppport
CENTER FOR FAMILY 12 MORRIS ROAD RINGWOOD, NJ 0745		22-2305341	501(c)(3)	9,270.	0.			GENERAL SUPPORT
2 Enter total number	er of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				
	er of other organization							9.
For Paperwork Reduc	tion Act Notice, see t	he Instructions for	or Form 990.					Schedule I (Form 990) 2023

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Prevention and Counseling - 61 Spring Street -							
Newton, NJ 07860	23-7387757	501(c)(3)	77,721.	0.			General Support
CentraState Healthcare Foundation 225 Willow Brook Rd Suite 5 Freehold, NJ 07728	22-2383065	501(c)(3)	20,000.	0.			General Support
Chilton Medical Center Foundation 97 West Parkway	00.0004015	501 () ())	52.050				
Pompton Plains, NJ 07444	22-3084817	501(c)(3)	53,250.	0.			General Support
CITY OF SUMMIT (512 SPRINGFIELD AVE) - 512 SPRINGFIELD AVE -							
SUMMIT, NJ 07901		CITY OF SUMMIT	25,000.	0.			GENERAL SUPPORT
Community Hope 959 Route 46 East, Suite 402							
Parsippany, NJ 07054	22-2647038	501(c)(3)	10,500.	0.			General Support
COMMUNITY IN CRISIS PO BOX 85							
LIBERTY CORNER, NJ 07938	81-3303136	501(c)(3)	15,000.	0.			GENERAL SUPPORT
CONNECTION FOR WOMEN AND FAMILIES 79 MAPLE ST							
SUMMIT, NJ 07901	22-1489919	501(c)(3)	20,000.	0.			GENERAL SUPPORT
DEIDRE'S HOUSE 8 COURT STREET							
MORRISTOWN, NJ 07960	22-3308574	501(c)(3)	7,500.	0.			General Support
FAMILY PROMISE 71 SUMMIT AVENUE							
SUMMIT, NJ 07901	52-1591461	501(c)(3)	20,000.	0.			General Support

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Family Promise of Morris County							
PO Box 1494							
Morristown, NJ 07962	20-4557357	501(c)(3)	7,500.	Ο.			General Support
· · ·			,				
FAMILY PROMISE OF SUSSEX COUNTY							
19 CHURCH STREET							
NEWTON, NJ 07860	22-3496775	501(c)(3)	25,000.	0.			GENERAL SUPPORT
FANWOOD SCOTCH PLAINS YMCA							
1340 MARTINE AVENUE	22 1500100	F01/-\/2\	7 500	0			
SCOTCH PLAINS, NJ 07076	22-1589199	501(c)(3)	7,500.	0.			GENERAL SUPPORT
FOODSHED ALLIANCE FARMERS ACCESS							
NETWORK - P O BOX 713 -							
BLAIRSTOWN, NJ 07825	27-2834150	501(c)(3)	10,500.	Ο.			General Support
			, -				
Foundation for Hackettstown							
Medical Center - 651 Willow Grove							
St - Madison, NJ 07840	22-2333410	501(c)(3)	25,650.	0.			General Support
Foundation for Morristown Medical							
Center - 475 South Street -							
Morristown, NJ 07960	22-3392808	501(c)(3)	25,000.	0.			General Support
CINNIES HOUSE OUT DEENS ADVOCACY							
GINNIES HOUSE CHILDRENS ADVOCACY							
CENTER - 4 HIGH STREET - NEWTON, NJ 07860	22-3485259	501(c)(3)	15,000.	0.			GENERAL SUPPORT
	22 3203233		13,000.	0.			
Girl Scouts of Northern NJ							
95 Newark Prompton Turnpike							
Riverdale, NJ 07457	22-1512252	501(c)(3)	9,000.	0.			General Support
,			, ,				
GLENWOOD BAPTIST CHURCH							
6 COUNTRY LANE							
SUSSEX, NJ 07461	22-2103321	501(c)(3)	10,000.	٥.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace							
13 De Bary Pl							
Summit, NJ 07901	85-1144186	501(c)(3)	24,000.	0.			General Suppport
Hunterdon Health Care Foundation							
9100 Wescott Dr Ste 202							
Flemington, NJ 08822	22-2526895	501(c)(3)	51,700.	0.			General Support
INTERFAITH FOOD PANTRY							
2 EXECUTIVE DRIVE							
MORRIS PLAINS, NJ 07950	22-3618468	501(c)(3)	9,500.	0.			General Support
LAKELAND REGIONAL HIGH SCHOOL							
205 CONKLINTOWN ROAD	22-6016076		5 175	Ο.			GENERAL SUPPORT
WANAQUE, NJ 07465	22-0010070		5,175.	0.			GENERAL SUPPORT
MARKET STREET MISSION							
9 MARKET STREET							
MORRISTOWN , NJ 07960	22-6047486	501(c)(3)	10,000.	٥.			GENERAL SUPPORT
MAYO PERFORMING ARTS CENTER							
100 SOUTH STREET							
MORRISTOWN, NJ 07960	22-3348540	501(c)(3)	12,830.	Ο.			GENERAL SUPPORT
			,				
Morris Catholic High School							
200 Morris Avenue							
Denville, NJ 07834	45-3648657		7,000.	0.			General Support
MOUNTAIN RIDGE COUNTRY CLUB							
713 PASSAIC AVENUE							
WEST CALDWELL, NJ 07006	22-1131110		59,846.	0.			GENERAL SUPPORT
······································							
NATIONAL WINTER ACTIVITY CENTER							
44 BREAKNECK ROAD							
WERNON, NJ 07462	47-1476384	501(c)(3)	5,300.	Ο.			GENERAL SUPPORT

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Part II Continuation of Grants and Other		omestic Organization			edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York Jets Foundation							
610 5th Avenue							
New York, NY 10020	22-7108291	501(c)(3)	120,000.	0.			General Support
NEWBRIDGE SERVICES							
7 INDUSTRIAL ROAD							
PEAUANNOCK, NJ 07440	22-1725830	501(c)(3)	19,875.	0.			GENERAL SUPPORT
NEWTON COUNTRY CLUB							
25 CLUB ROAD							
NEWTON, NJ 07860	22-1414269	501(c)(7)	19,063.	0.			GENERAL SUPPORT
OUR LADY OF PEACE PARISH AND							
ACADEMY - 99 SOUTH STREET - NEW	22 1551025	$E 0 1 \langle \sigma \rangle \langle 2 \rangle$	7 500	0			
PROVIDENCE, NJ 07974	22-1551925	501(c)(3)	7,500.	0.			GENERAL SUPPORT
Outreach Connection Inc							
431 Rt 31							
WASHINGTON, NJ 07882	83-3788777	501(c)(3)	28,814.	0.			General Support
Partnership for Maternal & Child							
Health of Northern NJ - 50 Park							
Place Suite 700 - Newark, NJ 07102	52-1815234	501(c)(3)	14,500.	0.			General Support
	52 1015251		11,500.				Constat Sapport
PASS IT ALONG							
75 STATE RT 15							
LAFAYETTE, NJ 07848	80-0018706	501(c)(3)	15,000.	0.			GENERAL SUPPORT
DAGATO VALLEY COLOR LINES							
PASSAIC VALLEY COACH LINES							
71 RIVER ROAD	46-5334817		26 100				GENERAL SUPPORT
CHATHAM, NJ 07928	40-333401/		26,100.	0.			GENERAL SUPPORT
PETER COOPER ELEMENTARY SCHOOL							
54 ROGER COURT							
RINGWOOD, NJ 07456	22-2952161		7,667.	٥.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAISERIGHT							
PO BOX 8158							
KENTWOOK, MI 49518	20-0856016		14,824.	0.			GENERAL SUPPORT
REEVES-REED ARBORETUM							
165 HOBART AVENUE							
SUMMIT, NJ 07901	23-7335987	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Ringwood Board of Education							
266 Sloatsburg Road							
Ringwood, NJ 07456	22-2952161		5,544.	0.			General Support
DOODE NOT HENRY							
ROOTS AND WINGS							
75 BLOOMFIELD AVE - SUITE 303 DENVILLE, NJ 07834	22-3683539	501(a)(3)	10,500.	Ο.			General Support
	22-3003339	501(0)(3)	10,500.	0.			Seneral Support
SAGE ELDER CARE							
290 BROAD STREET							
SUMMIT, NJ 07901	22-1657929	501(c)(3)	6,014.	0.			General Support
Saint Elizabeth University							
2 Convent Road							
Morristown, NJ 07960	22-1529785	501(c)(3)	12,536.	0.			General Support
Salvation Army 95 Spring Street							
Morristown, NJ 07960	15-5562351	501(c)(3)	12,900.	Ο.			General Support
Molliscown, NO 07900	13-3302331	501(0)(3)	12,300.	0.			Beneral Subborc
SCARC Foundation							
11 US Route 206 Suite 100							
Augusta, NJ 07822	22-2585052	501(c)(3)	10,800.	0.			General Support
Soft Bones, Inc							
, 141 Hawkins Place #267							
Boonton, NJ 07005	26-4619055	501(c)(3)	20,000.	0.			General Support

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(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
87-2275775	501(c)(3)	10,000.	0.			GENERAL SUPPORT
45-0942880	501(c)(3)	6,500.	0.			GENERAL SUPPORT
46-3355413	501(c)(3)	10 000	0			General Support
40 3333413	501(0/(5/	10,000.				
82-2980565	501(c)(3)	11,800.	0.			GENERAL SUPPORT
22-6002477	Section 115	5,700.	0.			GENERAL SUPPORT
22-6002384		21 400	0			GENERAL SUPPORT
		21,100.				
22-1487247	501(c)(3)	8,754.	Ο.			General Support
23-7061564	501(c)(3)	20,000.	0.			General Support
.						
		7,000.	Ο.			GENERAL SUPPORT
	87-2275775 45-0942880 46-3355413 82-2980565 22-6002477 22-6002384 22-1487247 23-7061564	if applicable 87-2275775 501(c)(3) 45-0942880 501(c)(3) 46-3355413 501(c)(3) 82-2980565 501(c)(3) 82-2980565 501(c)(3) 22-6002477 Section 115 22-6002384 22-1487247 501(c)(3) 23-7061564 501(c)(3)	if applicable cash grant 87-2275775 501(c)(3) 10,000. 45-0942880 501(c)(3) 6,500. 46-3355413 501(c)(3) 10,000. 82-2980565 501(c)(3) 11,800. 22-6002477 Section 115 5,700. 22-6002384 21,400. 22-1487247 501(c)(3) 8,754. 23-7061564 501(c)(3) 20,000.	if applicable cash grant noncash assistance 87-2275775 501(c)(3) 10,000. 0. 45-0942880 501(c)(3) 6,500. 0. 46-3355413 501(c)(3) 10,000. 0. 82-2980565 501(c)(3) 11,800. 0. 22-6002477 Section 115 5,700. 0. 22-6002384 21,400. 0. 22-1487247 501(c)(3) 8,754. 0. 23-7061564 501(c)(3) 20,000. 0.	if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) 87-2275775 501(c)(3) 10,000. 0. 45-0942880 501(c)(3) 6,500. 0. 46-3355413 501(c)(3) 10,000. 0. 82-2980565 501(c)(3) 10,000. 0. 82-2980565 501(c)(3) 11,800. 0. 22-6002477 Section 115 5,700. 0. 22-6002384 21,400. 0. 22-1487247 501(c)(3) 8,754. 0. 23-7061564 501(c)(3) 20,000. 0.	if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) non-cash assistance 87-2275775 501(c) (3) 10,000. 0. - - 45-0942880 501(c) (3) 6,500. 0. - - 46-3355413 501(c) (3) 10,000. 0. - - 82-2980565 501(c) (3) 10,000. 0. - - 82-2980565 501(c) (3) 11,800. 0. - - 22-6002477 Section 115 5,700. 0. - - 22-6002384 21,400. 0. - - - 22-1487247 501(c) (3) 8,754. 0. - - 23-7061564 501(c) (3) 20,000. 0. - -

Atlantic Health System Inc Group Return Schedule I (Form 990)

		Stem Inc Gi					
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Scho	edule I (Form 990), Pa	rt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE ALLIANCE FOR THE PREVENTION							
475 VALLEY ROAD			C 000				
WAYNE, NJ 07470	22-6002384	501(c)(3)	6,000.	0.			GENERAL SUPPORT
WEEKEND BAG PROGRAM INC							
PO BOX 205							
ANDOVER, NJ 07821	84-2446888	501(c)(3)	15,000.	0.			GENERAL SUPPORT
William Paterson University							
Foundation - Hobart Manor, 300 Pompton Road - Wayne, NJ 07470	22-3160107	501(c)(3)	15,075.	0.			General Support
i ompeon Road Wayne, No 07470	22 5100107	501(0/(3)	15,075.	0.			Seneral Support

Schedule I (Form 990)

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I. lir	ne 2: Part III. column	(b): and any other a	dditional information.	1

Schedule I - Part I, Line #2

The organization uses due diligence for reviewing and selecting grant

recipients and is comfortable that the grants are used for their

intended purpose within the US. The donee IRS 990's are reviewed to

ensure the grants are consistent with exempt organization's mission and

operations. All assistance and grants are reviewed and approved by

senior management via the accounts payable cycle.

SC	HEDULE J	1	OMB No.	1545-00	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2023				
		Compensated Employees						
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organization	n E		er identification numb				
		Atlantic Health System Inc Group Return	65-13	30187	7			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form S	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							
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary s	spending account Personal services (such as maid, chauffeur	r, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizatio	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee							
	X Independent compensation consultant X Compensation survey or study							
		ther organizations X Approval by the board or compensation co	ommittee					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?			Х			
с		eive payment from an equity-based compensation arrangement?				Х		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	-							
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r	evenues of:						
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r	net earnings of:						
а	The organization?			6a		X X		
	b Any related organization?							
		or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	Х			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?	<u></u>	9				
For		ion Act Notice, see the Instructions for Form 990.		le J (Forr	n 990	2023		

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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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Brian Gragnolati	(i)	3,027,508.	2,305,875.	3,039,685.	1,124,068.	13,380.	9,510,516.	2,980,366.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kevin Lenahan	(i)	1,347,725.	992,992.	4,413,798.	393,574.	13,380.	7,161,469.	4,372,618.
EVP,Chief Bus & Strategy	(ii)		0.	0.	0.	0.	0.	0.
(3) James Wittig, MD	(i)	2,197,233.	1,629,494.	3,195.	10,349.	9,537.	3,849,808.	0.
Physician-Chair	(ii)		0.	0.	0.	0.	0.	0.
(4) Steven Sheris, MD	(i)	922,581.	690,603.	204,086.	264,519.	17,881.	2,099,670.	164,570.
EVP,Chief Phy Exec	(ii)		0.	0.	0.	0.	0.	0.
(5) Patricia O'Keefe	(i)	955,756.	637,768.	187,926.	240,910.	9,215.	2,031,575.	159,977.
SVP,Pres MMC	(ii)		0.	0.	0.	0.	0.	0.
(6) Sheilah O'Halloran	(i)	839,197.	593,867.	183,283.	259,539.	13,380.	1,889,266.	148,702.
EVP,General Counsel	(ii)		0.	0.	0.	0.	0.	0.
(7) Nichell Sumpter	(i)	824,559.	598,039.	147,608.	231,147.	12,531.	1,813,884.	126,755.
EVP,Chief Admin Officer	(ii)		0.	0.	0.	0.	0.	0.
(8) Tom Thomas	(i)	993,962.	741,502.	743.	12,643.	18,199.	1,767,049.	0.
Physician	(ii)		0.	0.	0.	0.	0.	0.
(9) Mark Widmann	(i)	1,184,643.	487,608.	2,132.	11,350.	18,203.	1,703,936.	0.
Physician	(ii)		0.	0.	0.	0.	0.	0.
(10) Scott Leighty	(i)	1,103,492.	359,100.	2,132.	218,606.	17,881.	1,701,211.	0.
EVP,Chief Health Sy Officer	(ii)		0.	0.	0.	0.	0.	0.
(11) Sean Calhoun	(i)	1,578,376.	50,000.	1,048.	11,851.	18,203.	1,659,478.	0.
Physician	(ii)		0.	0.	0.	0.	0.	0.
(12) Philippe Genereux, MD	(i)	1,621,136.	0.	485.	14,350.	18,203.	1,654,174.	0.
Physician	(ii)		0.	0.	0.	0.	0.	0.
(13) Sunil Dadlani	(i)	842,694.	546,000.	25,529.	224,987.	13,380.	1,652,590.	0.
EVP,Chief-Inf/Dig Trans Of	(ii)		0.	0.	0.	0.	0.	0.
(14) Suja Mathew	(i)	895,314.	449,900.	18,822.	205,655.	17,876.		0.
EVP,Chief Clinical Officer	(ii)		0.	0.	0.	0.	0.	0.
(15) Madeline Ferraro	(i)	435,399.	207,424.	816,181.	101,878.	9,889.		0.
VP,Gov't and Public Affair	(ii)		0.	0.	0.	0.	0.	0.
(16) Stephanie Schwartz	(i)	746,218.	462,882.	136,579.	161,932.	17,876.		113,537.
SVP,Pres OMC	(ii)	0.	0.	0.	0.	0.	0.	0.

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W	I-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred on prior Form 990
			compensation	compensation				
(17) Jeffrey Leary	(i)	830,071.	578,330.	180.	10,154.	18,203.	1,436,938.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Lee Starker, MD	(i)	594,308.	767,828.	323.	11,162.	18,203.	1,391,824.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Robert Adams Jr	(i)	575,002.	353,445.	159,986.	129,108.	17,881.	1,235,422.	153,967.
SVP,Pres West Region	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Eric Whitman, MD	(i)	810,531.	257,876.	2,132.	36,300.	13,702.	1,120,541.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) Michael Walter	(i)	879,991.	75,000.	16,193.	119,777.	17,800.	1,108,761.	0.
SVP, Chief Financial Office	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) Maureen Schneider	(i)	525,334.	334,513.	89,301.	120,822.	443.	1,070,413.	73,518.
SVP,Pres CMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) Rolando Rolandelli, MD	(i)	761,049.	237,790.	3,613.	36,300.	13,702.	1,052,454.	0.
Chairman-Dep of Surgery	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) Jason Smith, MD	(i)	663,228.	330,808.	323.	11,224.	18,203.	1,023,786.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) Katharine Driebe	(i)	471,265.	235,676.	80,577.	102,029.	17,881.	907,428.	67,545.
VP of Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) Christopher Herzog	(i)	472,920.	200,923.	62,964.	77,436.	17,881.	832,124.	62,280.
PAMG, VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) Frederico Cerrone, MD	(i)	576,743.	180,550.	2,132.	12,744.	13,702.	785,871.	0.
PAMG-Chair	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) Christopher Zipp, MD	(i)	521,220.	86,534.	743.	23,100.	18,203.	649,800.	0.
PAMG-Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) Seth Stoller, MD	(i)	428,564.	183,356.	743.	11,777.	18,203.	642,643.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) Domenick Randazzo, MD	(i)	565,530.	5,326.	1,389.	16,533.	17,242.	606,020.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) Peter Bolo, MD	(i)	449,875.	56,250.	2,132.	36,300.	13,700.	558,257.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) Shai Gavi, MD	(i)	416,505.	56,250.	2,132.	11,243.	18,203.	504,333.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		compensation ot		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(33) Christina Johnson, MD	(i)	344,891.	125,585.	322.	11,742.	9,535.	492,075.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) Navpreet Minhas, MD	(i)	325,057.	91,368.	485.	12,172.	18,203.	447,285.	0.
PAMG-TTE Vice Chair	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) Jeanine Bulan, MD	(i)	319,226.	79,498.	1,043.	15,125.	18,203.	433,095.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) Jessica Petilla-Onorato, MD	(i)	330,581.	41,071.	1,389.	15,750.	9,536.	398,327.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) David Ferguson, AA Director	(i)	297,180.	52,691.	1,469.	20,538.	13,542.	385,420.	0.
Trustee-Atlantic Ambulance	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) Robert Pedowitz, DO	(i)	320,247.	15,421.	1,003.	15,829.	18,199.	370,699.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) John Calicchio, MD	(i)	249,226.	84,631.	743.	13,503.	18,203.	366,306.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) Anthony Frisoli, MD	(i)	218,334.	67,241.	1,579.	0.	4,596.	291,750.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) David Peterson	(i)	170,376.	30,032.	367.	14,355.	17,950.	233,080.	0.
Trustee-Atlantic Ambulance	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) Theresa Giannattasio, DO	(i)	201,884.	8,044.	323.	9,989.	9,536.	229,776.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 1a:

The organization pays for and/or provides life insurance premiums and long

term disability premiums and executive health physical examinations for

certain officers, directors and key employees. Such payments made on

behalf of these individuals are generally grossed up and inputed and

included as taxable compensation in their respective W-2's.

The organization provided the following individuals with additional Basic

Long Term Disability, Supplemental Long Term Disability, Life Insurance and

Long Term Care. The value of these premiums indicated below were included

in each of the individual's 2023 W-2 as taxable compensation.

Brian Gragnolati	55,778	
Kevin Lenahan	39,791	
Sheilah O'Halloran	32,186	
Patricia O'Keefe	23,903	
Stephanie Schwartz	21,653	
Steven Sheris	37,383	
Nichell Sumpter	20,110	

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.

Madeline Ferraro	7,979		
Robert Adams	5,276		
Suja Mathew	18,079		
Katharine Driebe	11,642		
Maureen Schneider	12,918		
Michael Walter	14,804		
Sunil Dadlani	24,140		
Part I, Line 4b:			
2023 Mid Career Hire Plan			
The organization provides a s	upplemental non-qualified	. retirement plan	
(457f plan) known as the Mid-	Career Hire Plan (MCHP) f	or certain officers	
and key employees. During 20	23, the following officer	/key employee	
received vested distributions	in this non-qualified re	tirement plan. Such	
distributions were included i	n Box 1, Box 5 and Box 16	of their respective	
Form W-2:			
Kevin Lenahan \$4,37	2,618		

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.

Madeline Ferraro 804,643

The Mid Career Hire Plan was terminated effective January 1, 2023. Any

existing participants were transferred at that time into the Supplmental

Exectivve Retirement Plan (SERP) as outlined below.

2023 Supplemental Executive Retirement Plan (SERP) Earned Credits

Atlantic Health implemented a non-qualified Supplemental Executive

Retirement Plan (SERP) paid entirely by Atlantic Health System. The SERP

is provided to individuals that hold an executive position with Atlantic

Health System. The SERP is in addition to benefits provided under the

Atlantic Health System 403(b) and the Cash Balance plan if hired prior to

December 15, 2013.

During 2023, the	following Officers	(Executives)	received	SERP	credits:
Brian Gragnolati	1,112,605				
Steven Sheris, MD	251,319				
Katharine Driebe	72,329				
Sheilah O'Hallora	n 223,239				

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.

Patricia O'Keefe	198,010	
Nichell Sumpter	218,068	
Stephanie Schwartz	150,376	
Christopher Herzog	65,560	
Robert Adams, Jr.	113,790	
Michael Walter	117,061	
Scott Leighty	218,606	
Suja Mathew	202,886	
Sunil Dadlani	212,257	
Maureen Schneider	104,162	
Madeline Ferraro	65,578	
Kevin Lenahan	357,274	
The above amounts rep	resent earned credits which have not vested and were	
not included in their	respective 2023 W-2 compensation.	
However, the earned c	redits were included as Other Compensation in Column	

(F) of Part VII and in Schedule J, Column (C) of the 2023 IRS 990 tax

return per IRS guidance. Once the officer meets the applicable vesting

criteria of the plan, the SERP credits will be included as taxable

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.

compensation in their respective Form W-2 of that year.

2023 Supplemental Executive Retirement Plan (SERP) Taxable Distributions

The following officers received taxable SERP distributions during 2023

based on the vesting criteria of the plan document. These taxable SERP

distributions were included in their respective 2023 W-2s and are reported

in Other Reportable Compensation in Schedule J (Sch J, (B)(ii)) of the this

IRS 990:

Brian Gragnolati	\$2,980,366	
Katharine Driebe	67,545	
Sheliah O'Halloran	148,702	
Patricia O'Keefe	159,977	
Steven Sheris	164,570	
Stephanie Schwartz	113,537	
Nichell Sumpter	126,755	
Christopher Herzog	62,280	
Robert Adams	153,967	
Maureen Schneider	73,518	

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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.

Part I, Line 7:

An annual incentive plan exists for the senior management team. The

incentive plan distributes bonuses to the senior management team based on

performance results on various performance measurements. The performance

measurements include:

operating gain/loss

expense per adjusted admission

patient satisfaction scores

inpatient and outpatient volumes

employee engagement scores

quality and safety results.

The above performance measures have the following three specific

performance goals in order to determine any incentive award:

Threshold

Target

Maximum

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.							C	DMB No. 20 Open to spect) 23 o Publ			
Name of the organization Atlantic H	Health Syste	m Inc Gro	up Retur	n				Emp 6	loyeri 5−1	dentif 301	icatio 877	n num	ber
Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	d (e) Issu	le price	(f) Descripti	on of purpose	(g) De	efeased			(i) Po	oled
										of iss	suer	finan	cing
								Yes	No	Yes	No	Yes	No
NJ Healthcare Facilitie							m revenue	2					
A Series 2008B	22-1987084	64579FWP4	05/14/0	8 88,5	555,000 .þ	onds			X		X		Х
NJ Healthcare Facilitie	es				Т	'o redee	m revenue	e					
вSeries 2008С	22-1987084	64579FWQ2	05/14/0	8 88,5	555,000 . þ	onds			X		Х		Х
NJ Healthcare Facilitie	es				Т	'o redee	m revenue	2					
cSeries 2008A	22-1987084	64579FWL3	05/14/0	8 181,7	712,419 .b	onds			X		x		Х
NJ Healthcare Facilitie	es				T	'o redee	m revenue	2					
pSeries 2016	22-1987084	645790FA9	10/06/1	6 252,3	386,641 .b	onds			X		x		Х
Part II Proceeds			· · · ·	· · ·	,								
				Α		В	С				D		
1 Amount of bonds retired				-			179,642	,419		74	,73	3,5	94.
2 Amount of bonds legally defeased								-			-	-	
3 Total proceeds of issue				55,000.	88,5	55,000.	177,110	,000		224	,80	0,0	00.
4 Gross proceeds in reserve funds			2	256,240. 256,240.		512			9	,73	9,3	40.	
5 Capitalized interest from proceeds				-		-					<u>.</u>	-	
7 Issuance costs from proceeds				510,043. 510,043. 1,32			1,329	9,584. 1,7			,78	2,4	71.
				65,914. 65,914.			· · · · · ·						
9 Working capital expenditures from proceed													
10 Capital expenditures from proceeds													
44 00			07 7	22,803.	87,7	22,803.	175,267	,935		213	,27	8,1	89.
								-			-	-	
13 Year of substantial completion				2008		2008	203	16			2	016	
			Yes			Yes	No		Yes		No		
14 Were the bonds issued as part of a refundi	ng issue of tax-exempt l	bonds (or,											
if issued prior to 2018, a current refunding i	-	-	x		Х		x					2	х
15 Were the bonds issued as part of a refundi	,												
issued prior to 2018, an advance refunding	-			Х		x		Х				2	Х
16 Has the final allocation of proceeds been m			X		Х		X			Х			
17 Does the organization maintain adequate b		pport the											
final allocation of proceeds?		•••	x		Х		x			Х			
For Paperwork Reduction Act Notice, see the l	nstructions for Form 9	990							Sche	dule K	(Eorn	n 990)	2023

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

Schedule K (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877

		A		В		с		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No No	Yes	No
which owned property financed by tax-exempt bonds?	103	X	103	X	103	X	103	
 2 Are there any lease arrangements that may result in private business use of 								
	х		х		х		х	
bond-financed property?				+ +	21		21	-
3a Are there any management or service contracts that may result in private		x		x		x		x
business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?				+				
c Are there any research agreements that may result in private business use of		v		v		v		v
bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		.75 %		.75 %		.75 %		.75
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		.75 %		.75 %		.75 %		.75
7 Does the bond issue meet the private security or payment test?		Х		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental 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				1		1		
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		,,,				,,,		
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all				1 1				-
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х		х		х		х	
Part IV Arbitrage						1		, I
Albitage		A		в		с		D
4 Line the insure filed Form 2000 T. Arbitrary Debate Middle Deduction and	-	r i			Vee	-i		1
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No X
Penalty in Lieu of Arbitrage Rebate?		~		A		A		A
2 If "No" to line 1, did the following apply?		x		- V		v		
a Rebate not due yet?				X		X		X
b Exception to rebate?		X		X		X	37	X
c No rebate due?		X		X	Х		Х	
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?	Х		Х			X		X

Schedule K (Form 990) 2023

Page **2**

Atlantic Health System Inc Group Return 65-1301877 Schedule K (Form 990) 2023

Part IV Arbitrage (continued)	_						_	
		A		В	(2	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		X		Х		Х
b Name of provider	N/A		N/A		N/A		N/A	
c Term of hedge								
d Was the hedge superintegrated?		X		X		Х		Х
e Was the hedge terminated?		X		X		Х		Х
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		Х
b Name of provider	N/A		N/A		N/A		N/A	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		Х		Х
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		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)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to question	is on Schedul	e K. See inst	tructions.					
Schedule K, Part IV, Arbitrage, Line 2c:								
(a) Issuer Name: NJ Healthcare Facilities Series								
Date the Rebate Computation was Performed: ()5/14/20	023						
(a) Issuer Name: NJ Healthcare Facilities Series								
Date the Rebate Computation was Performed: (07/01/20	021						
Schedule K, Part II, Proceeds - Line 3								
Series 2008A - Issue Price and Total Proceeds of	Issua	nce						
Total Proceeds per Bond Issuance	\$1	77,110						
Original Issue Premium on Series 2008A Bonds		4,602						
Total Issue Price per Form 8038, Line 21(b)	\$18	81,712	,419					
alle le le le protette protecte le time d								
Schedule K, Part II, Proceeds - Line 3	T							
Series 2016 - Issue Price and Total Proceeds of	Issuan	ce						
Total Proceeds per Bond Issuance	\$ 2	24,800	000					
Original Issue Premium on Series 2016 Bonds		27,586						
Total Issue Price per Form 8038, Line 21(b)		52,386						
	Υ <u></u> Δ.	52,500	, , , , ,					

Page 3

SCHEDULE L	Transactions With Interested Persons
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service	
Name of the organization	n

Part I

Employer	identification	number
----------	----------------	--------

OMB No. 1545-0047

Open to Public

L

Inspection

Atlantic Health System	Inc Group Return	65-1301877
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Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of diagualified person	(b) Relationship between disqualified	(a) Departmention of transportion		(d) Corrected?			
	(a) Name of disqualified person	person and organization	(c) Description of transaction	ISaction		No		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2	2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under							
	section 4958			\$				
3	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.

i	(a) Name of nterested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) Wi agreer	ritten ment ?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

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Schedule L	(Form 990) 2023	Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 2
Part IV	Business Transaction	ons 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			òrganiz	aring of zation's nues?
				Yes	No
(1)Riley Ferguson	Refer to below	52,210.	Employee Co	>	X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information	n			1	L

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Riley Ferguson

(b) Relationship Between Interested Person and Organization:

Refer to below

(c) Amount of Transaction \$ 52,210.

(d) Description of Transaction: Employee Compensation. Riley Furguson is

the daughter of Dave Ferguson (Trustee-Atlantic Ambulance). The

organization compensated Riley Ferguson \$52,210 during 2023 via W-2

compensation. Transaction is considered to be negotiated at arms-length.

(e) Sharing of Organization Revenues? = No

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O

(Form 990)



65-1301877

Atlantic Health System Inc Group Return | 65-13 Form 990, Part I, Line 1, Description of Organization Mission:

Designing and delivering high quality, innovative and personalized

health care, to build healthier communities and improve lives for

patients, consumers, and caregivers.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Morristown Medical Center ("Morristown Division"), the Overlook Medical

Center ("Overlook Division"), the Newton Medical Center ("Newton

Division"),

the Chilton Medical Center ("Chilton Division"), Hackettstown Medical

Center ("Hackettstown Division") and Practice Associates Medical Group

(PAMG). The Hospital and PAMG are organized under the not-for-profit

corporation law of the State of New Jersey and are exempt from Federal

income tax under Section 501(c) (3) of the Internal Revenue Code. The

Hospital provides regional health care services including a broad range

of adult, pediatric, obstetrical/gynecological, psychiatric, oncology,

intensive care, cardiac care and newborn acute care services to

patients from the counties of Morris, Essex, Passaic, Sussex, Bergen,

Hunterdon, Union, Warren and Somerset in New Jersey, Pike County in

Pennsylvania and southern Orange County in New York.

The Hospital is also a regional health trauma center that provides

tri-state coverage and provides numerous outpatient ambulatory

services, rehabilitation and skilled care and emergency care.

Practice Associates Medical Group doing business as Atlantic Medical

Group, PA ("AMG") is a faculty plan serving all of the Hospital

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule O (Form 990) 2023	Page 2					
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877					
divisions. It is a nonprofit coroporation and an organiz	ation					
described in Section 501(c)(3) of the Internal Revenue Code.						
Originally formed to provide billing and collection servi	ces for fees					
generated by physicians employed by the hospital division	, AMG now					
serves as physician-governed group practice entity with m	ore than 1,100					
providers. AMG supports the System by improving consistency, enhancing						
collaboration among delivering care and optimizing care s	ystem					
operations.						

Atlantic Amblulance Corp (the "Company") was established as a not-for-profit organization of Augst 3, 2001 in the State of New Jersey, exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Company in organized for scientific, educational and charitable purposes to sponsor, promote and assist in the establishment or maintenance of activities relating to the improvement of human health and to maintain and operate a system for providing land and air based ambulance services, primarily in New Jersey. The Company's sole member is Atalntic Health System, Inc. , a New Jersey based not-for-profit corporation.

The ambulance company (Atlantic Ambulance Corp) is a not-for-profit organization established for scientific, educational and charitable purposes to sponsor, promote and assist in the establishment or maintenance of activities relating to the improvement of human health and to maintain and operate a system for providing ambulance services, including mobile intensive care unit services together with related emergency medical services, primarily in New Jersey.

332212 11-14-23

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Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
Medical Center Partners, Inc. opened in 2012 with two off	ices according
to the needs assessment of the community: A Primary Care	and OB/GYN.

Hackettstown Regional Medical Center Emergency Medical Services, Inc. (HRMC-EMS) provides emergency ambulance service for Hackettstown, NJ and the surrounding communities. HRMC-EMS also provides patient transportation services for HRMC patients and residents/patients of other institutions such as assisted living facilities and nursing homes. Van service is also provided for outpatients in need of transportation. HRMC-EMS also provides 911 ambulance service for residents of Mount Olive Township, Knowlton Township, Roxbury and Long Valley, NJ.

The following 4 entities provide assistance to older people and their caregivers by assisting them with finding the health care services and community resources that they need to live longer, healthier and more active lives. It provides skilled and compassionate support to the residents of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren Counties in New Jersey and Pike County in Pennsylvania.

1 Adult Day Center of the Visiting Nurse Association of Somerset Hills, Inc.is an adult day services in Basking Ridge, NJ.

2. Visiting Nurse Association of Somerset Hills, Inc. is home health services.

3. Visiting Nurse Association of Visiting Nurse Association of Somerset

Hills Community Health Services, Inc. provides community health 332212 11-14-23 161 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule O (Form 990) 202	23						Page 2
Name of the organization							Employer identification number
	Atlantic	Health	System	Inc	Group	Return	65-1301877

services.

4. Visiting Nurse of Somerset Hills Home Health & Hospice Services,

Inc. provides home health and hospice services.

Atlantic Core Therapy and Wellness PA is a Corporation organized to engage in the business of rendering the same professional services to the public that a Doctor of Medicine or Osteopathy is authorized to render and any closely allied services. The Corporation is organized and will be operated exclusively to further the charitable purposes of Atlantic Health System, Inc. and AHS Hospital Corp.

Eye Care of Practice Associates PA is a Corporation organized to engage in the business of rendering the same professional services to the public that a Doctor of Medicine or Osteopathy is authorized to render and any closely allied services. The Corporatoin is organized and will be operated exclusively to further the charitbale purposes of Atlantic Health System, Inc. and AHS Hospital Corp.

Form 990, Part VI, Section A, line 1a:	
The Organization's Group 990 tax return consists of the following exemp	t
organizations comprising of a total of 41 voting trustees:	
1. AHS Hospital Corp.	
This organization primarily consists of major health care programs for f	ive
hospitals and its supporting administrative functions. It comprises the	
majority of Atlantic Health Care System's resources in terms of	
operational, financial and management decision making. Fourteen (14) of	
the sixteen (16) voting trustees are deemed to be independent in	
332212 11-14-23 Schedule O (Form 990) 162	2023
.491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E07077	'01

Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
conjunction with IRS guidance.	
2. Atlantic Ambulance Corp	
This organization is comprised primarily of ambulance tra	insportation for
emergency medical services. Due to the rather small oper	ations, five (5)
of its six (6) voting trustees represent management empl	oyees from an
affiliated organization (AHS Hospital Corp). As a result,	one (1) of the
six (6) trustees are deemed to be independent.	
3. Practice Associates Medical Group PC (Atlantic Medica	al Group)
This organization consists of a physician group providing	g physician
programs. Fourteen (14) out of the entire fourteen (14) v	oting trustees are
physicians and are generally affiliated with Atlantic Hea	alth System, Inc.
through employment. As a result, none of the voting trust	ees are deemed to
be independent.	
4. Hackettstown Regional Medical Center Emergency Medica	al Services, Inc -
Due to a 4/1/16 merger with Atlantic Health System, trust	ees consist of
those from Atlantic Health System at 12/31/23.	
5. Medical Center Partners, Inc Due to a 4/1/16 merge	er with Atlantic
Health System, trustees consist of those from Atlantic He	alth System at
12/31/23.	
6. (A) Adult Day Center of the Visiting Nurse Assoc. of	Somerset Hills,
Inc, (B) Visting Nurse Assoc. of Somerset Hills Communit	y Health Serv Inc,
(C) Visiting Nurse Assoc. of Somerset Hills Home Health a	and Hospice
Services Inc, (D) Visting Nurse Association of Somerset H	Iills, Inc were due
to a 1/1/20 merger with Atlantic Health System. Five (5	b) of the six (6)
voting trustees are deemed to be independent in conjuncti	on with IRS
guidance.	
7. Atlantic Core Therapy and Wellness PA - Incorporated	9/29/2021 in the
State of NJ as a Professional Corporation to further the	
^{332212 11-14-23} 163 1491115 140787 הסד הסד 2023 04030 Atlantic Health Sv	Schedule O (Form 990) 2023

^{11491115 140787} E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule O (Form 990) 2023		Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification 65-1301877	number
purposes of Atlantic Health System, Inc. and AHS Hospital	Corp. The	
Director being Steven Sheris, MD, in care of Atlantic He	alth System.	As a
result, the trustees consist of those from Atlantic Healt	h System at	
12/31/23.		
8. Eye Care of Practice Associates PA - Incorporated 3/3	1/2022 in the	
State of NJ as a Professional Corporation to further the	charitable	
purposes of Atlantic Health System, Inc. and AHS Hospital	Corp. The	
Director being Steven Sheris, MD, in care of Atlantic He	alth System.	As a
result, the trustees consist of those from Atlantic Healt	h System at	
12/31/23.		

Form 990, Part VI, Section A, line 6:

As per the by-laws, each of the entities has one "member", that being Atlantic Health System, Inc. There are no other members or classes of membership whatsoever as indicated in the by-laws.

Form 990, Part VI, Section A, line 7a:

Atlantic Health System, Inc. is the only "member" which wholly owns each of the entities. As a result, Atlantic Health System, Inc. may elect the members of the governing bodies for each of the entities.

Form 990, Part VI, Section A, line 7b:
Atlantic Health System, Inc. is the only "member" which wholly owns each of
the entities. As a result, Atlantic Health System, Inc. approves the
decisions of the governing bodies.

Form 990, Part VI, Section B, line 11b:

 The 2023 IRS 990 was distributed to Senior Management and the Board of

 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Ret	urn 65-1301877
Trustees for their review. Any comments were addr	essed accordingly.

Form 990, Part VI, Section B, Line 12c:

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

Form 990, Part VI, Section B, Line 15:

A review of officer compensation by an independent 3rd party

(Sullivan-Cotter) is completed every year. The most recent survey was

conducted in 2023. Officers reviewed include:

EVP, Chief Administrative Officer

EVP, Chief Business and Strategy Officer

EVP, Chief Clinical Officer

EVP, Chief Health System Officer

EVP, Chief Information and Digital Transformation Officer

EVP, Chief Physician Executive

EVP, General Counsel

President and Chief Executive Officer - AHS

SVP, Chief Financial Officer

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Schedule O (Form 990) 2023 Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
SVP, CNE/President, MMC	
SVP, AHS/President, CMC	
SVP, AHS/President, OMC	
SVP, AHS/President, Western Region	
VP, AHS, President ACO	
VP, Ambulatory Services and Network Development	
VP, Chief Marketing Officer	
VP, Chief Medical Officer, ACO	
VP, Chief Quality and Patient Safety Officer	
VP, Chief Risk Officer	
VP, Chief Strategy Officer	
VP, COO Atlantic Medical Group	
VP, Corporate Legal Services	
VP, Facilities Management and Real Estate	
VP, Finance	
VP, Government & Public Affairs	
VP, Information Technology	
VP, Insurance Networks	
VP, Integrated Care	
VP, Physician Enterprise Strategy	
VP, Revenue Cycle	
VP, Strategic Service Lines	
VP, Talen Management and Chief Diversity and Inclusiv	ve Officer
VP, Workforce Experience	
VP, Research	

On behalf of Atlantic Health, Sullivan Cotter conducts an annual total

compensation survey based on appropriate comparability data for like 332212 11-14-23

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2								
Name of the organization	Atlantic	Health	System	Inc	Group	Return	Employer identification number 65-1301877	
positions in 1	like organ	nizatior	ıs.					

The results of the survey are presented to the Executive Committee of the board which documents the findings and recommendations in committee minutes.

Compensation for key physicians is determined by soliciting salary data from published sources. These salary recommendations are then approved by the Executive Committee of the board.

Form 990, Part VI, Section C, Line 18:

Currently the organization retains copies of the filed Form 990's for the

last three years and IRS Form 1023 with the Director, Corporate Tax and

Reporting. Any requests for copies of the 990's throughout the sites are

centralized through the Director, Corporate Tax and Repporting. Public

disclosure of these Form 990's can be made at any time though this process.

In addition, the 990 is posted on the following websites:

"www.atlantichealth.org"

"www.foundationcenter.org"

"www.irs.gov"

"guidestar.org"

Form 990, Part VI, Section C, Line 19:
The organization currently make it's current and prior year financial
statements open to public disclosure on it's public website,
"www.atlanthealth.org". The governing documents and conflict of interest
polices are not currently made available to the public.
332212 11-14-23 Schedule O (Form 990) 2023

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Name of the organization Atlantic Health System Inc Group Return	Employer identification num 65-1301877
Form 990, Part XI, line 9, Changes in Net Assets:	
Investment in Non Controlling Interest	-395,49
Change in funded status of benefit plans	35,312,25
Contributions - Temp Restricted Net Assets	33,837,25
Investment Income - Donor Restricted	1,643,59
Equity Transfers to Restricted Parties	-28,675,71
Change in Unrealized Gains-Donor Restricted	5,143,04
Unrestricted Net Asets Distribution for Capital	-8,094,47
MMC Foundation Offset - Restricted Activity	-14,169,51
Forgiveness of Intercompany Advances	36,307,72
Total to Form 990, Part XI, Line 9	60,908,67

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

65-1301877

Internal Revenue Service

Department of the Treasury

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

Name of the organization

Atlantic Health System Inc Group Return

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)		
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling		
of disregarded entity		foreign country)			entity		
AMBULATORY SURGICAL CENTER AT MMC HEALTH							
PAVILION LLC - 84-4303225, 475 South Street,	To own and operate an						
Morristown, NJ 07960	ambulatory surgical center	New Jersey	24,568,488.	7,185.	AHS Hospital Corp		
Healthcare Quality Partners LLC - 82-1547892							
475 South Street	Accountable Care						
Morristown, NJ 07960	Organization (ACO) Services	New Jersey	0.	0.	AHS Hospital Corp		
Atlantic Alliance LLC							
475 South Street	Accountable Care						
Morristown, NJ 07960	Organization (ACO) Services	New Jersey	٥.	0.	AHs Hospital Corp		
]						
]						

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

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Atlantic Health System, Inc 22-3380375							
475 South Street	Human Health through AHS						
Morristown, NJ 07960	Hospital Corp	New Jersey	501(c)(3)	Line 12, I	N/A		X
Foundation for Morristown Medical Center -							
22-3392808, 475 South Street, Morristown, NJ	Fundraising for Morristown				Atlantic Health		
07960	Medical Center.	New Jersey	501(c)(3)	7	System	X	
Newton Medical Center Foundation -	Administers donations,						
22-2618102, 175 High Street, Newton, NJ	grants and bequests and				Atlantic Health		
07860	performs fundraising	New Jersey	501(c)(3)	Line 7	System	X	
Prime Care, Inc 22-2759566							
175 High Street	Provides home health and				Atlantic Health		
Newton, NJ 07860	other healthcare services	New Jersey	501(c)(3)	Line 11	System	X	

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
North Jersey Health Care Properties Inc	Own commercial buildings					Tes	
22-3519709, 175 High Street, Newton, NJ	and conducts leasing				Atlantic Health		
07860	activities	New Jersey	501(c)(2)		System	x	
Chilton Medical Center Foundation, Inc	Support Charitable Exempt						<u> </u>
22-3084817, 97 West Parkway, Pompton Plains,	Programs and Services of				Atlantic Health		
NJ 07444	Medical Hospital.	New Jersey	501(c)(3)	Line 7	System	x	
Chilton Medical Center Auxilliary, Inc	Support Charitable Exempt						<u> </u>
22-2883605, 97 West Parkway, Pompton Plains,	Programs and Services of				Atlantic Health		
NJ 07444	Medical Hospital.	New Jersey	501(c)(3)	Line 12b, II		x	
Chilton Realty Holding, Inc 22-3067739	Real estate and leasing			,			<u> </u>
97 West Parkway	activities for benefit of				Atlantic Health		
Pompton Plains, NJ 07444	exempt organization.	New Jersey	501(c)(2)		System	x	
Foundation for Hackettstown Medical Center -	Fundraising for						<u> </u>
22-2333410, 651 Willow Grove Street,	Hackettstown Medical				Atlantic Health		
Hackettstown, NJ 07840	Center.	New Jersey	501(c)(3)	Line 7	System	x	
Center for Aging Inc - 22-2575377							<u> </u>
901 West Main Street	1				Atlantic Health		
Freehold NJ 07728	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	
CentraState Assisted Living, Inc -							<u> </u>
22-3520730, 901 West Main Street, Freehold,	1				Atlantic Health		
NJ 07728	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	
Healthcare Affiliates, Inc - 52-1594300							<u> </u>
901 West Main Street	1				Atlantic Health		
Freehold_NJ 07728	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	
CentraState Healthcare System, Inc -							<u> </u>
22-2482803, 901 West Main Street, Freehold,	1				Atlantic Health		
<u></u>	- Management	New Jersey	501(c)(3)	Line 12a, I	System	x	
CentraState Healthcare Foundation, Inc -				, ,			<u> </u>
27-2383065, 901 West Main Street, Freehold,	1				Atlantic Health		
NJ 07728	- Fundraising	New Jersey	501(c)(3)	Line 7	System	x	
CentraState Medical Center - 22-1750190							<u> </u>
901 West Main Street	1				Atlantic Health		
Freehold, NJ 07728	Healthcare Services	New Jersey	501(c)(3)	Line 3	System	x	
Chambers Center for Well-Being LLC -					-		<u> </u>
83-2620066, 475 South Street, Morristown, NJ	1				Atlantic Health		
07960	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop	ortionate	Code V-UBI amount in box	General managir	or Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	Income	assets	alloca	tions?	20 of Schedule	partitier	<u>{</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
Morristown Medical Investors											
- 65-0840535, 200 American											
Road, Morris Plains, NJ											
07950	Real Estate	NJ						х	N/A	X	
Primary Care Partners LLC -											
27-4980253, 475 South Street,	Physician										
Morristown, NJ 07960	Services	NJ						x	N/A	x	
Atlantic Rehabilitation											
Institute, LLC - 81-4711074,											
680 South Fourth Street,	Rehabilitation										
Louisville, KY 40202	Facility	КY						x	N/A	x	
Atlantic Health Partners LLC	1										
- 82-4198770, 475 SOUTH	Physician										
STREET, Morristown, NJ 07960	Services	NJ						x	N/A	x	

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. Part IV

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(cont	(b)(13) trolled tity?
		country)		,				Yes	No
Atlantic Health Management Corp and									
Subsidiaries - 22-3538027, 200 American	Healthcare Related								
Road, Morris Plains, NJ 07950	Services	NJ		C CORP					X
AHS Insurance Company, Ltd 22-3380375									
200 American Road]								
Morris Plains, Grand Cayman, CAYMAN ISLANDS	Insurance	NJ		C CORP					X
Nutley Medical Care, PA - 22-3645010			Atlantic						
100 Madison Ave			Health System,						
Morristown, NJ 07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
Non-Invasive Diagnostics PA - 20-2027439			Atlantic						
100 Madison Ave	7		Health System,						
Morristown, NJ 07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
Speciality Care of Practice Associates, PA -			Atlantic						
03-0376428, 100 Madison Ave, Morristown, NJ	7		Health System,						
07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
332162 09-28-23 171 Schedule R (Form 990) 2023									

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	ral or F aging	Percentage ownership
of related organization		(state or foreign	Ontry	excluded from tax under		assets		cations?	20 of Schedule	part	ner?	ownerenip
		country)		36010113 3 12-3 14)			Yes	No	K-1 (F0111 1005)	Yes	NO	
Atlantic Brain and Spine LLC	1											
- 93-1467537, 465 South	Physician											
Street, Morristown, NJ 07960		NJ						x	N/A		x	
	1											
	1											
	1											
]											
	4											
	4											
	4											
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	4											

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN	(b) Primary activity	(C) Legal domicile (state or		(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	512((i) ction (b)(13) trolled
of related organization		foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	ent	tity?
Maternal Fetal Medicine of Practice			Atlantic					Yes	No
Associates PA - 03-0376421, 100 Madison Ave,	-		Health System,						
Morristown, NJ 07960	_ Healthcare	NJ	Inc	C CORP			100.00%	x	
Madison Pediatrics PA - 22-3645007			Atlantic						<u> </u>
100 Madison Ave	-		Health System,						
Morris Plains, NJ 07960	- Healthcare	NJ	Inc ,	C CORP			100.00%	x	
AHS ACO LLC - 27-3800813									<u> </u>
475 South Street	-								
Morristown, NJ 07960	- Physician Practice	NJ		C CORP					x
The Northwest New Jersey Medical/Surgical									\vdash
Alliance P.C - 45-0577942, 175 High Street,	-								
Newton, NJ 07860	- Healthcare Services	NJ		C CORP					x
The Northwest New Jersey Urgent Care									\vdash
Alliance, P.C 83-0492357, 175 High	7								
Street, Newton, NJ 07860	Healthcare Services	NJ		C CORP					X
Chilton Community Care, Inc. and Subs -									
22-2869148, 97 West Parkway, Pompton Plains,									
NJ 07444	Healthcare	NJ		C CORP					X
Atlantic Advanced Urgent Care, LLC -									\square
83-1558799, 475 South Street, Morristown, NJ									
07960	Healthcare	NJ		C CORP					X
Care Better ACO, LLC - 83-1224464									
475 South Street									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Atlantic Executive Health PA - 47-1944011									
475 South Street									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
AHS Health Network LLC - 47-4079001									
475 South Street									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Atlantic Health ACO LLC - 47-4126650									
475 South Street									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Tertiary Care Specialists of Practice									
Associates PA - 83-0713277, 475 South									
Street, Morristown, NJ 07960	Physician Practice	NJ		C CORP					X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(cont	b)(13) rolled
5		foreign country)	,	or trust)		assets		ent	No
Visiting Nurse Assoc of Somerset Hills									
Office Park Condo - 26-1183397, 200 Mount	-								
Airy Rd, Basking Ridge, NJ 07920	Home health services	NJ		C CORP					X
Ancillary Specialists of Practice Associates									
PA - 84-4693833, 475 South Street,									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Functional Medicine of Practice Associates									
PA - 84-5006796, 475 South Street,									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Atlantic Urgent Care LLC - 46-1693160									
181 High Street									
Newton, NJ 07860	Healthcare	NJ		C CORP					X
CentraState Healthcare Services Inc -			Atlantic						
22-2512830, 901 West Main Street, Freehold,			Health System,						
NJ 07728	Heatlh Services	NJ	Inc	C CORP			51.00%	i	X
CentraState Medical Associates PC -			Atlantic						
22-3402359, 901 West Main Street, Freehold,			Health System,						
NJ 07728	Health Services	NJ	Inc	C CORP			51.00%	i	X
CentraState Specialists PC - 82-3704077			Atlantic						
901 West Main Street	-		Health System,						
Freehold, NJ 07728	Health Services	NJ	Inc	C CORP			51.00%	;	X
CentraState Captive Insurance Co LTD -			Atlantic						
98-1205985, 901 West Main Street, Freehold,	-	Cayman	Health System,						
NJ 07728	Health Services	Islands	Inc				51.00%	i	X
	7								
	7								
	7								
									l
	1								
	1								

Schedule R (Form 990) 2023 Atlantic Health System Inc Group Return

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No				
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		X X				
	b Gift, grant, or capital contribution to related organization(s)								
с	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)		1d		Х				
	e Loans or loan guarantees by related organization(s)		1e	Х	1				
f	f Dividends from related organization(s)		1f		Х				
g	g Sale of assets to related organization(s)		1g		Х				
h	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)									
-									
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k	Х	1				
Т	I Performance of services or membership or fundraising solicitations for related organization(s)		11		Х				
m	m Performance of services or membership or fundraising solicitations by related organization(s)		1m		Х				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		Х				
	o Sharing of paid employees with related organization(s)		10		Х				
					1				
a	p Reimbursement paid to related organization(s) for expenses		1p	Х	1				
a	q Reimbursement paid by related organization(s) for expenses		1q	Х	1				
-	· · · · · · · · · · · · · · · · · · ·								
r	r Other transfer of cash or property to related organization(s)								
s	s Other transfer of cash or property from related organization(s)								
2			1s						
		-							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) At Home Medical	Р	230,510.	Actual amount of transacation.
(2) At Home Medical	Р	169,582.	Actual amount of transacation.
(3) At Home Medical	Р	191,027.	Actual amount of transacation
(4) Morristown Medical Investors (MMI)	К	5,684,787.	Actual amount of transacation.
(5) AHS Investment Corp	К	498,596.	Actual amount of transacation
(6) AHS Investment Corp	<u>к</u> 175	2,062,810.	Actual amount of transacation. Schedule B (Form 990) 2023

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	К	100,613.	Actual amount of transacation.
(8)AHS Investment Corp	ĸ	83,138.	Actual amount of transacation.
(9)AHS Investment Corp	К	288,750.	Actual amount of transacation.
(10)AHS Investment Corp	ĸ	319,200.	Actual amount of transacation.
(11)AHS Investment Corp	ĸ	94,051.	Actual amount of transacation.
(12)AHS Investment Corp	К	28,135.	Actual amount of transacation.
(13)AHS Investment Corp	К	587,396.	Actual amount of transacation.
(14)AHS Investment Corp	К	446,669.	Actual amount of transacation.
(15)AHS Investment Corp	К	485,362.	Actual amount of transacation.
(16)AHS Investment Corp	К	531,391.	Actual amount of transacation.
(17)AHS Investment Corp	К	1,653,698.	Actual amount of transacation.
(18)AHS Investment Corp	К	3,884,722.	Actual amount of transacation.
(19)AHS Investment Corp	Q	990,407.	Actual amount of transacation.
(20)AHS Investment Corp	Q	2,383,905.	Actual amount of transacation.
(21)AHS Investment Corp	Q	1,041,402.	Actual amount of transacation.
(22)AHS Investment Corp	Q	619,287.	Actual amount of transacation.
(23)AHS Investment Corp	Q	702,362.	Actual amount of transacation.
(24)AHS Investment Corp	Q	250,000.	Actual amount of transacation.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	Q	3,500,000.	Actual amount of transacation.
(8)AHS Investment Corp	Q	50,000.	Actual amount of transacation.
(9)AHS Investment Corp	ĸ	33,000.	Actual amount of transacation.
(10)AHS Investment Corp	ĸ	27,057.	Actual amount of transacation
(11)AHS Investment Corp	ĸ	37,500.	Actual amount of transacation.
(12)AHS Investment Corp	ĸ	100,613.	Actual amount of transacation.
(13)AHS Investment Corp	Q	642,236.	Actual amount of transacation.
(14)AHS Investment Corp	к	17,888.	Actual amount of transacation.
(15)AHS Investment Corp	к	49,858.	Actual amount of transacation.
(16)AHS Investment Corp	Q	428,502.	Actual amount of transacation.
(17)AHS Investment Corp	к	129,801.	Actual amount of transacation.
(18)AHS Investment Corp	Q	12,865,771.	Actual amount of transacation.
(19)AHS Investment Corp	к	231,957.	Actual amount of transacation
(20)AHS Investment Corp	E	2,741,836.	Actual amount of transacation
(21)AHS Investment Corp	E	535,743.	Actual amount of transacation
(22)AHS Investment Corp	E	1,311,983.	Actual amount of transacation
(23)AHS Investment Corp	E	963,425.	Actual amount of transacation
(24)AHS Investment Corp	E	485,477.	Actual amount of transacation

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	J	213,262.	Actual amount of transacation
(8)AHS Investment Corp	J	390,000.	Actual amount of transacation
(9)AHS Investment Corp	к	343,340.	Actual amount of transacation
(10)AHS Investment Corp	к	43,200.	Actual amount of transacation
(11)AHP	к	1,436,521.	Actual amount of transacation
(12)AHP	к	332,686.	Actual amount of transacation
(13)PCP	к	4,153,186.	Actual amount of transacation
(14)AHS (PARENT)	S	9,212,943.	Actual amount of transacation
(15)CENTRASTATE	S	3,447,262.	Actual amount of transacation
(16)OVERLOOK FOUNDATION	С	10,120,148.	Actual amount of transacation
(17)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	С	8,094,472.	Actual amount of transacation
(18)NEWTON MEDICAL CENTER FOUNDATION	с	100,000.	Actual amount of transacation
(19)ATLANTIC AMBULANCE	Q	22,100,889.	Actual amount of transacation
(20)CHILTON MEDICAL CENTER FOUNDATION, INC	с	314,166.	Actual amount of transacation
(21)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	С	30,236,473.	Actual amount of transacation
(22)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	С	15,369,635.	Actual amount of transacation
FOUNDATION FOR HACKETTSTOWN MEDICAL (23)CENTER	С	7,044.	Actual amount of transacation
(24)ATLANTIC HEALTH SYSTEM (PARENT)	С	5,901,389.	Actual amount of transacation

Schedule R (Form 990) Atlantic Health System Inc Group Return

(a) Name of other organization	(b) Transaction type (a-s)	ransaction Amount involved Method of determining						
CHILTON MEMORIAL HOSPITAL AUXILIARY,								
(7) INC.	С	20,000.	Actual amount of transacation					
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								

Schedule R (Form 990) 2023 Atlantic Health System Inc Group Return

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) ^r Percentage ownership

Schedule R (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 5 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name, Address, and EIN of Related Organization:

AHS Insurance Company, Ltd.

EIN: 22-3380375

200 American Road

Morris Plains, Grand Cayman, CAYMAN ISLANDS 07950

332165 09-28-23

Schedule R (Form 990) 2023

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and anding



Department of the Treasury Internal Revenue Service

Т

For the 2002 colonder year

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АГ		and e	inding		
B c a	Check if	e: C Name of organization		D Employer identifie	cation number
	Addr	Atlantic Health System Inc Group Retur	m		
	Name Chan			65-13018	77
	Initial returr		Room/suite	E Telephone numbe	r
	Final	175 South Street ACCMC #920		973-660-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4	,971,477,302.
	Amer returr	ded Marrigtown NT 07960		H(a) Is this a group re	eturn Stmt 1
	Appli tion	F Name and address of principal officer: Michael Walter		for subordinates	? X Yes No
	pend	^{ng} same as C above		H(b) Are all subordinates ir	ncluded? X Yes No
ΙT	ax-e>	empt status: 🗴 501(c)(3) 🗔 501(c) () (insert no.) 🗔 4947(a)(1) or	r 📃 527	If "No," attach a	list. See instructions
J۷	Vebs	te: www.atlantichealth.org		H(c) Group exemptio	
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🔄 Other	L Year		State of legal domicile: NJ
	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: Refer	to S	chedule O	
ů		, , , , , , , , , , , , , , , , , , , ,			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			41
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
ŝ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		23126	
ìti	6	Total number of volunteers (estimate if necessary)			1257
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			11,215,591.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		71,105,177.	122,508,809.
nué	9	Program service revenue (Part VIII, line 2g)		3,719,286,268.	4,018,853,750.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,709,329.	70,634,864.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,256,259.	26,575,531.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,872,357,033.	4,238,572,954.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,297,896.	1,266,526.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,019,935,499.	2,245,822,557.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed x	b	Total fundraising expenses (Part IX, column (D), line 25) 3,430,87	/9.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,657,300,429.	1,767,762,441.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,678,533,824.	4,014,851,524.
	19	Revenue less expenses. Subtract line 18 from line 12	1	93,823,209.	223,721,430.
or ces				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,605,741,294.	6,064,671,986.
t As d Bi	21	Total liabilities (Part X, line 26)		2,779,737,762.	2,664,289,882.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		2,826,003,532.	3,400,382,104.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Michael Walter, SVP, Chie Type or print name and title	f Financial Officer	[Date		
Paid Preparer	Print/Type preparer's name Nicole Sokolowski Firm's name Ernst & Young U.S	Preparer's signature Nicole Sokolowski	Date	Check Check self-employed	PTIN P016831 6565596	
Use Only						
May the II	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

	990 (2023) Atlantic Health System Inc Group Return 65-1301877 Pa t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Designing and delivering high quality, innovative and personalized
	health care, to build healthier communities and improve lives for
	patients, consumers, and caregivers.
	patients, consumers, and caregivers.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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?
	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.
4-	(Code:) (Expenses \$ 3,359,944,993. including grants of \$ 1,266,526.) (Revenue \$ 4,017,070,71
4a	This group return consists of five not-for-profit hospitals (AHS
	Hospital Corp), a not-for-profit physicians practice (Practice
	Associates Medical Group PC) a not-for-profit ambulance corporation
	(Atlantic Ambulance Corp), a not-for-profit Primary Care and OB/GYN
	Medical Center (Medical Center Partners, Inc.) and a not-for-profit
	emergency ambulance service for Hackettsown, NJ and community
	(Hackettsown Regional Medical Center Emergency Medical Services, Inc.
	(Indexectibethin Regional Medical Center Intergency Medical Dervices, Inc.
	Continued on Schedule O
	AHS Hospital Corp.(the "Hospital") is comprised of five hospitals, th
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses

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			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		X
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a		14a		Х
	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	Х	
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		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00-	complete Schedule G, Part III	19	Х	
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b	X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	- 22	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Х	
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	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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			x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~ 7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b	A	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
~	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	,	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 23
34		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u>.</u>		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa			·	
	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 694			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2023)	Atlantic	Health	System	Inc	Group	Return
Part V	Statements	Regarding Othe	er IRS Filin	gs and Tax	Com	oliance (co	ontinued)

					Yes	No
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	23126			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	unt)?	4a		Х
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 A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х
с	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	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions (or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		-			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
				8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a				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:	40-	I			
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			-		
11		11a	1			
	Gross income from members or shareholders					
b		11b				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	L	2	12a		
		12b	İ	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		I			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
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				
с	Enter the amount of reserves on hand	13c				
	Did the summination was due to a summarize for independent in a surface during the terrors of		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	1 or			
	excess parachute payment(s) during the year?			15	Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Form **990** (2023)

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Atlantic Health System Inc Group Return 65-1301877

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X

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	41			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any o	ther			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	ne direct sup	ervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one o	r			
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		, or			
	persons other than the governing body?		, ,	7h	x	

	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ection B	J. Policies (Th)	is Section B requests	s information about	t policies not require	ed by the Interna	l Revenue Code
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			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
Sec	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	able

for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Other (explain on Schedule O)

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

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Ken Butkowski - 973-451-2005
	475 South Street - Acctg Box 920, Morristown, NJ 07962

75 South Street - Acctg Box 920, Morristown, NJ 0790	52
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Own website

Form **990** (2023)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

	(D)	1			<u></u>				(5)	(E)
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			en sa te		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	ompe		1099-NEC)		and related
	below	vidua	nstitutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) Brian Gragnolati	55.00									
President & CEO		Х		Х				8,373,068.	0.	1,137,448.
(2) Kevin Lenahan	55.00									
EVP,Chief Bus & Strategy		X		Х				6,754,515.	0.	406,954.
(3) James Wittig, MD	55.00									
Physician-Chair					Х			3,829,922.	0.	19,886.
(4) Steven Sheris, MD	55.00									
EVP,Chief Phy Exec		Х		Х				1,817,270.	0.	282,400.
(5) Patricia O'Keefe	55.00									
SVP,Pres MMC				Х				1,781,450.	0.	250,125.
(6) Sheilah O'Halloran	55.00									
EVP,General Counsel		Х		Х				1,616,347.	0.	272,919.
(7) Nichell Sumpter	55.00									
EVP,Chief Admin Officer				Х				1,570,206.	0.	243,678.
(8) Tom Thomas	55.00									
Physician						Х		1,736,207.	0.	30,842.
(9) Mark Widmann	55.00									
Physician						Х		1,674,383.	0.	29,553.
(10) Scott Leighty	55.00									
EVP,Chief Health Sy Officer		Х		Х				1,464,724.	0.	236,487.
(11) Sean Calhoun	55.00									
Physician						Х		1,629,424.	0.	30,054.
(12) Philippe Genereux, MD	55.00									
Physician						Х		1,621,621.	0.	32,553.
(13) Sunil Dadlani	55.00									
EVP,Chief-Inf/Dig Trans Of				Х				1,414,223.	0.	238,367.
(14) Suja Mathew	55.00									
EVP,Chief Clinical Officer				Х				1,364,036.	0.	223,531.
(15) Madeline Ferraro	55.00									
VP,Gov't and Public Affair					Х			1,459,004.	0.	111,767.
(16) Stephanie Schwartz	55.00									
SVP,Pres OMC				Х				1,345,679.	0.	179,808.
(17) Jeffrey Leary	55.00									
Physician						Х		1,408,581.	0.	28,357.
332007 12-21-23										Form 990 (2023)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ighes	st C	Compensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average Position (do not check more than one						one	Reportable	Reportable		Estimated
	hours per	box	, unles	ss pe	rson	is both	n an	compensation	compensatio		amount of
	week		cer an		lirecto	or/trus	.ee)	from	from related		other
	(list any hours for	irecto						the	organization		compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)		and related
	below	d ual t	itiona	_	nploy	st col	5	,			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) Lee Starker, MD	55.00	_	_		-						
PAMG-Trustee		Х						1,362,459.		0.	29,365.
(19) Robert Adams Jr	55.00										
SVP,Pres West Region				X				1,088,433.		0.	146,989.
(20) Eric Whitman, MD	55.00										
Physician					х			1,070,539.		0.	50,002.
(21) Michael Walter	55.00										
SVP,Chief Financial Office		Х		X				971,184.		0.	137,577.
(22) Maureen Schneider	55.00										
SVP,Pres CMC				X				949,148.		0.	121,265.
(23) Rolando Rolandelli, MD	55.00										
Chairman-Dep of Surgery					Х			1,002,452.		0.	50,002.
(24) Jason Smith, MD	55.00										
PAMG-Trustee		Х						994,359.		0.	29,427.
(25) Katharine Driebe	55.00										
VP of Finance		Х		Х				787,518.		0.	119,910.
(26) Christopher Herzog	55.00										
PAMG, VP & COO				Х				736,807.		0.	95,317.
1b Subtotal								49,823,559.		0.	4,534,583.
c Total from continuation sheets to Part V	II, Section A							7,013,436.		0.	477,456.
d Total (add lines 1b and 1c)								56,836,995.		0.	5,012,039.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wh	io r	received more than \$100	,000 of reportab	le	
compensation from the organization											5,775
											Yes No
3 Did the organization list any former officer,	•		key e	emp	loye	e, or	hig	ghest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual										3 X
4 For any individual listed on line 1a, is the su									the organization		
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Ji	for such individual			4 X
5 Did any person listed on line 1a receive or a								ted organization or indivi	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	-	-								npens	ation from
the organization. Report compensation for	the calendar y	ear e	endii	ng v	vith	or w	thi		/ear.		
(A) Name and business	addross							(B) Description of s	onvicos	C	(C) ompensation
RIGHTSOURCING LLC	audress						_	Description of s	ervices	0	ompensation
		200	151							72	020 725
PO BOX 515743, LOS ANGEL	ES, CA	900	121	L				CONTRACT EMP	LOIMENT.	13	<u>,838,735.</u>
TORCON INC	יים חשם	TV	N	тт	<u>م</u>	ירר		CONSTRUCTION MANAGEMENT S		ດວ	505 620
328 NEWMAN SPRINGS ROAD, GIFTED NURSES LLC		NL/	, r	UV	U	, , (<u>'</u>	MANAGENENI D	EVATCED	υZ	<u>,595,630.</u>
PO BOX 205426, DALLAS, T	x 75300							CONTRACT EMP		36	,300,695.
ZOTEC PARTNERS LLC	1 IJJ20						-	CONTINACT ERIP.		50	, 500, 095.
PO BOX 2288. INDIANAPOLIS	S. IN 46	520)6					PATIENT BILL	ING	20	,000,569.

 PO
 BOX
 844717,
 DALLAS,
 TX
 75284
 CONSULTING

 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
 407

See Part VII, Section A Continuation sheets

Form **990** (2023)

19,179,762.

332008 12-21-23

DELOITTE

tees, Key Er (B) Average hours per week (list any hours for related organizations	(cl		(C Posi	C)		est	Compensated Employ (D)	ees (continued) (E)	(F)
(B) Average hours per week (list any hours for related	(cl		(C Posi	C)			(D)		(F)
hours per week (list any hours for related				ition					
per week (list any hours for related		heck					Reportable	Reportable	Estimated
week (list any hours for related	or		all i	that	app	ly)	compensation	compensation	amount of
(list any hours for related	5						from	from related	other
hours for related					loyee		the	organizations	compensation
related	lirect				l em p		organization	(W-2/1099-MISC)	from the
	e or c	stee			Isatec		(W-2/1099-MISC)		organization and related
noanizanons	truste	al trus		yee	mper				organizations
below	d ual 1	ution	-	mplo	est co	er			o gameatorio
line)	Indiv	Instit	Office	Key e	Highe	Form			
55.00									
			Х				759,425.	0.	26,446.
55.00									
			Х				608,497.	0.	41,303.
55.00									
	X						612,663.	Ο.	29,980.
55.00									
	X						572,245.	0.	33,775.
55.00								_	
	X						508,257.	0.	50,000.
55.00								0	00 446
<u> </u>	X						4/4,88/.	0.	29,446.
55.00	v						170 708	0	21 277
55.00							470,790.	0.	21,277.
55.00	x		x				416,910,	0.	30,375.
55.00							110,5100		
	x						399,767.	0.	33,328.
55.00									
	Х						373,041.	0.	25,286.
55.00									
	X						351,340.	0.	34,080.
55.00									
	Х						336,671.	0.	34,028.
55.00									
	Х						334,600.	0.	31,706.
55.00									
	X						287,154.	0.	4,596.
2.00								0	
	X						200,775.	0.	32,305.
55.00							210 251	0	10 505
0 00	X						210,251.	υ.	19,525.
2.00								0	0
2 00	Å						90,155.	0.	0.
⊿.00	v							<u>^</u>	0
2 00	<u>^</u>						0.	υ.	0.
4.00	v							0	0.
2 00	_^						U•	U •	υ.
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332201 04-01-23

Part VIISection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)(A) Name and title(B) Average hours per week (list any nours for related organizations below line)(C) Position (check all that apply) evek the organization (W-2/1099-MISC)(E) (E) Reportable compensation from related organizations (W-2/1099-MISC)Estima amoun othe compensation from related organizations (W-2/1099-MISC)(47)Christopher R. Reidy Trustee-AHS2.000 XX0.0.Trustee-AHSX0.0.0.(43)Gran Parr, MD Trustee-AHS2.000 XX0.0.Trustee-AHSX0.0.0.(51)John F Vigorita, MD Trustee-AHS Vice Chair2.000 XX0.0.Trustee-AHS Vice Chair2.000 XX0.0.	ed
(A)(B)(C)(D)(E)(F)Name and titleAverage hours per week (list any hours for related organizations below line)Position (check all that apply) per week (list any burs for related organizations below line)0(C)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from the organization (W-2/1099-MISC)Estima amoun othe organization (W-2/1099-MISC)(47)Christopher R. Reidy Trustee-AHS2.00 XX000(48)Arthur Orduna Trustee-AHS2.00 XX000(49)Grant Parr, MD Trustee-AHS2.00 XX000(50)Fin Mentworth Trustee-AHS2.00 XX000(51)John F Vigorita, MD (52)2.00 XX000(52)Laura A Kelly2.00X000	ed
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(52) Laura A Kelly 2.00	
	0.
	0.
(53) Richard W. Herbst 2.00	
Trustee-AHS X 0. 0.	0.
(54) Robert E McCracken 2.00	
Trustee-AHS Chairman X X O. O.	0.
(55) Sean Nicholson 2.00	
Trustee-AHS X 0. 0.	0.
(56) Charles Reid, III 2.00	
Trustee-VNASH Organization X 0. 0.	0.
(57) Justice Jaynee LaVecchia 2.00	
Trustee-AHS X 0. 0.	0.
(58) Mai Pham, MD 2.00	
Trustee-AHS X 0. 0.	0.
(59) Michael Ranger 2.00	
Trustee-AHS X 0. 0.	0.
	F C
Total to Part VII, Section A, line 1c 7,013,436. 477,4	50.

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Pa	rt \	VII	Statement of Re	ever	nue						
			Check if Schedule O	cont	ains a resp	onse	or note to any lir				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	a	Federated campaigns		1a						
Grai		b	Membership dues		1b						
Am (с	Fundraising events		1c		1,507,873.				
ilar İlar		d	Related organizations		1d		22,007,718.				
Sim,			Government grants (cont				93,024,029.				
er (f	All other contributions, gifts,								
ĕŧ			similar amounts not included		····		5,969,189.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in			\$					
<u>a</u> C		h	Total. Add lines 1a-1f		<u></u>			122,508,809.			
							Business Code	1 000 014 450	1 000 014 450		
Program Service Revenue	2	2 a	PATIENT SERVICE REV				621990		1,980,314,473.		
Serve		b	MEDICARE-MEDICAID PHYSICIAN SERVICES				621990 621110		1,515,471,188.		
ven S		C	LAB SPEC PROCESSING				621110	520,862,013. 2,206,076.		2,206,076.	
gra Re		a	LAD SPEC PROCESSING				021500	2,200,070.		2,200,070.	
Pro		e f	All other program service	rovo	2010						
_		' a						4,018,853,750.			
	3	<u> </u>	Investment income (inclue								
		•					61,172,823.		2,720,064.	58,452,759.	
	4	Ļ	Income from investment of					423,041.	423,041.	, ,	, ,
	5		Royalties		•			,	,		
					(i) Rea		(ii) Personal				
	6	i a	Gross rents	6a	2,206	939.					
		b	Less: rental expenses	6b		Ο.					
		с	Rental income or (loss)	6c	2,206	939.					
		d	Net rental income or (loss	s) <u></u>				2,206,939.			2,206,939.
	7		Gross amount from sales of		(i) Secur		(ii) Other				
			assets other than inventory	7a	741,631,	898.					
đ		b	Less: cost or other basis								
Revenue			and sales expenses								
eve			Gain or (loss)		9,039			0.020.000			0.020.000
erB			Net gain or (loss)					9,039,000.			9,039,000.
đ	B	ба	Gross income from fundraisi including \$ 1,		,873. of						
U			contributions reported on								
			Part IV, line 18		-	8a	0.				
		b	Less: direct expenses				311,450.				
			Net income or (loss) from				······	-311,450.			-311,450.
	9		Gross income from gamin		-						
			Part IV, line 19								
		b	Less: direct expenses								
		с	Net income or (loss) from	gam	ing activiti	es <u>.</u>					
	10) a	Gross sales of inventory,	less	returns						
			and allowances 10a								
			Less: cost of goods sold								
		С	Net income or (loss) from sales of inventory								
sn							Business Code				
Dec Neo	11		Cafeteria				722514	7,335,817.		6 000 000	7,335,817.
illar ven		b					621610	6,277,272.		6,277,272.	2 000 000
Miscellaneous Revenue		-	Parking				812930 900099	2,988,286.		10 170	2,988,286. 8,066,488.
Ξ			All other revenue				I	8,078,667. 24,680,042.		12,179.	0,000,408.
	12		Total. Add lines 11a-11d Total revenue. See instruction						4,017,070,715.	11,215,591.	87,777,839.
	12		i viai i viviliue. See mondelle	0113				, , _ , _ , _ , _ , _ , _ , _ ,	, ** , * , * , * , *	L,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Atlantic Health System Inc Group Return

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Form 990 (2023)

Form **990** (2023)

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Form 990 (2023)Atlantic Health System Inc Group Return65-1301877Page 10Part IXStatement 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 respo	nse or note to a	any line ir							
Do	not include amounts reported on lines 6b,	(A) Total expe			(B) ogram s			(C) nageme	nt and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Totarexpe	11562		expens	ervice Ses		eral exp		expenses
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,266	,526.	1	,266	,526.				
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	C0 E01	016				60	E 0 1	016	
	trustees, and key employees	68,591	,910.				00	, 391	<u>,916.</u>	
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
-	persons described in section 4958(c)(3)(B)	1 0 0 0 0	55 005	1	500 /	154,154.	306	217	063	2,183,788
7	Other salaries and wages	1,808,8	55,005.	·	,500,4	J4,104.	500	, 4 1 /	,005.	2,103,700
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,620	932	67	704	966	13	814	884	101,082
9	Other employee benefits	175,284								204,261
9 10		111,470				,031.			,060.	138,048
11	Payroll taxes Fees for services (nonemployees):	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		, _ 0 0	,	<u> </u>		,	100,040
	Management	69,744	.338.				69	744	,338.	
		3,761	,296.						,296.	
	Accounting	1,687	,898.						,898.	
	Lobbying		,500.						,500.	
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
a	Other. (If line 11g amount exceeds 10% of line 25,									
5	column (A), amount, list line 11g expenses on Sch O.)	128,096	,222.	128	,096	,222.				
12	Advertising and promotion	25,367					25	,367	,138.	
13	Office expenses	106,073	,004.	87	,047	,169.	18	,895	,875.	129,960
14	Information technology	11,187	,063.	9		,724.	1	,893	,485.	13,854
15	Royalties									
16	Occupancy	104,544	,130.	86	,186	,596.	18	, 228	,859.	128,675
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials \dots									
19	Conferences, conventions, and meetings	15,674							,114.	19,393
20	Interest	54,151	,707.	44	,919	,108.	9	,165	,817.	66,782
21	Payments to affiliates									
22	Depreciation, depletion, and amortization \dots	181,435							,965.	221,636
23	Insurance	73,481	<u>,996.</u>	59	,952	,232.	13	,440	,257.	89,507
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а		880,868	,147.							
b	REPAIRS & MAINTENANCE	72,760				,001.			,641.	89,626
с	EQUIPMENT AND RENTAL	6,661				,357.	1	130	,444.	5,229
d	DUES	2,628				,781.			,854.	3,240
е	All other expenses	29,315	,531.			,377.			,356.	35,798
25	Total functional expenses. Add lines 1 through 24e	4,014,8	51,524.	. 3	,359,9	944,993.	651	,475	,652.	3,430,879
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)									Eorm 990 (20

332010 12-21-23

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

	Atlantic	Health	System	Inc	Group	Return	65-130187
e Shee	t						

		· · · · · · ·		2	(A) Regipping of year		(B)
					Beginning of year		End of year 24 , 827 .
	1	Cash - non-interest-bearing				1	526,209,951.
	2	Savings and temporary cash investments			689,045,249. 6,583,394.	2	
	3	Pledges and grants receivable, net			384,485,779.	3	24,096,398. 381,082,151.
	4	Accounts receivable, net			504,405,779.	4	301,002,131.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				_	
	•	controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	•	,		•	
	-	under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net			40,967,741.	7 8	42,163,199.
Ase	8	Inventories for sale or use			63,201,207.	8 9	159,594,672.
	9	Prepaid expenses and deferred charges	 I		05,201,207.	9	155,554,072.
	IUa	Land, buildings, and equipment: cost or other	10-	1 206 889 021			
	h	basis. Complete Part VI of Schedule D			1,658,886,931.	10c	1,740,076,471.
		Less: accumulated depreciation			2,425,457,902.	11	2,768,995,744.
	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 1	3,599,813.	12	3,497,000.		
	12 13	Investments - program-related. See Part IV, line	5,555,615.	13	5,157,000.		
	14			14			
	14	Intangible assets Other assets. See Part IV, line 11	333,513,278.	14	418,931,573.		
	16	Total assets. Add lines 1 through 15 (must equa	5,605,741,294.	16	6,064,671,986.		
	17	Accounts payable and accrued expenses	620,725,822.	17	580,563,917.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			497,403,875.	20	479,518,340.
	21	Escrow or custodial account liability. Complete F			- , ,	21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela			925,000,000.		925,000,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			736,608,065.	25	679,207,625.
	26	Total liabilities. Add lines 17 through 25			2,779,737,762.	26	2,664,289,882.
\$		Organizations that follow FASB ASC 958, che	ck her	re X			
cea		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions	2,622,107,208.	27	3,189,410,768.		
d Ba	28	Net assets with donor restrictions	203,896,324.	28	210,971,336.		
oun		Organizations that do not follow FASB ASC 9					
rΕ		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
t A	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			2,826,003,532.	32	3,400,382,104.
	33	Total liabilities and net assets/fund balances			5,605,741,294.	33	6,064,671,986.

Form	Atlantic Health System Inc Group Return	65-	13018	77	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)		,238,			
2	Total expenses (must equal Part IX, column (A), line 25)	24	.,014,			
3	Revenue less expenses. Subtract line 2 from line 1	3	223,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 2	2,826,			
5	Net unrealized gains (losses) on investments	5	289,	748	3,4	68.
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 on Schedule O)	9	60,	908	3,6	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10 3	3,400,	382	2,1	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule (D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	lired aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	

1

	ist of Affiliated luded in Group Return	Statement
Name of Organization	Organization's Address	Employer ID
AHS Hospital Corp	475 South Street PO Box 1905 - Morristown, NJ 07960	52-1958352
Atlantic Ambulance Corp	475 South Street PO Box 1905 - Morristown, NJ 07960	22-3820288
Practice Associates Medical Group	475 South Street PO Box 1905 - Morristown, NJ 07960	20-2088165
Hackettstown Regional Medical Center Emergency Medical Serv Inc	475 South Street PO Box 1905 - Morristown, NJ 07960	27-0820164
Medical Center Partners, Inc	475 South Street PO Box 1905 - Morristown, NJ 07960	45-4789273
Adult Day Center of the Visiting Nurse Association of Somerset County	200 Mount Airy Rd - Basking Ridge, NJ 07920	22-2865641
Visiting Nurse Association of Somerset Hills Community Health Services, Inc.	200 Mount Airy Rd - Basking Ridge, NJ 07920	22-3413041
Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice Services,Inc	200 Mount Airy Rd – basking Ridge, NJ 07920	22-1487373
Visting Nurse Association of Somerset Hills, Inc	200 Mount Airy Rd – basking Ridge, NJ 07920	22-2888648
Atlantic Core Therapy and Wellness PA	475 South Street PO Box 1905 - Morristown, NJ 07960	87-3494583
Eye Care of Practice Associates	475 South Street PO Box 1905 - Morristown, NJ 07960	88-2087708

SCH	IEDULE A								OMB No. 1545-0047
(Forn	n 990)			rity Status an					2023
		G		nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		2020
	ent of the Treasury		A	Open to Public					
	Revenue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.		Inspection
Name	of the organizati				-				identification number
_				h System Inc					5-1301877
Part				(All organizations must o				าร.	
The or	<u> </u>	•		(For lines 1 through 12, o		,			
1	A church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2	**			Attach Schedule E (Forn					
3 [.		•		anization described in s e					
4 🗆	A medical res	earch organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_	city, and stat								
5 🗆	An organizati	on operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
_			Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 L	An organizati	on that norma	Ily receives a substa	antial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
_			omplete Part II.)						
8 _	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 🗌	An agricultura	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state c	f the colleg	je or
_	university:								
10 L	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
	activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
	income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
_	See section	509(a)(2). (Cor	mplete Part III.)						
11 L	An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section a	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 12e, 12f, an	d 12g.	
а	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	aving
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
				s). You must complete I					
d	Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	orted organi	ization(s)
	that is not t	functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
				nally integrated support					
f	Enter the number								
g	Provide the follow	ing informatior	n about the supporte	ed organization(s).					·
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
									1

Total

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	
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 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 4 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.	(f) Total
include any "unusual grants.")	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Constraint of 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 Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 Image: Constraint of the organization 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) Image: Constraint of the organization of total contributions of the organization without charge 6 Public support. Subtract line 5 from line 4. Image: Constraint of total contributions of the organization of total contributions of the organization of the o	
ization's benefit and either paid to or expended on its behalf	
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. 	
furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 Image: Constraint of the organization of total contributions by each person (other than a governmental unit or publicly 	
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) Image: Content of the second se	
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	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column of the state is a	
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	
on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subtract line 5 from line 4. Image: Column (f) Section B. Total Support Image: Column (f)	
amount shown on line 11, column (f) Image: Column of the state of the stat	
column (f) 6 6 Public support. Subtract line 5 from line 4. Section B. Total Support	
6 Public support. Subtract line 5 from line 4. Section B. Total Support	
6 Public support. Subtract line 5 from line 4. Section B. Total Support	
Section B. Total Support	
Galendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (a) 2023	
	(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 5 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 2023 (line 6, column (f), divided by line 11, column (f))	%
15 Public support percentage from 2022 Schedule A, Part II, line 14 15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box an	d
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this bo	ЭХ
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or m	
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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	
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	

Schedule A (Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	vyear as a section	501(c)(3) orga	nization,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2023 (line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	123 (line 10c, colur	mn (f), divided by I	ine 13, column (f)))	17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2023. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
3320	23 12-21-23					Sched	ule A (Form 990) 2023

Atlantic Health System Inc Group Return 65-1301877 Page 4

Schedule A (Form 990) 2023 Atla Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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.*
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

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| 10b | | Schedule A (Form 990) 2023

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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

|--|

			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		

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

3	By reason of the relationship described of line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard

Section E. Type III Functionally Integrated Supporting Organizations

- 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 governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2023

Yes No

1

2

1

2

3

2a

2b

3a

No

Yes

1.4

Yes No

....

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

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8
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.)
Listing of Subordinates in this Group 990:
Atlantic Health System - AHS Hospital Corp
52-1958352
Atlantic Ambulance Corp
22-3820288
Practice Assoc Med Group PC
20-2088165
Hackettstown Regional Medical Center Emergency Medical Serv Inc
27-0820164
Medical Center Partners, Inc
45-4789273
Adult Day Center of the Visiting Nurse Assoc. of Somerset Hills
22-2865641
Visting Nurse Assoc. of Somerset Hills Community Health Serv Inc
22-3413041
Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice
22-1487373
Visting Nurse Association of Somerset Hills, Inc
22-2888648
Atlantic Therapy and Wellness PA
87-3494583
Eye Care of Practice Associates
88-2087708
Determination of the Organizations in this Group IRS 990

Atlantic Ambulance is a Box 10 organization. It receives more than 33 332028 12-21-23

Schedule A (Form 990) 2023

2023.04030 Atlantic Health System Inc E0707701 11491115 140787 E0707707.DAT

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 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.)

1/3% of its support from activities related to it's exempt functions and no more than 33 1/3% of its support from gross investment income and unrelated income from businesses acquired by the organization after June 30, 1995.

Practice Associates Medical Group (PAMG) is a Box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). PAMG is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). Since August 17, 2006, PAMG has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (iii) 35% controlled entity of a person in (i) or (ii) (i) above. This organization's supported organization (AHS Hospital Corp) above. appoints the organization's trustees of this supporting organization. The organization operated only for the benefit of the supported organization (AHS Hospital Corp).

Medical Center Partners, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The 32028 12-21-23 Schedule A (Form 990) 2023 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

 Schedule A (Form 990) 2023
 Atlantic Health System Inc Group Return 65-1301877 Page 8

 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.)

organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (iii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

Hackettstown Regional Medical Center Emergency Services, Inc. is a Box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. 332028 12-21-23 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8

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.)

The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the

supported organization, AHS Hospital Corp.

Adult Day Center of the Visiting Nurse Association of Somerset Hills Medical Center Partners, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii) A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

The Visiting Nurse Association of Somerset Hills Community Health Services, Inc.is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization ^{332028 12-21-23} Schedule A (Form 990) 2023</sup>

 Schedule A (Form 990) 2023
 Atlantic Health System Inc Group Return 65-1301877 Page 8

 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.)

is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

The Visiting Nurse Association of Somerset Hills Home Health and Hospice Services, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii) A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. 332028 12-21-23 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8

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.)

The trustees of the supporting organization are the same as the

trustees of Atlantic Health System which is the sole member of the

supported organization, AHS Hospital Corp.

Visiting Nurse Association of Somerset Hills, Inc. is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii)A family member of a person described in (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the

trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp.

Atlantic Core Therapy and Wellness PA is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not 332028 12-21-23

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 Atlantic Health System Inc Group Return 65-1301877 Page 8

 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.)

controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii).

Determination of the Organizations in this Group IRS 990

below, the governing body of the supported organization. (ii)A family

member of a person described in (i) above. (iii) 35% controlled entity

of a person in (i) or (ii) above.

The trustees of the supporting organization are the same as the

trustees of Atlantic Health System which is the sole member of the

supported organization, AHS Hospital Corp.

Eye Care of Practice Associates is a box 12 organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or Section 509(a)(2). The organization is a type 1 organization and is not controlled directly or indirectly by one or more disqualified persons other than managers and other than one or more publicly supported organizations described in section 509(a)(1) or Section 509(a)(2). The organization has not accepted any gift or contribution from (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization. (ii) A family member of a person described in (i) above. (iii) 35% 332028 12-21-23 Schedule A (Form 990) 2023

Atlantic Health System Inc Group Return 65-1301877 Page 8 Schedule A (Form 990) 2023 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.) controlled entity of a person in (i) or (ii) above. The trustees of the supporting organization are the same as the trustees of Atlantic Health System which is the sole member of the supported organization, AHS Hospital Corp. 332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990)	For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

t From Income Tax Under Section 501(c) and Section 527

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Indii	Atlanti	.c Health System I	nc Group Re	turn	спро	65-1301877	
Pa		ganization is exempt under			527 ol		
1 2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	zation's direct and indirect politica tures	l campaign activities ir	n Part IV.	\$		
Pa	rt I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).			_
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955		\$		
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955		\$		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?			Yes 🛄 I	No
4a	Was a correction made?					Yes 🗌 I	No
b	If "Yes," describe in Part IV.						
Pa	rt I-C Complete if the or	ganization is exempt unde	er section 501(c),	except section	501(c)(3).	
	Enter the amount directly expende				\$		
2	Enter the amount of the filing organ		•				
	exempt function activities				\$		
3	Total exempt function expenditure						
	line 17b						
4	Did the filing organization file Form						No
5	Enter the names, addresses, and e made payments. For each organiza contributions received that were p political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organization separate political organization organization of the separate political organization organizat	ation's funds. Also e inization, such as a s	nter th	e amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	n's	(e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0	and ' e

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

Schedule C (Form 990) 2023

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Schedule C (Form 990) 2023 Atlantic Health System Inc Group Retu										
Part II-A	Complete if the o	organization i	s exempt un	der section	n 501(c	c)(3) and f	iled Form 5	5768 (e	lection un	der
	section 501(h)).									
A Check	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 s	share of excess lo	obying expendit	ures).						
B Check	if the filing organ	nization checked b	ox A and "limite	d control" prov	visions a	ipply.				
	Limits on Lobbying Expenditures(a) Filing organization's totals(b) Affiliated group totals						0 1			
1a Total lot	bying expenditures to	influence public o	oinion (grassroo	ts lobbying)						
b Total lob	bying expenditures to	influence a legisla	tive body (direct	lobbying)						
c Total lob	bying expenditures (ac	d lines 1a and 1b								
e Total ex	empt purpose expendit	ures (add lines 1c	and 1d)							
f_Lobbyin	g nontaxable amount. E	Enter the amount	rom the followir	ng table in both	l column	IS.				
If the am	ount on line 1e column (a) or (h) is	he lobbying no	ntavahle amo	unt ie:					

1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and	d 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add line	s 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,			
	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% o	f line 1f)		
h	Subtract line 1g from line 1a. If zero or less, e			
i	Subtract line 1f from line 1c. If zero or less, e			
j	If there is an amount other than zero on eithe	er 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a Lobbying nontaxable amount							
 b Lobbying ceiling amount (150% of line 2a, column(e)) 							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

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Atlantic Health System Inc Group Return 65-1301877 Page 3 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)		(b)
of the	e lobbying activity.	Yes	٢	ło	Amo	ount
1 a	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: Volunteers?			x		
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
	Media advertisements?			x		
	Mailings to members, legislators, or the public?			х		
	Publications, or published or broadcast statements?			Х		
	Grants to other organizations for lobbying purposes?			X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			323	3,500.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			X		-
	Other activities?			X		
i	Total. Add lines 1c through 1i				323	3,500.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			x		-
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			Ī		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c))(5),	or se	ction	
	501(c)(6).					
					Yes	Νο
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 campaign activity expenditures from the	ne prior yea	ar?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	₹ (b)	Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	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 exc	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical				
	expenditures next year?			4		
-	Taxable amount of lobbying and political expenditures. See instructions			5		
	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lii	nes 1 a	and 2 (see	
	<pre>ictions); and Part II-B, line 1. Also, complete this part for any additional information. t II-B, Line 1, Lobbying Activities:</pre>					
The	e organization compensated four different consultan	ts pr	ima	ril	y for	
the	eir services and time in participating in conferenc	e tele	eph	one	calls	5,
att	ending meetings and conferences, providing communi	catio	n e	mai	ls and	1
COI	rrespondence and travel expenses for the following:					

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Schedule C (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 4 Part IV Supplemental Information (continued)

1. State Budget Meetings

2. Various State and Federal Legislative/Regulatory Affairs

3 State and Federal Hospital Issues

4. Healthcare Forums

5. NJ bills as listed below:

A5757: Extends certain pay parity regarding telemedicine and telehealth for one year

A4619: Codifies and extends authorization for certain out-of-State

health care practitioners and recent graduates of health care training

programs to practice in New Jersey

A5225: Provides for coverage of community-based palliative care

benefits under Medicaid

A5669: Appropriates \$54,357,547,000 in State funds and \$26,144,171,463

in federal funds for the State budget for fiscal year in 2023-2024

S304: Establishes minimum registered professional nurse staffing

standards for hospitals and ambulatory surgery facilities and certain

DHS facilities

S3929: Revises certain requirements for involuntary commitment for

mental health treatment

State Health Benefits Plan Design Committee: Reference-Based Pricing

Resolution

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Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 4 Part IV Supplemental Information (continued)

Also, the following represents the vendors were paid \$323,500 in 2023

for lobbying expenses.

		* 05 000	
1.	Edge Advocacy LLC	\$ 97,000	
2.	CLB Partners	42,000	
3.	OPTIMUS Partners	126,000	
4.	Keywood Strategies	58,500	

Schedule C (Form 990) 2023

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Department of the Treasury

Name of the organization

Internal Revenue Service

(Form	990)
-------	------

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



Employer identification number

	Atlantic Health Sys	tem Inc Group Retu	rn 65-1301877
Pa			
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
	impermissible private benefit?		Yes 🛛 N
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) 🛛 Preservatior	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru-	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	/ the organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	holds?	Yes 📖 N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2d above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial sta	tements that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tragguras	r Othor Similar Assots
Fai	Complete if the organization answered "Yes" on Form 9		Other Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		and balance about works
Ia	of art, historical treasures, or other similar assets held for publ	•	
	service, provide in Part XIII the text of the footnote to its finance		•
h	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public of		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 20

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.	Schedule D (For
332051 09-28-23	

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		c Health Sy					65-13			age 2
Par	t III Organizations Maintaining C			-					nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	at make :	significant	use of its			
	collection items (check all that apply).									
а	Public exhibition	d		hange progr	am					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they further t	he organizat	ion's exe	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of							_		,
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		e if the organizatior	n answered "	'Yes" on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contribution	ns or other a	issets no	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
			0					Amoun	t	
с	Beginning balance					1c				
	Additions during the year					···· +				
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.						······ <u> </u>]
Par						10.				
		(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four	vears	back
10	Beginning of year balance	203,896,324.	215,821,109.				16,847.		,622,	
		33,838,255.	33,869,600.	· · · ·	9,727.		04,893.		,656,	
		6,786,637.	-7,047,457.	· · · ·	9,346.		73,267.		,050, ,050,	
	Net investment earnings, gains, and losses	0,700,037.	-7,047,457.	5,71	9,540.	5,0	15,207.		,050,	049.
	Grants or scholarships									
е	Other expenditures for facilities	22 540 000		00 70		24.4	00 1 5 1		010	202
	and programs	33,549,880.	-38,746,939.	28,78	4,800.	31,4	88,171.	40	,212,	323.
	Administrative expenses									
g	End of year balance		203,896,324.		1,109.	181,5	06,836.	167	,116,	847.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%							
b	Permanent endowment 25.0000	%								
С	Term endowment 75.0000	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administe	ered for t	the				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		Х
	(ii) Related organizations?							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k value	9
		basis (investm		(other)	de	preciation				
1 a	Land			2,350.			7	4,77	2,3	50.
	Buildings			,298,798.	1.	748,821,				
	Leasehold improvements			7,669.		571,5				
	Equipment			3,960,204.				1,132		
	Other			, ,	,	- , -	- 1	,	, , ,	
	Add lines 1a through 1e. (Column (d) must e		X line 10c column	n <i>(B</i>))				1,740	.076	471
		e 000, r arr	.,	· (=// ·····			Schedule	,		

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Atlantic He	alth System I	nc Group Return	65-1301877 Page 3
Part VII Investments - Other Securities		——————————————————————————————————————	<u>v</u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(9)

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	415,782,322.
(2) FOUNDATION ACCOUNTS	3,149,251.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	418,931,573.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Fo	rm 990, Part X, line 25.
1 (a) Description of liability	(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ADVANCES THIRD PARTY PAYORS	67,192,763.
(3)	LONG TERM LIABILITIES	299,337,609.
(4)	LONG TERM LEASE LIABILITIES	270,570,555.
(5)	SHORT TERM LEASE LIABILITIES	42,106,698.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	679,207,625.
0 1 2	ability for uncertain to uncertain a Dark VIII, musuida the test of the featurets to the experimetion's financial statements t	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 Atlantic Health System Inc		_					1301877	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents V	/ith F	Rev	enue pe	er Re	eturi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-							
1	Total revenue, gains, and other support per audited financial statements					L	1	4,387,7	86,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	289	,7	748,46	8.			
b	Donated services and use of facilities	2b							
с	Recoveries of prior year grants	2c							
d			15	, 2	283,41	.9.			
е	Add lines 2a through 2d					L	2e	305,031	<u>,887.</u>
3	Subtract line 2e from line 1						3	4,082,7	54,264.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a							
b	Other (Describe in Part XIII.)	4b	155	, ε	318,69	0.			
с	Add lines 4a and 4b						4c	155,818	<u>,690.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5		72,954.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents \	Nith	Ex	penses	per F	Retu	ırn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-							
1	Total expenses and losses per audited financial statements					L	1	3,928,3	75,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	. 2a							
b	Prior year adjustments	_ 2b							
с	Other losses	_ 2c							
d	Other (Describe in Part XIII.)	_ 2d				_			_
е	Add lines 2a through 2d					L	2e		0.
3	Subtract line 2e from line 1					L	3	3,928,3	75,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a							
b	Other (Describe in Part XIII.)	. 4b	86	,4	175,91	1.			
с	Add lines 4a and 4b					[4c	86,475	<u>,911.</u>
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)						5	4,014,8	51,524.

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.

Part V, line 4:

Temporarily restricted net assets are those funds whose use by the
Hospital has been limited by donors to a specific time period and/or
purpose. Once the restrictions are satisfied, or have been deemed to have
been satisfied, those temporarily restricted net assets are released from
restrictions. Temporarily restricted net assets are available and
intended for the following purposes:
- Research
- Newton Medical Center's Redesign of the Behavioral Health of the
Emergency Room
- Overlook Medical Center's Master improvement plan
- Chilton Medical Center's Emergency Room Renovation

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 5 Part XIII Supplemental Information (continued)

- Haackettstown Medical Center's expansion of infusion services

- Morristown Medical Center's cogeneration plan

- Purchase of plant and equipment

- Scholarships and education

- Program Services

Permanently restricted net assets are restricted to investments to be held in perpetuity, the income from which is expendable to support health care services.

Part XI, Line 2d - Other Adjustments:

Net Assets Released From Restrictions

15,283,419.

Part XI, Line 4b - Other Adjustments:

Revenue recorded as an offset in the AFS expenses	47,451,865.
Count never a recorded of an effect to the AEC every	22 014 095
Grant revenue recorded as an offset to the AFS expenses	22,014,085.
Unrestricted Net Asset Distribution for Capital	8,094,472.
_	
MMC FDN Off Set - Restricted Activity	14,169,515.
Reclass Contra Revenue to Expenses	17,009,961.
Government Grants Used for Capital Purposes	47,078,792.
Total to Schedule D, Part XI, Line 4b	155,818,690.

Part XII, Line 4b - Other Adjustments:	
Revenue recorded as an offset in the AFS expenses	47,451,865.
Grant revenue recorded as an offset to the AFS expenses	22,014,085.
Reclass Contra Revenue to Expenses	17,009,961.
Total to Schedule D, Part XII, Line 4b	86,475,911.

Schedule D (Form 990) 2023

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	HEDULE F rm 990)			ivities Outside the Ur Inswered "Yes" on Form 990, Part IV			OMB No. 1545-0047
	tment of the Treasury	•		Attach to Form 990.			Open to Public
	al Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest	information.	E	
	e of the organization						dentification number
_	lantic Healt					65-130	
Pa			Activities Our	tside the United States. Comple	ete if the orgar	ization answe	ered "Yes" on
	Form 990, Part	·					
1	-	•		ds to substantiate the amount of its grather the selection criteria used to award the			. Yes No
2	For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistand	ce outside the
3	Activities per Region.	(The following Par	t I, line 3 table ca	an be duplicated if additional space is I	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and		(e) If acti is a pro describe	vity listed in (gram service, e specific type (s) in the regio	expenditures for and investments
Cent	tral America and						
the	Caribbean -	1	0	Asset Investment	Insurance		39,821,272.
3 a	Subtotal	. 1	0				39,821,272.
	Total from continuatio						
	sheets to Part I	0	C				0.
с 	Totals (add lines 3a and 3b)	. 1	0				39,821,272.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization 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 .

Page 2

Page 3

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

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

		3 Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 4
Part IV	Foreign Fo	rms							

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 926, <i>Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form</i> 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X 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 the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F	(Form 990) 2023	Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 5
Part V	Supplementa	I Information		-		2			.3- 4
	Provide the inform	mation required by	Part I, line 2 (r	nonitoring of fu	unds); Pa	art I, line 3, d	column (f) (accou	nting method; amounts of	
								hod); and Part III, column (c	:)
								rmation. See instructions.	
	-			-			-		
32075 11-29-	23							Schedule F (Form	990) 202

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19,	or if the	2023
Department of the Treasury Internal Revenue Service	•		ach to Form 990 (Open to Public Inspection
Name of the organization		o www.irs.gov/Fo	orm990 for instru	ctions	and t	he latest informatio	n.	Employer	identification number
		c Health	System In	ic G	rou	p Return		65-130	
	complete this par		rganization answe	ered "ነ	es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
 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 g Special fundraising events d In-person solicitations 2 a 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? b If "Yes," list the 10 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 addres or entity (fund		(ii) Ad	otivity	fundraiser have custody or control of from activity			tò (c	Amount paid or retained b fundraiser ed in col. (i)	y) to (or retained by)
				Yes	No				
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or	icensed to solicit	contrik	oution	s or has been notified	d it is	exempt fror	n registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Atlantic Health System Inc Group Return 65-1301877 Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Spring Rummage Sale	Fall Rummage	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anue				(event type)	(total number)	
Hevenue	1	Gross receipts	792,211.	715,662.		1,507,873
	2	Less: Contributions	792,211.	715,662.		1,507,873
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs	89,585.	89,585.		179,170
rect E	7	Food and beverages				
<u>ן</u> ב		Entortoinment				
		Entertainment Other direct expenses	CC 140	66,140.		132,280
		Direct expenses summary. Add lines 4 throug				311,450
		Net income summary. Subtract line 10 from I				-311,450
				bingo/progressive bingo		col. (a) through col. (
_	1	Gross revenue				
Ises	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses						
nirec	4	Rent/facility costs				
Direc						
Direc	5	Rent/facility costs	└── Yes% └── No	└── Yes% └── No	└── Yes% └── No	
nirec	5 6	Rent/facility costs	└── Yes % └── No	No	No	
DIrec	5 6 7	Rent/facility costs Other direct expenses Volunteer labor	Yes%No	No No	□ No	
	5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes% No h 5 in column (d) 7 from line 1, column (d)	No No	□ No	
9	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d)	No No	No	
9 a	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes % No 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No	
9 a b	5 6 7 8 Ent 1 Is t	Rent/facility costs	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No states? erminated during the tax y	No	Yes N
9 a b	5 6 7 8 Ent 1 Is t	Rent/facility costs	Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No states? erminated during the tax y	No	Yes N

Sch	edule G (Form 990) 2023	Atlantic	Health	System	Inc	Group	Return	65-1	301877	7 Page 3
11 12	Does the organization conduct g Is the organization a grantor, ber	eficiary or trustee o	of a trust, or a	member of a p	artnersh	ip or other e	entity formed		Yes	No
13	to administer charitable gaming? Indicate the percentage of gamir								└── Yes	L No
	The organization's facility								13a	%
	An outside facility								13b	%
14	Enter the name and address of the	ne person who prep	ares the orga	nization's gam	ing/spec	ial events b	ooks and reco	ords:		
	Name									
	Address									
15a	Does the organization have a cor	ntract with a third p	arty from who	m the organiza	ation reco	eives gaminę	g revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gan						_ and the ar	nount		
c	of gaming revenue retained by the If "Yes," enter name and address									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	Director/officer	Employee		Independent	contrac	tor				
17	Mandatory distributions:									
a	Is the organization required under retain the state gaming license?								🗌 Yes	🗌 No
b	Enter the amount of distributions									
Pa	organization's own exempt activi			ons required by	/ Part I I	ine 2h. colui	mns (iiii) and (v): and Pa	rt III lines 9	9h 10h
	15b, 15c, 16, and 17b, a							, and r a		, 00, 100,
	00.00.40.00							Cohod		000) 0001
3320	83 09-13-23							Sched	ule G (Form	33U) 2023

Schedule G (F	⁻ orm 990) Supplemental Infor	Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 4
Part IV 3	Supplemental Infor	mation (continue	d)						
								Schedule G (F	orm 990)

332084 04-01-23

SCHEDULE H									
(Form 990) HOS	spitals			20	27	<u> </u>			
Complete if the organization answered	d "Yes" on Form 990, F	Part IV, question 2	!0a.	LU	Ľυ				
Department of the fredouty	to Form 990.	act information)pen to 1spect		ic			
Internal Revenue Service Go to www.irs.gov/Form990 for in Name of the organization		est mormation.	Employer iden			mbor			
Atlantic Health Syste	em Inc Group	Return	65-13018		on nu	mber			
Part I Financial Assistance and Certain Other Com									
					Yes	No			
1a Did the organization have a financial assistance policy during the ta	ax year? If "No," skip to	question 6a		1a	Х				
b If "Yes," was it a written policy?				1b	X				
 b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the follow to its various hospital facilities during the tax year: 	ving best describes applica	tion of the financial a	ssistance policy						
Applied uniformly to all hospital facilities	Applied uniformly to mo								
Generally tailored to individual hospital facilities									
3 Answer the following based on the financial assistance eligibility criteria that applied to the			-						
a Did the organization use Federal Poverty Guidelines (FPG) as a fact		• • •		20	x				
If "Yes," indicate which of the following was the FPG family income	%			3a					
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which									
	of the following was the family income limit for eligibility for discounted care:								
200% 250% X 300% 350%		ther %							
c If the organization used factors other than FPG in determining eligit	bility, describe in Part V	I the criteria used f	or determining						
eligibility for free or discounted care. Include in the description whe	U		r other						
threshold, regardless of income, as a factor in determining eligibility Did the organization's financial assistance policy that applied to the largest number of its			d care to the						
"medically indigent"?				4	X	<u> </u>			
5a Did the organization budget amounts for free or discounted care provided un				5a	X X				
b If "Yes," did the organization's financial assistance expenses exceed				5b		<u> </u>			
c If "Yes" to line 5b, as a result of budget considerations, was the org care to a patient who was eligible for free or discounted care?				5c		x			
6a Did the organization prepare a community benefit report during the				6a	x				
b If "Yes," did the organization make it available to the public?				6b	X				
Complete the following table using the worksheets provided in the Schedule H instruction									
7 Financial Assistance and Certain Other Community Benefits at Cos	st								
Financial Assistance and (a) Number of (b) Person served	benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense) Percer of total				
Means-Tested Government Programs (optional) (optional)				,	expense	•			
a Financial Assistance at cost (from	45,424,777.	12 204 010	32,129,959		.80	۶			
Worksheet 1)	45,424,777.	13,294,818.	32,129,959	•	• • • •	0			
b Medicaid (from Worksheet 3, column a)	368,265,604.	252,997,358.	115,268,246	2	.87	8			
c Costs of other means-tested									
government programs (from									
Worksheet 3, column b)									
d Total. Financial Assistance and						•			
Means-Tested Government Programs	413,690,381.	266,292,176.	147,398,205	. 3	.67	8			
Other Benefits									
e Community health									
improvement services and community benefit operations									
(from Worksheet 4)	21,737,820.	636,841.	21,100,979		.53	8			
f Health professions education	, , = .		, , ,						
(from Worksheet 5)	71,369,754.	19,197,283.	52,172,471	. 1	.30	8			
g Subsidized health services						-			
(from Worksheet 6)	246,387,730.		233,992,805		.83				
h Research (from Worksheet 7)	4,323,577.	1,823,750.	2,499,827	·	.06	*			
i Cash and in-kind contributions				1					
for community benefit (from	1 266 526	0.	1,266,526	1	.03	۶.			
Worksheet 8)	1,266,526.	-							
	345 085 407	34 052 799	311 032 608	7	.75	70			
j Total. Other Benefitsk Total. Add lines 7d and 7j	345,085,407. 758,775,788.	, ,	311,032,608 458,430,813		.75				

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the d describe in Part VI how its nity buildin romoted the health of th otivitio

	tax year, and describe in Par	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	() offset	d) Directing rev	:t	(e) Net community building expense	(1) Percent tal exper	
1	Physical improvements and housing	(optional)			<u> </u>			· · · · · · · · · · · · · · · ·			
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										
Pa	rt III Bad Debt, Medicare, 8	& Collection P	ractices								
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report bad deb	t expense in accor	dance with Health	icare Financial I	Managem	ent As	socia	tion			
	Statement No. 15?								1	X	
2	Enter the amount of the organization										
	methodology used by the organization to estimate this amount 2 99,387,754.								•		
3	Enter the estimated amount of the c	organization's bad	debt expense attri	butable to							
	patients eligible under the organizat	ion's financial assis	stance policy. Exp	lain in Part VI th	ne						
	methodology used by the organizati	ion to estimate this	amount and the r	rationale, if any,							
	for including this portion of bad deb	t as community be	nefit			3	19	,195,891	•		
4	Provide in Part VI the text of the foo	tnote to the organi	zation's financial s	statements that	describe	s bad	debt				
	expense or the page number on whi	ich this footnote is	contained in the a	attached financ	ial statem	ents.					
Sect	ion B. Medicare										
5	Enter total revenue received from M	edicare (including	DSH and IME)					,328,835			
6	Enter Medicare allowable costs of ca	are relating to payr	nents on line 5			6	852	,843,582	•		
7	Subtract line 6 from line 5. This is th	e surplus (or short	fall)			7		-102,514,747	•		
8	Describe in Part VI the extent to whi	ich any shortfall rep	oorted on line 7 sh	ould be treated	d as comn	nunity	benet	iit.			
	Also describe in Part VI the costing	methodology or so	urce used to dete	rmine the amou	unt reporte	ed on	line 6.				
	Check the box that describes the m			_							
	Cost accounting system	X Cost to char	ge ratio	Other							
Sect	ion C. Collection Practices										
9a	Did the organization have a written of	debt collection poli	cy during the tax y	year?					9a	X	
b	If "Yes," did the organization's collection						ontain (provisions on the			
	collection practices to be followed for particular								9b	Х	
Pa	rt IV Management Compar	nies and Joint	Ventures (owned	d 10% or more by of	ficers, directo	ors, trus	tees, ke	y employees, and phy	sicians - s	see instru	uctions)
	(a) Name of entity	(b) Des	cription of primar	y (c) Organiz	ation's	s (d)	Officers, direct-	(e) P	hysicia	ans'
		ac	tivity of entity	F	orofit % or			s, trustees, or ey employees'		ofit %	or
					ownershi	ıp %	pr	ofit % or stock		stock 1ership	%
							(ownership %	000	lersnip	/ /0
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332092 12-26-23

Schedule H (Form 990) 2023

Schedule H (Form 990) 2023 Atlantic Health System	n In	c (Gro	ouj	<u>p</u>]	Ret	zui	rn	65-1301877	Page 3
			-	<u> </u>	ها	<u> </u>		1		<u> </u>
Section A. Hospital Facilities		ca			Critical access hospital					
(list in order of size, from largest to smallest - see instructions)	ital	Gen. medical & surgical	Children's hospital	ital	ğ	2				
How many hospital facilities did the organization operate during the tax year?	spi	& s	S	spi	SSS	cilit				
	Licensed hospital	cal	sh	Teaching hospital	U S S	l fa	ER-24 hours			
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital	sec	ned	Le l	ļ	ala	arc	Ĕ	ER-other		Facility reporting
organization that operates the hospital facility):	Gen	n.n	ļġ	act	iți	se	3-24	đ		group
	Ĕ	Ge	ð	L₽_	ð	<u>ل</u> م	Ш	世	Other (describe)	
1 Morristown Medical Center										
100 Madison Avenue										
Morristown, NJ 07960										
www.atlantichealth.org										
11403	X	X	X	Х	X		Х			
2 Overlook Medical Center										
99 Beauvoir Avenue										
Summit, NJ 07902										
www.atlantichealth.org										
11902	X	X	X	X	x		х			
3 Newton Medical Center										
175 High Street	_									
Newton, NJ 07960	_									
www.atlantichealth.org	_									
12005	$-\mathbf{x}$	x					x			
4 Chilton Medical Center			-							<u> </u>
97 West Parkway	_									
Pompton Plains, NJ 07444										
www.atlantichealth.org							37			
11401	X	X		<u> </u>		<u> </u>	X			
5 Atlantic Rehabilitation Institute										
95 Mt, Kemble Avenue										
Morristown, NJ 07962									Comprehensive	
www.atlantichealth.org									Rehabilitaiton	
11404	X								Hospital	
6 Hackettstown Medical Center										
631 Willow Grove Street										
Hackettstown, NJ 07840										
www.atlantichealth.org										
12101	T x	X					Х			
	_									
	_									
						-				<u> </u>
			<u> </u>	<u> </u>	<u> </u>	<u> </u>				
				1	1	1				1
				1	1	1				1
				1	1	1				1
				1	1	1				1
				1		1				1
				1	1	1	-		1	

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Schedule H (Form 990) 2023

Schedule H (Form 990) 2023	Atlantic	Health S	ystem	Inc G	Group	Return	65-1301877	Page 4
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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: Morristown Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment 1 X 1 Was the hospital facility scienced, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 1 X 2 Was the hospital facility scienced 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 X 3 During the tax year or either of the two immediately preceding tax years. diff the current tax year or the mediately preceding tax year? If "Yes," indicate what the CHNA report describes (check all that apply): 3 X 3 X 3 During the tax year or either of the two immediately preceding tax years. diff the hospital facility conduct a community fault the CHNA report describes (check all that apply): 3 X 3 X 4 If "Yee," indicate what the CHNA report describes (check all that apply): 1 X 3 X 6 IX The exignificant heads needs and other headth insues of uninsured persons, low-income persons, and minority groups g X The process for identifying and prioritizing community health needs identified in the hospital facility is an optication in the community interests 1 X Immediately preceding tax year? Immediately preceding tax year? Imm				Yes	No
current tax year or the immediately preceding tax year? 1 X 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 X 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHAN)? If 'No,' skip to line 12. 3 X if 'Yes,' indicate what the CHAN report describes (check all that apply): a A definition of the community area day the hospital facility a X if 'Yes,' indicate what the CHAN report describes (check all that apply): a X a X if 'Yes,' indicate what the CHAN report describes (check all that apply): a X a X if 'Yes,' indicate what the community a X a X a if 'Yes,' indicate what the community a X a X a if 'Yes,' indicate what the order association with presson expresenting the community is interests interests of the community is interests a x a if 'Yes,' indicate what heavs and hospital facility, including these with spocial including of respresent the broad interests of the community is interests a x a <tr< td=""><td>Cor</td><td>nmunity Health Needs Assessment</td><td></td><td></td><td></td></tr<>	Cor	nmunity Health Needs Assessment			
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 years, filt whospital facility conduct a community health needs assessment (CHNA)? If "No," key to line 12. X 3 X X 4 A definition of the community served by the hospital facility conduct a community health needs assessment (CHNA)? If "No," key to line 12. X 5 X A definition of the community X 6 X A definition of the community X 7 X existing health care facilities and resources within the community that are available to respond to the health needs of the community X 7 X The significant health needs and esources within the community that are available to respond to the health needs X 9 X The process for consulting with persons representing the community's interests X X 1 X The process for consulting with persons representing the community interests Y Y Y 1 X The process for consulting with persons representing the community interests Y Y Y 1 X The process for consulting with persons representing the community interests Y Y Y 1 X <td>1</td> <td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the</td> <td></td> <td></td> <td></td>	1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
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 X 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 X a IX A definition of the community EX A definition of the community served by the hospital facility 3 X b IX Derographics of the community C IX Existing health care facilities and resources within the community that are available to respond to the health needs of the community G IX How data was obtained IX IX groups groups groups IX the process for cleantifying and prioritizing community health needs and services to meet the community health needs in the process for cleantifying and prioritizing community health needs and services to meet the community health needs in the process for cleantifying and prioritizing community health needs identified in the hospital facility's prior CHNA(s) j IX 4 Indicate the tax year the hospital facility consulted IX IX IX groups groups IX IX IX IX 1 The impact of any actions taken to address the significant headth needs identified in t		current tax year or the immediately preceding tax year?	1		X
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b X Other website (list url): www.njhealthmatters.org c X Made a paper copy available for public inspection without charge at the hospital facility d Other (describe in Section C) 8 8 X 9 Indicate the tax year the hospital facility last adopted an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 8 X 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20_23 23 10 X a If "Yes," (list url): Refer to Sch H, Part VI for the full URL 10 X b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 10b X 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 X 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 X b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 12b 12b c If "Yes" to line 12b, what is the total amou					
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c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720	k				

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Schedule H (Form 990) 2023

Schedule H	(Form 990) 2	023 Atl	Lantic	Health	System	Inc	Group	Return	65-1301877	Page 5
Part V	Facility Ir	nformation _{(C}	ontinued)							

Part	1	/	Fa	aci	lity	' li	nfo	orn	าอ	ati	on	(co	ntii	nue	ed,)
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Financial Assistance Policy (FAP)

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Name of hospital facility or letter of facility reporting group: Morristown Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	Х	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200%			
		and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b		Income level other than FPG (describe in Section C)			
С		Asset level			
d		Medical indigency			
е		Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	idely publicized within the community served by the hospital facility?	16	Х	
	If <u>"Yes</u> ,	," indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	Х	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	Х	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

Schedule H (Form 990) 2023

Pa	rt V	Facility Information (continued)			
Billi	ng and	Collections			
Nar	ne of ho	pspital facility or letter of facility reporting group: Morristown Medical Center			
				Yes	No
17	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpa	yment?	17	Х	
18	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
á		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
C		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19	Did the	hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes	," check all actions in which the hospital facility or a third party engaged:			
á		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
C		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
20		e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
		ecked) in line 19 (check all that apply):			
á	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k		Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect	ion C)		
C		Processed incomplete and complete FAP applications (if not, describe in Section C)			
C		Made presumptive eligibility determinations (if not, describe in Section C)			
e	X	Other (describe in Section C)			
f		None of these efforts were made			
-		ting to Emergency Medical Care	1		
21		e hospital facility have in place during the tax year a written policy relating to emergency medical care			
		quired the hospital facility to provide, without discrimination, care for emergency medical conditions to		v	
		uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х	
	If "No,'	' indicate why:			
é		The hospital facility did not provide care for any emergency medical conditions			
k		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)

Schedule H (Form 990) 2023

Schedule H (Form 990) 2023	Atlantic	Health	System	Inc	Group	Return	65-1301877 Page 7

Par	TV Facility Information (continued)		
Char	ges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
Nam	e of hospital facility or letter of facility reporting group:Morristown Medical Center		
		Ye	s No
	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:		
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
с	 The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period 		
d	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided		
	emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? 2	3	x
	If "Yes," explain in Section C.		
	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?	4	x
	If "Yes," explain in Section C.		

Schedule H (Form 990) 2023

Schedule H (Form 990) 2023	Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 4
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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: Overlook Medical Center

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group	(from Part V, Section A):	2
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			Yes	No
Con	nmunity 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		X
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		X
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	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а				
b				
С	EX Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
d				
е				
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
g				
h				
	X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
J	Other (describe in Section C) Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
4				
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	х	
6-	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5	- 23	
Ua	hospital facilities in Section C	6a		х
h	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	Ua		
	list the other organizations in Section C	6b		х
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
•	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	V			
b	V			
c				
d	I 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	х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
а	If "Yes," (list url): Refer to Sch H, Part VI for the full URL			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
	CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
с	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? \$			

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Schedule H (Form 990) 2023

			Health	System	Inc	Group	Return	65-1301877	Page 5
Part V	Facility Informati	i on (continued)							

Part V	Facility	Information	(continued))
				_

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Overlook Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
с	X	Asset level			
d	X	Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15		ed the method for applying for financial assistance?	15	Х	
		" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
		ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
с	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
		dely publicized within the community served by the hospital facility?	16	Х	
-		" indicate how the hospital facility publicized the policy (check all that apply):	-		
а	37	The FAP was widely available on a website (list url): See Part V, Page 8			
b	37	The FAP application form was widely available on a website (list url): See Part V, Page 8			
c	37	A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d	37	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	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
9		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
;		Other (describe in Section C)			

Schedule H (Form 990) 2023

Sche	dule H	l (Form 990) 2023	Atlantic	Health	System	Inc Gr	coup Re	turn (65-130	187	7 Ра	age 6
Pa	rt V	Facility Informa	tion (continued)									
Billin	g and	Collections										
Nam	e of h	ospital facility or lette	r of facility reporting	ng group: 🤇	Overlook	Medic	cal Cen	ter				
											Yes	No
17	Did th	e hospital facility have	in place during the f	tax year a sepa	arate billing an	d collections	s policy, or a	written financia	ป			
	assist	ance policy (FAP) that	explained all of the a	actions the ho	spital facility o	r other autho	orized party r	nay take upon				
	nonpa	yment?								17	Х	
18	Check	all of the following act	ions against an indi	vidual that we	re permitted ur	nder the hos	spital facility's	policies during	g the			
	ta <u>x ye</u>	ar before making reaso	onable efforts to det	ermine the ind	ividual's eligibi	lity under th	e facility's FA	NP:				
а		Reporting to credit a	gency(ies)									
b		Selling an individual'	s debt to another pa	arty								
с		Deferring, denying, c	or requiring a payme	nt before prov	iding medically	necessary	care due to r	nonpayment of	а			
		previous bill for care	covered under the l	hospital facility	/'s FAP							
d		Actions that require	a legal or judicial pro	ocess								
е		Other similar actions	(describe in Section	n C)								
f	X	None of these action	is or other similar ac	tions were pe	rmitted							
19	Did th	e hospital facility or oth	ner authorized party	perform any c	of the following	actions dur	ing the tax ye	ear before maki	ng			
	reasor	hable efforts to determ	ine the individual's e	eligibility under	the facility's F	AP?				19		X
	If "Yes	s," check all actions in	which the hospital f	acility or a thire	d party engage	ed:						
а		Reporting to credit a	gency(ies)									
b		Selling an individual	s debt to another pa	arty								
с		Deferring, denying, c	or requiring a payme	nt before prov	iding medically	necessary	care due to r	nonpayment of	а			
		previous bill for care	covered under the l	hospital facility	/'s FAP							
d		Actions that require	a legal or judicial pro	ocess								
е		Other similar actions	(describe in Section	n C)								
20	Indica	te which efforts the ho	spital facility or othe	er authorized p	arty made bef	ore initiating	any of the a	ctions listed (wl	hether or			
		ecked) in line 19 (chec	k all that apply):									
а	X	Provided a written no	otice about upcomir	ng ECAs (Extra	ordinary Colle	ction Action)) and a plain	language sumn	nary of the			
		FAP at least 30 days	before initiating the	ose ECAs (if no	ot, describe in S	Section C)						
b	X	Made a reasonable e	effort to orally notify	individuals ab	out the FAP ar	nd FAP appli	ication proce	ss (if not, desci	ribe in Secti	on C)		
С	X	Processed incomple	te and complete FA	P applications	(if not, describ	be in Section	n C)					
d	X	Made presumptive e	0,	ons (if not, des	scribe in Sectio	on C)						
е	X	Other (describe in Se	ection C)									
f		None of these efforts										
Polic	y Rela	ating to Emergency M	edical Care									
		e hospital facility have		-								
		equired the hospital fac									37	
		luals regardless of thei	r eligibility under the	e hospital facili	ty's financial a	ssistance po	olicy?			21	X	
	If "No,	" indicate why:										
а		The hospital facility of			ency medical o	conditions						
b		The hospital facility's		•								
С		The hospital facility I	imited who was eligi	ible to receive	care for emerg	ency medic	al conditions	(describe in Se	ection C)			

d L Other (describe in Section C)

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Par	V Facility Information (continued)						
Charg	es to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)						
Name of hospital facility or letter of facility reporting group: Overlook Medical Center							
			Yes	No			
	ndicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible ndividuals for emergency or other medically necessary care:						
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period						
b X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period							
c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period							
d	The hospital facility used a prospective Medicare or Medicaid method						
23 D	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?						
lt	"Yes," explain in Section C.						
	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any ervice provided to that individual?	24		x			
	"Yes," explain in Section C.						

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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: Newton Medical Center

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): _3

			Yes	No		
Con	nmunity 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		Х		
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		Х		
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a		x			
	community health needs assessment (CHNA)? If "No," skip to line 12					
	If "Yes," indicate what the CHNA report describes (check all that apply):					
а						
b						
C	EX Existing health care facilities and resources within the community that are available to respond to the health needs					
	of the community					
C						
e						
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority					
ç	groups The process for identifying and prioritizing community health needs and services to meet the community health needs					
e h						
;	 The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) 					
i	Other (describe in Section C)					
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 21					
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					
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		Х		
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		Х		
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х			
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):					
а						
b						
c	\mathbf{X} Made a paper copy available for public inspection without charge at the hospital facility					
c	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	Х			
	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23		37			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х			
	If "Yes," (list url): Refer to Sch H, Part VI for the full URL	101				
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b				
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why					
	such needs are not being addressed.					
12-						
120	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		х		
F	D If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12a 12b				
	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720	120				
	for all of its hospital facilities? \$					

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Part V Facility Informat	ion _(continued)							

Part V	Facility	Information	(continued))

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: <u>Newton Medical</u> Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
с	X	Asset level			
d	X	Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	Х	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а	X	The FAP was widely available on a website (list url): See Part V, Page 8			
b	X	The FAP application form was widely available on a website (list url): See Part V, Page 8			
С	X	A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
	77				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

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Pa	rt V	Facility Information (continued)			
Billi	ng and	Collections			
Nar	ne of ho	spital facility or letter of facility reporting group: Newton Medical Center			
				Yes	No
17	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpay	/ment?	17	Х	
18		all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	ta <u>x ye</u> a	r before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19	Did the	hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If <u>"Yes</u>	," check all actions in which the hospital facility or a third party engaged:			
a		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
		ecked) in line 19 (check all that apply):			
a	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k		Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect	ion C)		
c		Processed incomplete and complete FAP applications (if not, describe in Section C)			
c		Made presumptive eligibility determinations (if not, describe in Section C)			
e	X	Other (describe in Section C)			
f		None of these efforts were made			
Poli	cy Rela	ting 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 re	quired the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individ	uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х	
	If <u>"No</u> ,'	' indicate why:			
a		The hospital facility did not provide care for any emergency medical conditions			
k		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)

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	on (continuea)							
Charges to Individuals Eligible for	harges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)							
Name of hospital facility or letter	of facility reporting group:	Newton Me	dical	Center				
							Yes	No
22 Indicate how the hospital facili individuals for emergency or o	ty determined, during the tax y ther medically necessary care:		amounts th	nat can be charged	to FAP-eligible			
a The hospital facility us 12-month period	ed a look-back method based o	on claims allowed	by Medicar	e fee-for-service dur	ring a prior			
	ed a look-back method based o y claims to the hospital facility		•		d all private			
	ed a look-back method based of ervice and all private health ins		•					
d The hospital facility us	ed a prospective Medicare or N	Medicaid method						
23 During the tax year, did the ho	spital facility charge any FAP-e	ligible individual to	whom the	hospital facility prov	vided			
	necessary services more than t	0	•		ad	23		х
If "Yes," explain in Section C.								
24 During the tax year, did the ho service provided to that individ	spital facility charge any FAP-e lual?	•	n amount eo	qual to the gross ch	arge for any	24		х
If "Yes," explain in Section C.								

Schedule H (Form 990) 2023

Name of hospital facility or letter of facility reporting group: Chilton Medical Center					
Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4					
Community Haalth Naada Accocoment		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			х		
current tax year or the immediately preceding tax year?	1				
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			х		
the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2				
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	3	х			
community health needs assessment (CHNA)? If "No," skip to line 12	3	~			
If "Yes," indicate what the CHNA report describes (check all that apply): a X A definition of the community served by the hospital facility					
c A Existing health care facilities and resources within the community that are available to respond to the health needs of the community					
 a LA The significant health needs of the community f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority 					
groups g X The process for identifying and prioritizing community health needs and services to meet the community health needs					
 g A The process for identifying and prioritizing community health needs and services to meet the community health needs h X The process for consulting with persons representing the community's interests 					
i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)					
j Other (describe in Section C)					
 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22 					
 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	х			
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5	- 11			
hospital facilities in Section C	6a		х		
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	Ua				
	6b		х		
list the other organizations in Section C 7 Did the hospital facility make its CHNA report widely available to the public?	7	Х			
If "Yes," indicate how the CHNA report was made widely available (check all that apply):	-				
a X Hospital facility's website (list url): Refer to Sch H, Part VI for the full URL					
b X Other website (list url): www.njhealthmatters.org					
c X 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	х			
 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23 					
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	х			
a If "Yes," (list url): Refer to Sch H, Part VI for the full URL					
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b				
 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		Х		
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		<u> </u>		
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? \$					

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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)

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Part V	Facility	Information	(continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Chilton Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If <u>"Yes</u> ,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
С		Asset level			
d		Medical indigency			
е		Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	lf "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а		Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	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			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
	V				
h		Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

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Pa	rt V Facility Information (continued)					
Billi	ng and Collections					
Name of hospital facility or letter of facility reporting group: Chilton Medical Center						
			Yes	No		
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial					
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon					
	nonpayment?	17	X			
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)					
k	Selling an individual's debt to another party					
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a					
	previous bill for care covered under the hospital facility's FAP					
c						
e						
f	X None of these actions or other similar actions were permitted					
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making					
	reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		x		
	If "Yes," check all actions in which the hospital facility or a third party engaged:					
a						
Ł						
c						
	previous bill for care covered under the hospital facility's FAP					
c						
e						
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether o	or				
	not checked) in line 19 (check all that apply):					
a	Y	the				
	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)					
k	V	ection C)				
c		,				
c						
e						
f	None of these efforts were made					
Poli	cy 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	Х			
	If "No," indicate why:					
a	The hospital facility did not provide care for any emergency medical conditions					
k	The hospital facility's policy was not in writing					
c)				

d Other (describe in Section C)

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Deat M Exactline Information	1							

Pa	rt V Facility Information (continued)				
Cha	rges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
Nan	ne of hospital facility or letter of facility reporting group: Chilton Medical Center				
			Yes	No	
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:				
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period				
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period				
c 🔲 The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination					
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period				
d					
	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided				
20	emergency or other medically necessary services more than the amounts generally billed to individuals who had	23		x	
	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		x	
	If "Yes," explain in Section C.				

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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: Atlantic Rehabilitation Institute

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

			Yes	No
Con	nmunity 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		Х
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		X
3				
	community health needs assessment (CHNA)? If "No," skip to line 12	3	х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а				
b				
c				
	of the community			
c				
e				
f				
9				
h				
i				
j	Cher (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: $20 22$			
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	X	
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		X
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		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	N X Hospital facility's website (list url): Refer to Sch H, Part VI for the full URL			
b	Other website (list url): www.njhealthmatters.org			
c	X Made a paper copy available for public inspection without charge at the hospital facility			
c	I 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	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
а	If "Yes," (list url): Refer to Sch H, Part VI for the full URL			
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
	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		x
h	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		<u> </u>
	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? \$			

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Schedule H (Form 990) 2023

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Part V	Facility Information (continued)
			_

Financial Assistance Policy (FAP)

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Name of hospital facility or letter of facility reporting group: Atlantic Rehabilitation Institute

				Yes	No	
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х		
	If <u>"Yes</u> ,	s," indicate the eligibility criteria explained in the FAP:				
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %				
		and FPG family income limit for eligibility for discounted care of <u>300</u> %				
b		Income level other than FPG (describe in Section C)				
С		Asset level				
d		Medical indigency				
е		Insurance status				
f	X	Underinsurance status				
g	X	Residency				
h		Other (describe in Section C)				
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х		
15	Explain	ed the method for applying for financial assistance?	15	Х		
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)				
		ed the method for applying for financial assistance (check all that apply):				
а		Described the information the hospital facility may require an individual to provide as part of their application				
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part				
		of their application				
С	X	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				
е		Other (describe in Section C)				
16	Was wi	dely publicized within the community served by the hospital facility?	16	X		
	If "Yes,	" indicate how the hospital facility publicized the policy (check all that apply):				
а		The FAP was widely available on a website (list url): See Part V, Page 8				
b		The FAP application form was widely available on a website (list url): See Part V, Page 8				
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8				
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)				
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital				
		facility and by mail)				
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,				
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public				
		displays or other measures reasonably calculated to attract patients' attention				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP				
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)				
		spoken by Limited English Proficiency (LEP) populations				
j		Other (describe in Section C)				

Schedule H (Form 990) 2023

Sch	edule H	(Form 990) 2023	Atlantic	Health	n System	ι Inc G	roup Re	eturn	65-130	187	7 Ра	age 6
Pa	rt V	Facility Informa	tion (continued)									
Billi	ng and	Collections										
Nan	e of ho	ospital facility or lette	r of facility reportir	ng group: _	Atlanti	.c Reha	bilitat	tion Ins	stitute		-	_
											Yes	No
17	Did the	e hospital facility have	in place during the t	tax year a se	eparate billing a	and collectior	ns policy, or a	a written finand	cial			
	assista	ance policy (FAP) that e	explained all of the a	actions the h	nospital facility	or other auth	norized party	may take upo	n			
	nonpa	yment?								17	X	
18	Check	all of the following act	ions against an indiv	vidual that w	vere permitted	under the ho	spital facility	's policies duri	ng the			
	tax yea	ar before making reaso	nable efforts to dete	ermine the ir	ndividual's eligi	bility under t	he facility's F	AP:				
а		Reporting to credit a	gency(ies)									
b		Selling an individual's	s debt to another pa	arty								
С		Deferring, denying, o	r requiring a paymer	nt before pro	oviding medica	Illy necessary	/ care due to	nonpayment of	ofa			
		previous bill for care	covered under the h	nospital facili	ity's FAP							
d		Actions that require a	a legal or judicial pro	ocess								
е		Other similar actions	(describe in Section	ר C)								
f	Х	None of these action	s or other similar ac	tions were p	permitted							
19	Did the	e hospital facility or oth	er authorized party	perform any	/ of the followir	ng actions du	iring the tax y	/ear before ma	iking			
	reasor	able efforts to determi	ne the individual's e	eligibility und	ler the facility's	FAP?				19		X
	If "Yes	," check all actions in v	which the hospital fa	acility or a th	nird party enga	ged:						
а		Reporting to credit a	gency(ies)									
b		Selling an individual's	s debt to another pa	arty								
С		Deferring, denying, o	r requiring a paymer	nt before pro	oviding medica	Illy necessary	/ care due to	nonpayment of	ofa			
		previous bill for care	covered under the h	nospital facili	lity's FAP							
d		Actions that require a	a legal or judicial pro	ocess								
е		Other similar actions	(describe in Section	ר C)								
20	Indicat	te which efforts the ho	spital facility or othe	er authorized	l party made b	efore initiating	g any of the a	actions listed (whether or			
		ecked) in line 19 (chec	k all that apply):									
а	X	Provided a written no	otice about upcomin	ng ECAs (Ext	traordinary Col	lection Action	n) and a plain	n language sur	nmary of the			
		FAP at least 30 days	before initiating tho	ose ECAs (if r	not, describe ii	n Section C)						
b		Made a reasonable e						ess (if not, des	scribe in Sect	ion C)		
С		Processed incomplet	te and complete FAI	P applicatior	ns (if not, desc	ribe in Sectio	on C)					
d		Made presumptive e	ligibility determination	ons (if not, de	escribe in Sect	tion C)						
е	X	Other (describe in Se	ection C)									
f		None of these efforts										
Poli	cy Rela	ting to Emergency M	edical Care									
21	Did the	e hospital facility have	in place during the t	tax year a wr	ritten policy rel	ating to emer	rgency medic	al care				
	that re	quired the hospital fac	ility to provide, with	out discrimir	nation, care for	emergency i	medical conc	ditions to				
		uals regardless of their	r eligibility under the	hospital fac	cility's financial	assistance p	olicy?			21	Х	L
	If <u>"No</u> ,	" indicate why:										
а		The hospital facility o	lid not provide care	for any eme	rgency medica	al conditions						
b		The hospital facility's		•								
С		The hospital facility li	mited who was eligi	ble to receiv	ve care for eme	ergency medi	cal condition	s (describe in	Section C)			

Other (describe in Section C) d 🗌

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Pa	rt V Facility Information (continued)			
Cha	rges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nam	ne of hospital facility or letter of facility reporting group: Atlantic Rehabilitation Institute			
			Yes	No
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:			
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
с	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination			
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			
	emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		x
	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		x
	If "Yes," explain in Section C.			

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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: Hackettstown Medical Center

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

			Yes	No
Cor	nmunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the	Í		
	current tax year or the immediately preceding tax year?	1		Х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or	ľ		
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3				
	community health needs assessment (CHNA)? If "No," skip to line 12	3	х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a		Í		
t		Í		
Č		Í		
	of the community	ſ		
c	77	ſ		
		ſ		
e		ſ		
f		ſ		
		ſ		
ç		ſ		
r		Í		
i		ſ		
j	Cther (describe in Section C)	ſ		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad	ſ		
	interests of the community served by the hospital facility, including those with special knowledge of or expertise in public	ſ		
	health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the	ſ		
	community, and identify the persons the hospital facility consulted	5	Х	
6 a	a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	ſ		
	hospital facilities in Section C	6a		X
k) Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	ſ		
	list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):	ſ		
a	A X Hospital facility's website (list url): Refer to Sch H, Part VI for the full URL	ſ		
b	Other website (list url): www.njhealthmatters.org	ſ		
c	: X Made a paper copy available for public inspection without charge at the hospital facility	ſ		
c	d Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs	ſ		
	identified through its most recently conducted CHNA? If "No," skip to line 11	8	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
	alf "Yes," (list url): Refer to Sch H, Part VI for the full URL			
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
	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.			
12 a	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		x
Ł	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
	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? \$			

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Part	V		Faci	lity	Info	ormat	tion	(continued))
		-		_		/			

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: Hackettstown Medical Center

				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
	If <u>"Yes</u> ,	" indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 8			
		and FPG family income limit for eligibility for discounted care of 300 %			
b		Income level other than FPG (describe in Section C)			
С		Asset level			
d		Medical indigency			
е		Insurance status			
f		Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)			
14	Explain	ed the basis for calculating amounts charged to patients?	14	Х	
15	Explain	ed the method for applying for financial assistance?	15	Х	
	If "Yes,	" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explain	ed the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of their application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of their application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
е		Other (describe in Section C)			
16	Was wi	dely publicized within the community served by the hospital facility?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
а		The FAP was widely available on a website (list url): See Part V, Page 8			
b		The FAP application form was widely available on a website (list url): See Part V, Page 8			
С		A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)			
f	X	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
	v				
h		Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j		Other (describe in Section C)			

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Pa	rt V	Facility Information (continued)			
Billi	ng and	Collections			
Nar	ne of ho	ospital facility or letter of facility reporting group:Hackettstown_Medical_Center			
				Yes	No
17	Did the	e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	ance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpa	yment?	17	Х	
18		all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19	Did the	e hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the individual's eligibility under the facility's FAP?	19		Х
	If <u>"Yes</u>	," check all actions in which the hospital facility or a third party engaged:			
a		Reporting to credit agency(ies)			
k		Selling an individual's debt to another party			
c		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
c		Actions that require a legal or judicial process			
e		Other similar actions (describe in Section C)			
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not che	ecked) in line 19 (check all that apply):			
a	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k	X	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect	ion C)		
c		Processed incomplete and complete FAP applications (if not, describe in Section C)			
c		Made presumptive eligibility determinations (if not, describe in Section C)			
e	X	Other (describe in Section C)			
f		None of these efforts were made			
Poli	cy Rela	ting to Emergency Medical Care			
21	Did the	e hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that re	quired the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individ	uals regardless of their eligibility under the hospital facility's financial assistance policy?	21		Х
	lf <u>"No,</u> '	" indicate why:			
a		The hospital facility did not provide care for any emergency medical conditions			
k		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)

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Part V Facility Information (contin	nued)		
Charges to Individuals Eligible for Assistan	ce Under the FAP (FAP-Eligible Individuals)		
Name of hospital facility or letter of facility	reporting group: Hackettstown Medical Center		
		 Yes	No
22 Indicate how the hospital facility determ individuals for emergency or other media	ned, during the tax year, the maximum amounts that can be charged to FAP-eligible ally necessary care:		
a The hospital facility used a look- 12-month period	back method based on claims allowed by Medicare fee-for-service during a prior		
	back method based on claims allowed by Medicare fee-for-service and all private the hospital facility during a prior 12-month period		
c The hospital facility used a look-	back method based on claims allowed by Medicaid, either alone or in combination all private health insurers that pay claims to the hospital facility during a prior		
d The hospital facility used a pros	pective Medicare or Medicaid method		
23 During the tax year, did the hospital faci	ity charge any FAP-eligible individual to whom the hospital facility provided		
emergency or other medically necessary insurance covering such care?	services more than the amounts generally billed to individuals who had		x
If "Yes," explain in Section C.			
24 During the tax year, did the hospital faci	ity charge any FAP-eligible individual an amount equal to the gross charge for any		x
If "Yes," explain in Section C.			

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

Part V, Section A:

In addition to the non-hospital based facilities listed separately in

Schedule H, Part V, Section D, AHS operates numerous physician offices

related to it's various medical disciplines throughout the tristate area.

These physician facilities practice under Practice Associates Medical

Group (D/B/A Altantic Medical Group).

Morristown Medical Center:

Part V, Section B, Line 5: Morristown Medical Center (MMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2022, MMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of MMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided MMC with a health-centric view of the population it serves, enabling MMC to prioritize relevant health issues and inform the development of future community health implementation

plan(s) focused on meeting community needs. This CHNA Final Summary Report 332098 12-26-23 Schedule H (Form 990) 2023

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Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide
sépărate descriptions for each hospital făcility 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.
serves as a compilation of the overall findings of the CHNA process. This
document is not a compendium of all data and resources examined in the
development of the CHNA and the identification of health priorities for
MMC's service area, but rather an overview that highlights statistics
relevant to MMC's health priorities for the CHNA/CHIP planning and
implementation period.
Key components of the MMC CHNA process include:
Secondary Data Research
Key Informant Survey
Prioritization Session
Implementation Plan
Adoption of Key Community Health Issues
Morristown Medical Center, in conjunction with community partners,
examined the findings of qualitative and quantitative data review to
prioritize key community health issues. The following issues were
identified and adopted as the key health priorities for MMC's 2022-2024
CHNA:
Behavioral Health (Including Substance Use Disorders)
Diabetes/Obesity/Unhealthy Weight
Heart Disease
Cancer
Stroke
Geriatrics & Healthy Aging
Based on feedback from community partners, health care providers, public
health experts, health and human service agencies, and other community
representatives, Morristown Medical Center plans to focus on multiple key
community health improvement efforts and will create an implementation
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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

strategy of their defined efforts, to be shared with the public on an

annual basis through its Community Health Improvement Plan (CHIP).

Methodology

MMC's CHNA comprised quantitative and qualitative research components. A

brief synopsis of the components is included below with further details

provided throughout the document:

- A secondary data profile depicting population and household statistics,

education and economic measures, morbidity and mortality rates, incidence

rates, and other health statistics related to the service area was

compiled with findings presented to advisory committees for review and

deliberation of priority health issues in the community.

- A key informant survey was conducted with community leaders and

partners. Key informants represented a variety of sectors, including

public health and medical services, non-profit and social organizations,

public schools, and the business community.

- An analysis of hospital-utilization data was conducted which allowed us

to identify clinical areas of concern based on high utilization and

whether there were identified disparities among the following

socioeconomic demographic cohorts: insurance type, gender, race/ethnicity, and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff

provided MMC with administrative and analytic support throughout the CHNA

process. Staff collected and interpreted data from secondary data sources,

collected and analyzed data from key informant surveys, provided key

market insights, and prepared all reports.

Community Representation

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

Community engagement and feedback were an integral part of the CHNA process. MMC's Community Health Department played a critical role in obtaining community input through key informant surveys of community leaders and partners and included community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all

potential community stakeholders. MMC sought to mitigate these limitations

by including, in the assessment process, a diverse cohort of

representatives or and/or advocates for medically underserved, low income,

and minority populations in the service area.

Prioritization of Needs

Following the completion of the CHNA research, MMC's Community Health

Advisory Board's Community Health Sub-Committee prioritized community

health issues, which are documented herein. MMC will utilize these

priorities in its ongoing development of an annual Community Health

Improvement Plan (CHIP) which will be shared publicly.

Overlook Medical Center:

Part V, Section B, Line 5: Overlook Medical Center (OMC) is committed to

the people it serves and the communities where they reside. Healthy

communities lead to lower health care costs, robust community

partnerships, and an overall enhanced quality of life. To that end, 332098 12-26-23 Schedule H (Form 990) 2023

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

beginning in June 2022, OMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Union, Essex, Morris, Somerset, Hudson and Middlesex counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of OMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided OMC with a health-centric view of the population it serves, enabling OMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report

serves as a compilation of the overall findings of the CHNA process. This

document is not a compendium of all data and resources examined in the

development of the CHNA and the identification of health priorities for

OMC's service area, but rather an overview that highlights statistics

relevant to OMC's health priorities for the CHNA/CHIP planning and

implementation period.

Key components of the OMC CHNA process include:

Secondary Data Research

Key Informant Survey

Prioritization Session

Adoption of Key Community Health Issues

Key Community Health Issues

Overlook Medical Center, in conjunction with community partners, examined

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

community health issues. The following issues were identified and adopted

as the key health priorities for OMC's 2022-2024 CHNA:

Mental Health & Substance Use Disorder

Cancer

Heart Disease (Including as i relates to Stroke)

Diabietes

Maternal/Infant Health

Based on feedback from community partners, health care providers, public

health experts, health and human service agencies, and other community

representatives, Overlook Medical Center plans to focus on multiple key

community health improvement efforts and will create an implementation

strategy of their defined efforts, to be shared with the public on an

annual basis through its Community Health Improvement Plan (CHIP).

Methodology

OMC's CHNA comprised quantitative and qualitative research components. A brief synopsis of the components is included below with further details provided throughout the document:

A secondary data profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics related to the service area was compiled with findings presented to advisory committees for review and deliberation of priority health issues in the community.

A key informant survey was conducted with community leaders and partners. Key informants represented a variety of sectors, including public health

and medical services, non-profit and social organizations, public schools,

and the business community.

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

to identify clinical areas of concern based on high utilization and

whether there were identified disparities among the following

socioeconomic demographic cohorts: insurance type, gender, race/ethnicity,

and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff

provided OMC with administrative and analytic support throughout the CHNA

process. Staff collected and interpreted data from secondary data sources,

collected and analyzed data from key informant surveys, provided key

market insights and prepared all reports.

Community Representation

Community engagement and feedback were an integral part of the CHNA

process. OMC's Community Health Department played a critical role in

obtaining community input through key informant surveys of community

leaders and partners and included community leaders in the prioritization

and implementation planning process. Public health and health care

professionals shared knowledge about health issues, and leaders and

representatives of non-profit and community-based organizations provided

insight on the community, including the medically underserved, low income,

and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all

potential community stakeholders. OMC sought to mitigate these limitations

by including in the assessment process a diverse cohort of representatives

or and/or advocates for underserved population in the service area.

Prioritization of Needs

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

Advisory Board's Community Health Sub-Committee prioritized community health issues, which are documented herein. OMC will utilize these priorities in its ongoing development of an annual Community Health Improvement Plan (CHIP) which will be shared publicly on an annual basis.

Newton Medical Center:

Part V, Section B, Line 5: Newton Medical Center (NMC) is committed to

the people it serves and the communities where they reside. Healthy

communities lead to lower health care costs, robust community

partnerships, and an overall enhanced

quality of life. To that end, beginning in June 2021, NMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Sussex and Warren counties in New Jersey as well as portions of Pike County in Pennsylvania. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of NMCfs service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided NMC with a health-centric view of the population it serves, enabling NMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for NMCfs service 332098 12-26-23 Schedule H (Form 990) 2023 11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 8 Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
area, but rather an overview that highlights statistics relevant to NMCfs
health priorities for the CHNA/CHIP planning and implementation period.
CHNA Components
- Secondary Data Research
- Key Informant Survey
- Prioritization Session
- Implementation Plan
- Key Community Health Issues
Key Community Health Issues
Newton Medical Center, in conjunction with community partners, examined
secondary data and community stakeholder input to select key community
health Issues. The following issues were identified and adopted as the
key health priorities for NMC's 2021-2023 CHNA:
- Mental Health and Substance Misuse
- Cancer
- Heart Disease
- Diabetes
- Obesity
- Stroke
Based on feedback from community partners, health care providers, public
health experts, health and human service agencies, and other community
representatives, Newton Medical Center plans to focus on multiple key
community health improvement efforts and will create an implementation
strategy of their defined efforts, to be shared with the public on an
annual basis through its community health improvement plan (CHIP).

Chilton Medical Center:

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

Part V, Section B, Line 5: Chilton Medical Center (CMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2022, CMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Morris and Passaic counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing residents of CMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. The completion of the CHNA provided CMC with a health-centric view of the population it serves, enabling CMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA process. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for CMC's service area, but rather an overview that highlights statistics relevant to CMC's health priorities for the CHNA/CHIP planning and implementation period.

CHNA Development Process

Secondary Data Research

Key Informant Survey

Prioritization Session

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

Adoption of Key Community Health Issues

Key Community Health Issues

Chilton Medical Center, in conjunction with community partners, examined

secondary data and community stakeholder input to select key community

health Issues. The following issues were identified and adopted as the key

health priorities for CMC's 2022-2024 CHNA:

Mental Health/ Substance Abuse

Heart Disease

Cancer

Diabetes

Respiratory Disease

Based on feedback from community partners, health care providers, public

health experts, health and human service agencies, and other community

representatives, Chilton Medical Center plans to focus on multiple key

community health improvement efforts and will create an implementation

strategy of their defined efforts, to be shared with the public on an

annual basis thorugh its Community Heatlh Improvement Plan (CHIP).

Methodology

CMC's CHNA comprised quantitative and qualitative research components. A

brief synopsis of the components is included below with further details

provided throughout the document:

A secondary data profile depicting population and household statistics,

education and economic measures, morbidity and mortality rates, incidence

rates, and other health statistics related to the service area was

compiled with findings presented to advisory committees for review and

deliberation of priority health issues in the community.

A key informant survey was conducted with community leaders and partners. 332098 12-26-23 Schedule H (Form 990) 2023

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

Key informants represented a variety of sectors, including public health

and medical services, non-profit and social organizations, public schools,

and the business community.

An analysis of hospital-utilization data was conducted which allowed us

to identify clinical areas of concern based on high utilization and

whether there were identified disparities among the following

socioeconomic demographic cohorts: insurance type, gender, race/ethnicity,

and age cohort.

Analytic Support

Atlantic Health System's corporate Planning & System Development staff

provided CMC with administrative and analytic support throughout the CHNA

process. Staff collected and interpreted data from secondary data sources,

collected and analyzed data from key informant surveys, provided key

market insights and prepared all reports.

Community Representation

Community engagement and feedback were an integral part of the CHNA process. CMC's Community Health Department played a critical role in obtaining community input through key informant surveys of community leaders and partners and included community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timelines and other restrictions impacted the ability to survey all

potential community stakeholders. CMC sought to mitigate these limitations 332098 12-26-23 Schedule H (Form 990) 2023

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

by including in the assessment process a diverse cohort of representatives

or and/or advocates for underserved population in the service area.

Prioritization of Needs

Following the completion of the CHNA research, CMC's Community Health

Advisory Sub-Committee prioritized community health issues, which are

documented herein. CMC will utilize these priorities in its ongoing

development of an annual Community Health Improvement Plan (CHIP) which

will be shared publicly.

Atlantic Rehabilitation Institute:

Part V, Section B, Line 5: Refer to the MMC CHNA

Hackettstown Medical Center:

Part V, Section B, Line 5: Hackettstown Medical Center (HMC) is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. To that end, beginning in June 2021, HMC, a member of Atlantic Health System (AHS), undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area, that encompasses portions of Warren, Morris and Sussex counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing resident of HMC's service area. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health.

The completion of the CHNA provided HMC with a health-centric view of the 332098 12-26-23 Schedule H (Form 990) 2023

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

population it serves, enabling HMC to prioritize relevant health issues and inform the development of future community health implementation plan(s) focused on meeting community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of the CHNA findings. This document is not a compendium of all data and resources examined in the development of the CHNA and the identification of health priorities for HMC's service area, but rather an overview that highlights statistics relevant to HMC's health priorities for the next CHNA/CHIP planning and implementation period. CHNA Components Secondary Data Research Key Informant Survey Prioritization Session Implementation Plan Key Community Health Issues Key Community Health Issues Hackettstown Medical Center, in conjunction with community partners, examined the findings of qualitative and quantitative data review to prioritize key community health issues. The following issues were identified:

- Heart Disease

- Diabetes and Overweight/Obesity

- Substance Misuse

- Mental Health

- Cancer

Based on feedback from community partners, health care providers, public

health experts, health and human service agencies, and other community
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Schedule H (Form 990) 2023 A	tlantic H	lealth	System	Inc	Group	Return	65-1301877	Page 8
Part V Facility Information	(continued)							
Section C. Supplemental Informatio 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, separate descriptions for each hospita and hospital facility line number from F	16j, 18e, 19e, 20a al facility in a facilit	, 20b, 20c, v reportina	20d, 20e, 21c, aroup, desian	21d, 23 ated by	3, and 24. If a facility report	applicable, provide ting group letter	9	
representatives, Ha	ckettstow	n Med:	ical Cer	ter	plans	to focus	on multiple	9
key community healt	h improve	ement e	efforts	and	will d	create an	implementa	cion
strategy of their d	efined ef	forts	, to be	shaı	red wit	th the pub	olic on an	
annual basis throug	h its com	munity	y health	ı im <u>r</u>	proveme	ent plan ((CHIP).	
Morristown Medical	Center:							
Part V, Section B,	Line 6a:	No otl	ner hos <u>p</u>	oital	l facil	lities		
Overlook Medical Ce	nter:							
Part V, Section B,	Line 6a:	No otl	ner hosp	oital	l facil	lities		
Newton Medical Cent	er:							

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

Chilton Medical Center:

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

Atlantic Rehabilitation Institute:

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

Hackettstown Medical Center:

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

Hackettstown Medical Center:

Part V, Section B, Line 6b: No other oragnizations other than hospital
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Part V Facility Information (continued)

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

facilities

Morristown Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://ahs.atlantichealth.org/patients-visitors/education-support/communi

Overlook Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Newton Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Chilton Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community 332098 12-26-23 Schedule H (Form 990) 2023

Part V Facility Information (continued)

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

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Atlantic Rehabilitation Institute:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Hackettstown Medical Center:

Part V, Section B, Line 11: Refer to the May 2023 and May 2024 Community

Health Improvement Plan (CHIP)

The URL for the May 2023 and May 2024 CHIP is:

https://www.atlantichealth.org/patients-visitors/education-support/

Click on the link "Community Resources and Programs"

Click on the link "Community Health Needs Assessment"

Morristown Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

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Part V Facility Information (continued)

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

Overlook Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Newton Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Chilton Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Atlantic Rehabilitation Institute

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Hackettstown Medical Center

Part V, line 16a, FAP website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Morristown Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Overlook Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html 332098 12-26-23 Schedule H (Form 990) 2023

Part V Facility Information (continued)

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

Newton Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Chilton Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Atlantic Rehabilitation Institute

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Hackettstown Medical Center

Part V, line 16b, FAP Application website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Morristown Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Overlook Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Newton Medical Center

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Part V, line 16c, FAP Plain Language Summary website:

Schedule H (Form 990) 2023

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines

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

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Chilton Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Atlantic Rehabilitation Institute

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Hackettstown Medical Center

Part V, line 16c, FAP Plain Language Summary website:

https://ahs.atlantichealth.org/patients-visitors/financial-information.html

Morristown Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

 4. Staff interacting with patients will receive training regarding

 332098 12-26-23

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

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Overlook Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

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

Newton Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Chilton Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the 322098 12-26-23 Schedule H (Form 990) 2023

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

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Atlantic Rehabilitation Institute:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

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

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

Hackettstown Medical Center:

Part V, Section B, Line 20e: 1. Information regarding Atlantic Health

System's Financial Assistance Policy will be provided to the public in

consumer-friendly terminology and in a language the patient can

understand.

2. Invoices to patients will include information related to the

availability of financial assistance and how the patient can obtain

further information and apply for financial assistance.

3. Information on financial assistance will be posted in appropriate

Patient Access sites with instructions on how patients can obtain

information on financial assistance and apply for available programs.

4. Staff interacting with patients will receive training regarding

financial assistance programs, how to communicate these programs to

patients and how to direct patients to appropriate financial counseling

staff.

5. Staff providing financial counseling will receive training to treat

patients seeking financial assistance with courtesy, confidentiality and

cultural sensitivity.

6. Translation services will be made available as needed.

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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?

Nam	e and address	Type of facility (describe)
1	The Family Health Center	
	200 South Street	1
	Morristown, NJ 07962	Ambulatory Care Facility
2	Atlantic Rehabilitation Institute	
	95 Mt. Kemble Avenue	
	Morristown, NJ 07962	Long Term Care Facility
3	Atlantic Home Care and Hospice	
	111 East Catherine Street, Suite 240	Home Health Agency, Hospice
	Milford, PA 18337	Care Program
4	Atlantic Home Care and Hospice	
	465 South Street	Hospice Care Program and Home
	Morristown, NJ 07960	Health Agency
5	Atlantic Maternal Fetal Med @Bridgew	
	784-792 Chimney Rock Road	Off-Site Ambulatory Care
	Martinsville, NJ 08886] Facility
6	Atlantic Maternal Fetal Medicine	
	435 South Street - Suite 380] Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
7	Atlantic Health Sleep Centers	
	95 Mt. Kemble Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
8	Chilton Health Network at Pike Drive	
	1 Pike Drive	Off-Site Ambulatory Care
	Wayne, NJ 07470	Facility
9	Chilton Health Network at 242 West P	
	242 West Parkway	Off-Site Ambulatory Care
	Pompton Plains, NJ 07444] Facility
10	Morristown Medical Center Care Now	
	57 US Highway Route 46	Off-Site Ambulatory Care
	Hackettstown, NJ 07840	Facility

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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?

Nam	e and address	Type of facility (describe)
11	OP Audiology and Speech	
	575 Route 28 2nd Floor	1
	Raritan, NJ 08869	Speech Therapy
12	Cardiac Imaging at Florham Park	
	10 James Street	Off-Site Ambulatory Care
	Florham Park, NJ 07932	- Facility
13	Cardiac Iamging at 435 South Street	-
	435 South Street-First Floor	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
14	Morristown Surgical Center at Madiso	
	111 Madison Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
15	MMC Radiolgy at 111 Madison Avenue	
	111 Madison Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
16	MMC Internal Medicine Faculty Associ	
	435 South Street - Suite 360	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
17	The Wound Care Center at MMC	
	435 South Street - Suite 320	Off-Site Ambulatory Care
	Morristown, NJ 07962	Facility
18	The Medical Institute of New Jersey	
	11 Saddle Road	Off-Site Ambulatory Care
	Cedar Knolls, NJ 07927	Facility
19	Morristown Outpatient Radiology	
	310 Madison Avenue	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
20	Overlook Hospital Satellite ED	
	1000 Galloping Hill Road	Off-Site Ambulatory Care
	Union, NJ 07083	Facility

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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?

Nam	e and address	Type of facility (describe)
21	Overlook Health Services	
	1 Springfield Avenue	Off-Site Ambulatory Care
	Summit, NJ 07901	Facility
22		-
	435 South Street	
	Morristown, NJ 07962	Imaging Services
23	Cardiac Imaging at Cedar Knolls - OP	
	11 Saddle Road	
	Cedar Knolls, NJ 07927	Imaging Services
24	Imaging- Florham Park	
	10 James Street	
	Florham Park, NJ 07932	Imaging Services
25		
	95 Madison Avenue - Suite B07	
	Morristown, NJ 07960	Cardiac Imaging
26	Cardiac Imaging - North Morrist	
	356 Route 46	
	Mountain Lakes, NJ 07046	Cardiac Imaging
27	Imaging Center-Atlantic Cardiology	
	95 Madison Avenue - Suite 300	
	Morristown, NJ 07960	<pre>Imaging Services</pre>
28	Imaging Center-Atlantic Cardiology	
	8 Tempe Wick Rd	
	Mendham, NJ 07945	<pre>Imaging Services</pre>
29	CV Imaging Mt Arlington	
	400 Valley Road - Suite 102	
	Mt Arlington, NJ 07856	Imaging Services
30	Cardiac Imaging at Dr. Wall	
	50 Cherry Hill Road	1
	Parsippany, NJ 07054	Imaging Services

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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?

	e and address	Type of facility (describe)
31	Atlantic Maternal Fetal	
	784-792 Chimney Rock Road	
	Martinsville, NJ 08836	Imaging Services
32	Diabetes Center, Adult and Endocrino	
	435 South Street - Suite 340	
	Morristown, NJ 07960	Wellness Center
33		
	435 South Street - Sutie 380	
	Morristown, NJ 07960	Physican Practice
34	Metobolic Medicine	
	435 South Street - Suite 330	
	Morristown, NJ 07960	Physican Practice
35		
	435 South Street- Suite 220A	
	Morristown, NJ 07962	Physican Practice
36	Assoc Rehab ARI	
	95 Mt. Kemble Avenue	
	Morrsitown, NJ 07962	Rehab Services
37		
	200 South Street	
	Morristown, NJ 07962	Pediatrice Physician Practice
38	Ryan White HIV Clinic	
	200 South Street	
	Morristown, NJ 07962	Physican Clinic
39	MMC Wound Care	
	435 South Street - Suite 320	
	Morristown, NJ 07962	Wound Care
40	MMC Imaging Center	
	111 Madison Avenue - 4th Floor	
	Morristown, NJ 07962	Imaging Services

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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?

	e and address	Type of facility (describe)
41		
	111 MAdison Avenue - 2nd Floor	
	Morristown, NJ 07960	Surgical Center
42	· · · · · · · · · · · · · · · · · · ·	
	310 MAdison Avenue	
	Morristown, NJ 07960	Radiology Services
43		
	95 Madison Avenue – Suite 402	
	Morristown, NJ 07962	Pain Management
44	Cardiac Imaging	
	14 Smull Avenue - Suite 402	
	West Caldwell, NJ 07006	Imaging Services
45		
	111 Madison Avenue - 1st Floor	
	Morristown, NJ 07960	Rehab Services
46	51	
	435 South Street	
	Morristown, NJ 07960	Radiology Services
47		
	435 South Street - Suite 150	
	Morristown, NJ 07962	Pain Management
48	Pre-Procedural Evaluation/OP Lab	
	435 South Street – Suite 140	
	Morristown, NJ 07962	OP Lab Services
49		
	8 Saddle Road - Suite 202	7
	Cedar Knolls, NJ 07927	Infusion Center
50	Radiology Imaging Bio-Sport	
	720 US highway 202-206	
	Bridewater, NJ 08807	Radiology Services

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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?

	e and address	Type of facility (describe)
51	Adult Family Practice	
	435 South Street -S 3rd Floor	
	Morristown, NJ 07962	Physician Practice
52		
	261 James Street	
	Morristown, NJ 07960	Imaging Services
54	Cardiac Rehab	
	435 South Street - Suite 160	
	Morristown, NJ 07962	Rehab Services
55	Geriatric Assessment Center	
	465 South Street]
	Morristown, NJ 07962	Geriatric Services
56	Pulmonary & Allergy Associates Techn	
	8 Saddle Road	
	Cedar Knolls, NJ 07927	Pulmonary Group
57	Child Development Center	
	435 South Street - Suite 250	
	Morristown, NJ 07962	Child Development Center
58	Carol W. Breast Screening Center	
	435 South Street	
	Morristown, NJ 07962	Preventive Care
59	Adult Cystic Fibrosis Center	
	435 South Street - Suite 210	
	Morristown, NJ 07962	Pulmonary Rehab Group
60	Autism Center	
	435 South Street - Suite 255	
	Morristown, NJ 07962	Autism Support Group
61	MMC @ Eden Lane Radiation Oncology	
	16 Eden Lane	1
	Whippany, NJ 07981	Oncology Group

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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?

Nam	e and address	Type of facility (describe)
52	MMC Health Pavilion Vascular Serv	
	333 Mount Hope Road	7
	Rockaway, NJ 07866	Cardiology Group
53	Rippel Screening Breast Center@ Rock	
	333 Mount Hope Ave 130	
	Rockaway, NJ 07866	Womens Health Group
4	OP Radiology at Rockaway	
	333 Mount Hope Ave 140	
	Rockaway, NJ 07866	Radiology Services
5	Vascular Imaging	
	182 South Street	
	Morristown, NJ 07962	Imaging Services
5	Cardiac Imaging at Rockaway	
	333 Mount Hope Road	
	Rockaway, NJ 07866	Daignostic Cardiology Group
6	Atlantic Maternal Fetal Medicine	
	333 Mount Hope Ave 120	
	Rockaway, NJ 07866	Obstetrics Group
7		
	89 Mountain Boulevard - Suite 200	
	Watchung, NJ 07069	Cardiovascular Iamging Center
8	Respiratory Services @ MMC Health Pa	
	333 Mount Hope Ave 220	
	Rockaway, NJ 07866	Pulmonary Therapy
9	Associates in Cardiovascular Disease	
	211 Mountain Ave	
	Springfield, NJ 07081	Cardiology Group
0	Associates in Cardiovascular Disease	
	571 Central #115	
	New Providence, NJ 07974	Cardiology Group

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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?

	e and address	Type of facility (describe)
71	······································	
	1000 Galloping Hill Road	
	Union, NJ 07083	Cardiac Imaging
72		
	100 Commerce Place	
	Clark, NJ 07066	Radiology Services
73		
	215 North Ave	
	Westfield, NJ 07090	Cardiac Imaging
74		
	99 Beauvoir Avenue – Mac II	
	Summit, NJ 07901	Cardiac Imaging
75		
	385 Morris Ave - Suite 100	
	Springfield, NJ 07081	Oncology Group
76	Overlook Imaging at One Springfield	
	1 Springfield Avenue	
	Summit, NJ 07901	Imaging Services
77		
	1000 Galloping Hill Road	Development Disabilities
	Union, NJ 07083	Center
78	Overlook Medical Center Imaging	
	1000 Galloping Hill Road	
	Union, NJ 07083	Imaging Services
79	Overlook-Atlantic Laboratory - Union	
	1000 Galloping Hill Road	
	Union, NJ 07083	Laboratory Services
80	Overlook-Vascular Lab at Union	
	1000 Galloping Hill Road]
	Union, NJ 07083	Vascular Lab Services

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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?

		— (7, 10, 7) (1, 10)
	e and address	Type of facility (describe)
81	Overlook-Wound Healing Ctr-Union	-
	1000 Galloping Hill Road	
<u>~~</u>	Union, NJ 07083	Wound Care
82	Atlantic Rehabilitation	
	1000 Galloping Hill Road	
	Union, NJ 07083	Rehab Services
83		
	46-48 Beauvior Avenue	
	Summit, NJ 07901	Behavioral Health Services
84	Pulmonary Allergy Associates	
	1 Springfield Avenue	
	Summit, NJ 07901	Pulmonary Group
85		
	449 Mount Pleasant Ave - Suite 1	
	West Orange, NJ 07052	Imaging Services
86	CV Imaging At Livingston	
	340 East Northfield Ave Suite 1D	
	Livingston, NJ 07039	Imaging Services
87		
	111 East Catherine Street, Suite 130	
	Milford, PA 18337	Urgent Care Center
88	Milford Health & Wellness	
	111 East Catherine Street, Suite 130	7
	Milford, PA 18337	Wellness Center
89	Sparta Health & Wellness	
	89 Sparta Avenue - Suite 205	
	Sparta, NJ 07871	Wellness Center
90	Growth House	
	91 Plotts Road	Supportive Living Group
	Newton, NJ 07860	Arrangement

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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)
	PALS House	
	272 Andover Sparta Road	Supportive Living Group
	Newton, NJ 07860	Arrangement
92		
	112 East Avenue, Unit 9	1
	Hackettstown, NJ 07840	Behavioral Health Services
93	Atlantic Rehabilitation	
	550 Central Ave	1
	New Providence, NJ 07974	Rehab Services
94	Cardiac Imaging at MDA Cardiology	
	1511 Park Avenue - 2nd Floor	1
	South Plainfield, NJ 07080	Cardiac Imaging
95	Cardiac Imaging at Cedar Knolls	
	11 Saddle Road	
	Cedar Knolls, NJ 07927	Cardiac Imaging
96	West Parkway Physical Therapy	
	242 West Parkway]
	Pompton Plains, NJ 07080	Rehab Services
97	West Parkway Physical Therapy	
	242 West Parkway]
	Parsippany, NJ 07080	Rehab Services
98		
	150 North Finley Ave #C]
	Basking Ridge, NJ 07920	Radiology Services
99		
	100 Madison Avenue]
	Morristown, NJ 07960	Cardiology Services
100	Northfield Infusion	
	741 Northfield Ave - Suite 202]
	West Orange, NJ 07052	Infusion Center

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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?

	and address	Type of facility (describe)
101	Total Cardiology	
	1777 Hamburg Turnpike Suite 10	
	Wayne, NJ 07470	Cardiology Group
102	Newton Infusion	
	89 Sparta Avenue – Suite 207A	
	Sparta, NJ 07871	Infusion Center
103	Atlantic Health Sports Physical Ther	
	333 Mount Hope Ave	
	Rockaway, NJ 07866	Rehab Services
104	Cedar Crest	
	One Cedar Crest-Medical Suite #2	Off-Site Ambulatory Care
	Pompton Plains, NJ 07080	Facility
105	CV Imaging at PHA/Northern NJ Cardio	
	242 West Parkway	
	Pompton Plains, NJ 07444	Cardiac Imaging
106	Geriatric Assessment Center	
	435 South Street - Suite 390	Off-Site Ambulatory Care
	Morristown, NJ 07960	Facility
106	Atlantic Health Sports Phy Therapy-R	
	333 Mount Hope Ave	
	Rockaway, NJ 07866	Rehab Services
107	PT NEW PROV AQUATIC	
	629 Central Avenue	
	New Providence, NJ 07974	Rehab Services
108	Newton Infusion Sparta Health & Well	
-	89 Sparta Avenue – Suite 207A	
	Sparta, NJ 07871	Wellness Center
109	Infusion Ctr @ Rockaway	
	333 Mount Hope Ave Suite 210A]
	Rockaway, NJ 07866	Infusion Center

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 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?

	and address	Type of facility (describe)
110	MMC Endoscopy	
	111 Madison Ave Suite 401	
	Morristown, NJ 07960	Gastroenterology
111	Cardiovascular Imaging Center-CV Ima	
	242 West Parkway	
	Pompton Plains, NJ 07444	Cardiac Imaging
112	Atlantic Heatlh Sports OT @ Rockaway	
	333 Mount Hope Ave	
	Rockaway, NJ 07866	Rehab Services
113	Mountain Lakes Physical Therapy	
	333 Route 46	
	Mt Lakes, NJ 07046	Rehab Services
115	Atlantic Health Adult Rehab	
	6 Saddle Road	
	Cedar Knolls, NJ 07927	Rehab Services
116	Randolph YMCA Physical Therapy	
	14 Dover Chester Road	
	Randolph, NJ 07869	Rehab Services
117	OMC Warren Physical Therapy	
	23 Mountain Blvd	
	Warren, NJ 07059	Rehab Services
119	Chilton West Parway ASC	
	97 W Parkway #1	1
	Pompton Plains, NJ 07844	Ambulatory Surgery Center
120	Infusion Center	
	1125 Route 22 Suite 265	1
	Bridgewater, NJ 08807	Infusion Center
121	OMC CV Imaging MDA WF	
	1511 Park Avenue - 2nd Floor	1
	South Plainfield, NJ 07080	Imaging Services

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

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

 Part V
 Facility Information (continued)

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

Name and address	Type of facility (describe)
122 HMC Cener For Healthcare Living	
108 Bilby Road STE 101	
Hackettstown, NJ 07840	Center For Healthier Living
123 CV Imaging Medicore Branchburg	
3322 Route 22 STE 1205	
Branchburg, NJ 08876	Imaging Services
124 Sleep Disorder Center of MMC	
5 Regent St STE 512	
Livingston, NJ 07039	Sleep Disorder
125 Randolph YMCA Physical Therapy	
14 Dover Chester Road	
Randolph, NJ 07869	Physical Therapy
126 Rehab Byram	
90 US Rt 206	
Byram Township, NJ 07874	Rehab Services
126 Atlantic Behavioral Health/MMC	
25A Vreeland RD	
Florham Park, NJ 07932	Behavioral Health Services
127 Primary Care at Philipsburg	
222 Red School Lane	
Philipsburg, NJ 08865	Primary Care
128 Imaging	
194 Route 31	
Flemington, NJ 08822	Imaging Services
129 Diabetes EDU Center	
1125 Route 22 Suite 280	
Bridewater, NJ 08807	Diabeters Education
130 OMC Rehab PT Bayonne	
471 Broadway	
Bayonne, NJ 07002	Physical Therapy

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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-hos	spital health care facilities	did the organization	operate during the ta	ix vear?

Name and address	Type of facility (describe)
131 Imaging Metuchen	
45 Pearl Street	
Metuchen, NJ 08840	Imaging Services
132 CV Iamging	
131 Madison Ave 2nd Floor	
Morristown, NJ 07960	Imaging Services
133 MMC CV Iamging	
757 State Route 15 S STE 103B	
Lake Hopatcong, NJ 07840	Imaging Services
134 Atlantic Consolidated Laboratory	
299 Madison Avenue	
Morristown, NJ 07960	Laboratory Services

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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 (for example, 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.

Part I, Line 6a:

The 2023 community benefit report will be made available to the public via

the Atlantic Health System website (www.atlantichealth.org).

Search "Community Benefit Report"

Part I, Line 7:

Charity and unreimbursed Medicaid gross patient charges were decreased to

cost by applying the cost to charge ratio which was calculated on

Worksheet 2 per the IRS instruction, The charity care results from this

methodology was compared to the cost of charity care as calculated on S-10

of the 2023 Medicare Cost Reports.

All other costs for the remaining programs were compiled by the applicable

program directors and represent actual expenses that were made.

Part I, Line 7g:

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 Atlantic Health System Inc Group Return
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 Part VI
 Supplemental Information (Continuation)

 Subsidized Health Services represent clinical patient care services that

 are provided, despite a negative margin, because they are needed in the

 community.
 During 2023 the organization provided 42 such clinical patient

 care programs.
 The net community benefit expense represents the total

 actual expenses offset by any patient and grant revenue.

Part III, Line 2:

The bad debt expense at cost was established by "grossing up" the bad debt expense per the audited financial statements to gross charges and applying the 2023 cost to charge ratio as calculated on worksheet 2.

Part III, Line 3:

The portion of bad debt expense that reasonably could be attributable to patients who may qualify for financial assistance under the Organization's Charity Care program was calculated by identifying patients that were admitted with no insurance benefits. The Organization's collection agency's review process and charity care eligibility notification efforts are thorough, it is highly likely that these patients would have qualified for the Organization's Charity Care program had they applied. As a result, the organization believes this amount should have been treated as community benefit expense.

Part III, Line 4:

The Hospital recorded \$73,838,421 and \$96,913,998 of implicit price concessions as a direct reduction of patient service revenues for the years ended December 31, 2023 and 2022, respectively. The organization's audited financial statements does not include a separate bad debt

footnote.

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 Part VI
 Supplemental Information (Continuation)

Part III, Line 8:

2023 Medicare Allowable Costs as calculated per the 2023 Medicare Cost report exceeds the 2023 Medicare payments received generating a Medicare shortfall to the organization of approx. \$103 million. Such a Medicare shortfall should be considered as additional community benefit. Medicare shortfall(s) should be treated as community benefit because: - Non-negotiated Medicare rates are sometimes out-of-line with the true costs of treating Medicare patients. - By continuing to treat patients eligible for Medicare, hosptials alleviate the federal government's burden for directly providing medical services. The IRS recently acknowledged that lessening the government burden associated with providing Medicare benefits is a charitable purpose. - IRS Rev Ruling 69-545 states that if a hospital serves patients with

government health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community.

Part III, Line 9b:

The organization's collection policy is as follows:

This Section sets forth the billing and collection policies and procedures

of Atlantic Health System and explains the actions that may be taken if a

bill for medical care, including a bill for a remaining balance

after financial assistance discounts are applied, is not paid. Collection

agencies and attorneys acting on behalf of Atlantic Health System will be

provided with a copy of this FAP.

Each billing statement will include a conspicuous notice regarding the

availability of financial assistance, along with a telephone number for Schedule H (Form 990)

Atlantic Health System Inc Group Return 65-1301877 Page 10 Schedule H (Form 990) Part VI Supplemental Information (Continuation the specific hospital facility's Financial Counseling Office where a patient can receive information about the FAP and assistance with the application for financial assistance. The billing statement will also include the website address where copies of the FAP, application for financial assistance, and PLS can be obtained. A. Notification period: Atlantic Health System will bill patients for any outstanding balance as soon as the patient balance is confirmed. For uninsured patients, the first post-discharge billing statement will mark the beginning of the 120 day notification period in which no extraordinary collection actions ("ECA") (defined below) may be initiated against the patient. For insured or underinsured patients, the first post-discharge billing statement reflecting processing by an insurer will mark the beginning of the 120 day notiflrcation period in which no ECAs may be initiated against the patient (the "120-day notification period"). B. When a patient is delinguent in payment, a notice will be sent to the patient offering to discuss the billing statement to determine if financial assistance or a new or revised payment plan is needed. Atlantic Health System may accommodate patients who request and establish payment plans. C. When no payment has been received at the end of the 120-day

c: when no payment has been received at the end of the 120 day notification period and a patient has not applied for financial assistance or arranged with the hospital facility's Financial Counseling Office or the hospital facility's Customer Service Office for an alternate payment plan, the patient's account will be turned over to a collection agency. Atlantic Health System will inform the patient in writing that the patient's account will be turned over to a collection agency if no payment is received within 10 days (the "Final Notice"). The Final Notice will inform the patient that financial assistance is available for eligible Schedule H (Form 990)

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)
patients and will include a telephone number for the specific hospital
facility's Financial Counseling Office where a patient can receive
information about the FAP and assistance with the financial assistance
application process. The billing statement will also include the website
address where copies of the FAP, application for financial assistance and
PLS can be obtained.
D. Atlantic Health System may authorize collection agencies and attorneys
working on Atlantic Health System's behalf (a "Third Party") to initiate
ECAs on delinquent patient accounts after
the 120-day notification period, Once an account has been referred to a
Third Party, the Third Party will confirm that reasonable efforts have been
taken to determine whether a patient is eligible for financial assistance
under the FAP and that the following actions have been taken prior to
initiating an ECA:
The patient has been provided with written notice (the "30-Day Letter")
which:
(a) indicates that financial assistance is available for eligible
<pre>patients;</pre>
(b) identifies the ECA(s) that the Third Party intends to initiate to
obtain payment
for the care; and
(c) states a deadline after which such ECAs may be initiated
(which deadline is no earlier than 30 days after date that notice is
<pre>provided);</pre>
The 30-Day Letter included a copy of a plain-language summary of the FAP;
and Atlantic Health System and/or the Third Party have taken reasonable
efforts to orally notify the patient about the FAP and how the patient may
obtain assistance with the financial assistance application process. Schedule H (Form 990)
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Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)
E. Once it has been confirmed that reasonable efforts have been taken to
determine whether a patient is eligible for financial assistance under the
FAP, Third Parties may initiate the following ECAs against a patient to
obtain payment for care:
Actions that require a legal or judicial process, including but not
limited to:
a. Placing a lien on a patient's property, except as otherwise provided in
I.R.C. Section 501(r);
b. Attaching or seizing a patient's bank account;
c. Commencing a civil action against a patient;
d. Causing apatient to be subject to a writ of body attachment;
e. Garnishing a patient's wages.
ECAs do not include liens on proceeds of personal injury judgments,
settlements, or compromises, nor claims filed in bankruptcy.
F. If an incomplete application for financial assistance is received,
Atlantic Health System will provide the patient with written notice that
describes the additional information or documentation required to make a
FAP-eligibility determination. Atlantic Health System will inform Third
Parties that an incomplete application for financial assistance was
submitted and Third Parties will suspend any ECAs to obtain payment for
care for a 30-day period.
G. If a completed application for financial assistance is received,
Atlantic Health System will ensure that the following will take place:
1. ECAs against the patient will be suspended;
2. An eligibility determination will be made and documented in a timely
manner;
3. Atlantic Health System will notify the patient in writing of the
determination and the basis for the determination;
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Part VI Supplemental Information (Continuation)
4. An updated billing statement will be provided which will indicate the
amount owed by the FAP-eligible patient (if applicable), how that amount
was determined and the applicable AGB percentage;
5. Any amounts paid in excess of the amount owed by the FAP-eligible
patient will be refunded accordingly (if applicable); and
6. Third Parties will take all reasonable available measures to reverse
any ECAs taken against the patients to collect the debt such as vacating a
judgment or lifting a levy or lien.
H. If any of the hospital facilities make presumptive eligibility
determinations the following is required:
1. If a patient is presumptively determined to be eligible for less than
the most generous assistance available under the FAP, then Atlantic Health
System will:
a. Notify the patient regarding the basis for the presumptive
FAP-eligibility
determination and explain how to apply for more generous assistance;
b. Give the patient a reasonable period of time to apply for more generous
assistance before authorizing the initiation of ECAs to obtain the
discounted amount calculated;
c. Re-determine the patient's FAP-eligibility status if a completed
application for financial assistance is received.
Part VI, Line 2:
In addition to conducting a triennial community health needs assessment
and developing an annual community health plan, Atlantic Health utilizes
multiple methods to consistently understand and respond to the health
needs of the communities we serve. First, we consistently analyze multiple
years of utilization data from our emergency departments and inpatient
332271 04-01-23 Schedule H (Form 990

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation) records to identify emerging health needs in the community. Second, we actively participate in community coalitions and engage with community partners from government agencies to faith communities, to understand the unique needs that their clients/participants are expressing. Finally, we actively monitor multiple public health data sources to identify trends in our local community.

Part VI, Line 3:

Per the Financial Assistance Policy (FAP)

I. Purpose:

To ensure all patients receive essential emergency and other medically necessary health care services provided by Atlantic Health System, Inc.'s ("Atlantic Health System") hospital facilities regardless of their ability to pay. This policy shall apply to any Atlantic Health System hospital, including Morristown Medical Center, Overlook Medical Center, Chilton Medical Center, Newton Medical Center, Hackettstown Medical Center, and Atlantic Rehabilitation Institute, and any Atlantic Health System facility that is designated as provider-based pursuant to 42 C.F.R. 413.65.

II. Policy

It is the policy of Atlantic Health System to ensure all patients receive essential emergency and other medically necessary health care services provided by its hospital facilities regardless of a patient's ability to pay. Financial assistance is available through a variety of programs as described in Section IV below to those low-income, uninsured and underinsured patients who do not otherwise have the ability to pay all or part of their hospital bill. This policy shall apply to any Atlantic Health System hospital facility, as noted above, and any Atlantic Health System facility that is designated as provider-based pursuant to federal Schedule H (Form 990)

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation) regulations governing provider-based status at 42 C.F.R. 413.65. Financial assistance and discounts are available only for emergency or other medically necessary health care services. Some services, including but not limited to, physician fees, anesthesiology fees, radiology interpretation and outpatient prescriptions are separate from hospital charges and may not be eligible for financial assistance through Atlantic Health System. A list of all providers, other than the hospital facility itself, providing emergency or other medically necessary care in the hospital facility, by facility, specifying which providers are covered by this Financial Assistance Policy ("FAP") and which are not can be found at Appendix A to this FAP. The provider listings will be reviewed quarterly and updated if necessary.

III.General:

A. Atlantic Health System will render health care services, inpatient and outpatient, to all New Jersey residents who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this FAP.
B. Atlantic Health System will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by pennitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

C. Atlantic Health System's FAP, application for financial assistance and Plain Language Summary ("PLS") are all available on-line at the following website: www. atlantichealth.org/financialassistance

D. Atlantic Health System's FAP, application for financial assistance and Schedule H (Form 990)

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)
PLS are available in English and in the primary language of populations
with limited proficiency in English that constitute the lesser of 1,000
individuals or 50/0 of the community served by each hospital facility's
primary service area. Translations of the FAP, application for financial
assistance and PLS are available in the languages set forth on Appendix B
to this FAP. Every effort will be made to ensure that the FAP, application
for financial assistance and PLS are clearly communicated to patients
whose primary languages are not included among the available translations.
E. Paper copies of the FAP, application for financial assistance and PLS
are available upon request by mail, without charge, and are provided in
various areas throughout the hospital facilities including admissions
departments, emergency departments, and financial counseling offices
listed below. Applications for financial assistance can be submitted in
person, by mail, by fax or by e-mail.
Financial Counseling Offices :
Morristown Medical Center:
100 Madison Avenue, Morristown, New Jersey 07960,
Financial Counseling Office, Phone # 973-971-8964
OverlookMedical Center: 99 Beauvoir Avenue, Summit, New Jersey 07901,
Financial Counseling Office, Phone # 908-522-4689
Chilton Medical Center: 97 West Parkway, Pompton Plains, New Jersey 07444,
Financial Counseling Office, Phone # 973-831-5113
Newton Medical Center: 175 High Street, Newton, New Jersey 07860,
Financial Counseling Office, Phone # 973-579-8407
Hackettstown Medical Center: 651 Willow Grove Street, Hackettstown, New
Jersey 07840, Financial Counseling Office, Phone # 908-850-6902
Atlantic Rehabilitation Institute 100 Madison Avenue, Morristown, New
Jersey 07960, Financial Counseling Office, Phone # 973-971-8964.
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F. If patients need assistance obtaining paper copies of the FAP,

application for financial assistance or PLS, or if they need other

assistance, they can reach the Customer Service Department at

1 -800-619-4024 or visit or contact the Financial Counseling Offices

listed above.

<u>G. Signs or displays will be conspicuously posted in public hospital</u> <u>locations including admissions areas, emergency departments, and Financial</u> <u>Counseling Offices that notify and inform patients about the availability</u> of financial assistance.

H. The PLS will be offered to all patients as part of the intake process I. Atlantic Health System is committed to offering financial assistance to eligible patients who do not have the ability to pay for emergency and other medically necessary health care services in whole or in part. In order to accomplish this charitable goal, Atlantic Health System will widely publicize this FAP, the application for financial assistance and the PLS in the communities it serves through collaborations with local social service and non-profit agencies.

J. Patients or their representatives may request financial assistance. Patients or their representatives may be referred to financial counselors by Atlantic Health System employees, referring physicians or others. Financial counselors will explain the requirements for the available financial assistance programs and will determine whether a patient is eligible for an available frnancial assistance program. Those patients requesting financial assistance will be required to complete the Atlantic Health System application for financial assistance (including the certification pages) and to provide the supporting documentation set forth in the application in order to be considered for financial assistance. Translated materials and interpreters will be used, as required, to allow Schedule H (Form 990)

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for meaningful communication with individuals who have limited English
proficiency.
K. An uninsured patient has up to 365 days after the first post-discharge
billing statement to submit a completed application for financial
assistance. An insured or underinsured patient has up to 365 days from the
first post-discharge billing statement reflecting processing by an insurer
to submit a completed application for financial assistance.
IV. Financial Assistance Programs:
Patients of Atlantic Health System may qualify for free or discounted care
under the various programs described below. In each case, Atlantic Health
System will be deemed to have provided financial assistance in an amount
equal to the gross charges for services provided, net of amounts paid by
the patient or the patient's insurer (if any) and any governmental
reimbursement or payment for such services. Atlantic Health System will
report such net amounts (subject to application of a cost-to-charge ratio,
in cases where financial assistance is appropriately reported based on
costs rather than charges) as financial assistance provided by the
organization.
A New Tenners Chate December 2

A. New Jersey State Programs:

1. Charity Care:

- 2. Eligibilty For Discounted Care Under N.J.S.A 26:2H--12.52
- 3. Catastrophic Illness in Children Relief Fund Program

4. New Jersey Victim of Crime Compensation Office

B. Self Pay

C. Amounts Generally Billed

Part VI, Line 4:

MMC - Morris County Overview

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Atlantic Health System Inc Group Return 65-1301877 Page 10 Schedule H (Form 990) Part VI Supplemental Information (Continuation MMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For MMC, this represents 81 ZIP Codes, encompassing Morris County with portions extending to Sussex, Union, Somerset, and Hunterdon. There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by MMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, MMC always works to identify the health needs of the community it serves. MMC's Service Area's projected population change is 1.20%. About 51% of MMC's service area population is female and 49% male. MMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 53.5%, MMC's service area is 61.99%. About 74% of the population speak only English at home. About 10% speak Spanish at home. In the MMC service area about 71% of households had an income greater than \$75,000, a figure expected to remain constant through 2028. The average household income in MMC service area is \$176,214, while the national average is \$104,972. About 50% of the population have a bachelor's degree or greater and about 24% of the population have some

college or an associate degree.

OMC - Union County Overview

OMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For OMC, this represents 46 ZIP Codes, encompasses portions of Essex, Hudson, Middlesex, Morris, Somerset, and Union counties in New Jersey.1 There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by OMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, OMC always works to identify the health needs Schedule H (Form 990) 332271 04-01-23

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of the community it serves.

OMC's Service Area's projected population change is 1.43%. About 52% of OMC's service area population is female and 48% male. OMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 53.5%, OMC's service area is 64.47%. About 62% of the population speak only English at home. About 20% speak Spanish at home. In the OMC service area about 57% of households had an income greater than \$75,000, a figure expected to remain constant through 2028. The average household income in the OMC service area is \$139,809, while the national average is \$104,972. About 38% of the population have a college degree or greater and 24% of the population have some college or an associate degree.

NMC - Sussex County Overview

NMC defines the area it serves as the geographic reach from which it receives 75% of its inpatient admissions. For NMC, this represents 11 ZIP Codes, encompassing portions of Warren and Sussex counties in New Jersey and Pike County in Pennsylvania 1 There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by NMC, from more populated suburban settings to rural]suburban areas of the state. Throughout the service area, NMC always works to identify the health needs of the community it serves. Following are the towns and cities served by NMC. NMC's Service Area's projected population change is -1.7% through. At approximately 274.97 residents per square mile, the area is the 2nd least densely populated area in New Jersey; NJfs 21 counties range from a low of 183.02 population/sq. mile (Salem County) to a high of 14,864.40 population/sq. mile (Hudson County). NMC's service area is predominately White (Non]Hispanic). The New Jersey average for White(Non-Hispanic) is Schedule H (Form 990) 332271 04-01-23

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation) approximately 54%, NMCfs service area is 85%. About 87% of the population speak only English only at home. About 7% speak Spanish at home. In 2021, 64% of households had an income greater than \$75,000, a figure expected to remain constant through 2026. About 35% of the population have a college degree or greater and 30% of the population have some college or an associate degree.

CMC-Passaic County Overview

Chilton Medical Center's hospital service area encompasses a population of more than 204,000 residents across 15 ZIP Codes primarily in Passaic and Morris County. The area is defined as ZIP Codes from which CMC receives 75% of its inpatient cases. There is broad racial, ethnic, and socioeconomic diversity across the geographic area served by CMC, from more populated suburban settings to rural-suburban areas of the state. Throughout the service area, CMC always works to identify the health needs of the community it serves. Following are the towns and cities served by CMC.

CMC's Service Area is projected to increase by approximately 0.3% by 2027, with variable changes throughout the geography CMC serves. About 51% of the population in CMC's service area is female, while 49% is male. CMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is approximately 54%, CMC's service area is 74%. In the CMC Service Area, the largest age group in the population is the age group 18-44 at 32%. All age groups are projected to decrease, except the age group of 65 and older which is projected to increase. About 77% of the population speak only English only at home. About 8% speak Spanish at home. The average household income within CMC's service area is about \$160,000. About 45% of the population have a college degree or greater and Schedule H (Form 990)

24% of the population have some college or an associate degree.

HMC-Warren County Overview

HMC receives 75% of its inpatient admission from 10 ZIP Codes, encompassing portions of Warren, Morris, and Sussex counties in New Jersey Hackettstown Medical Center's hospital service area encompasses a population of more than 118,000 residents across 10 ZIP Codes primarily in Warren County with portions extending to Sussex and Morris Counties. The area is defined as ZIP Codes from which HMC receives 75% of its inpatient cases. It's projected that total service area population will remain flat will through 2025, with variable changes throughout the geography HMC serves. Approximately 18% of the area's population are females of childbearing age (0% change through 2025). About 18% of the area are residents age 65+; by 2025 this cohort will increase to 21%. 20% of the population are age 0-17; this cohort will decrease to 18% by 2025. At 295.89 residents per square mile, Warren County is the 4th least densely populated county in New Jersey; the 21 counties range from a low of 187.80 population/sq. mile (Salem County) to a high of 13,744.70 population/sq. mile (Hudson County).

HMC's service area is predominately White (Non-Hispanic). The New Jersey average for White (Non-Hispanic) is 53.9%, HMC's service area is 79.2%. Over 95% of the population, ages 5 years and older, speak English only or speak English "very well"; this is 8 percentage points higher than the New Jersey average.

The median household income for the HMC service area was over \$97,200 which was \$19,200 more than the state average (Long Valley was 196% greater than the state average). There were five towns over \$100,000 (Flanders, Long Valley, Andover, Blairstown, and Great Meadows) however,

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 Part VI
 Supplemental Information (Continuation)

 in 2025 there are eight towns with a median household income projected to

 be over \$100,000. Great Meadows and Washington have been projected to

 increase over 11% in the next five years, both larger than the state

 average.

 The state average for families below poverty was 7.8%; HMC's service area

 was 3.3% and Warren county was 6.7%. HMC's service area has been projected

 to have a larger increase in the 'number of families below poverty' than

 the state average; however, the number of Warren county families has been

 projected to decrease.

 Currently, there are about 4% of people within HMC's service area

 average, 9.3%, and lower than Warren county, 6.6%. Within HMC's service

area, there were no towns higher than the state average.

Part VI, Line 5:

The 2023 Community Benefit Report which explains the description of

community health promotion is located on organization's internet website:

https://ahs.atlantichealth.org/patients-visitors/education-support.html

Search "Community Benefit"

Part VI, Line 6:

Atlantic Health System strengthens communities by training New	Jersey's
future health care professionals. In the academic year 2023 - 2	2024,
Atlantic Health System trained 344 residents and fellows, 238 a	at
Morristown Medical Center and 106 at Overlook Medical Center. A	AHS
graduated 113 residents from various programs in June 2023. 36	of these
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 Part VI
 Supplemental Information (Continuation)

graduates chose to pursue fellowship training. Fifteen residents and

fellows were recruited by AHS and remained in our system.

Atlantic Health System provides third- and fourth-year medical students with clinical educational experiences:

Atlantic Health System's major medical school affiliation is with The Sidney Kimmel College of Medicine at Thomas Jefferson University. The affiliation provides opportunities for student rotations, faculty teaching and appointments, and research and clinical collaborations. Atlantic Health System also maintains medical school affiliations with St. George's University Medical School, Rutgers- New Jersey Medical School, and Rowan School of Osteopathic Medicine. These affiliations have the added benefit of enabling Atlantic Health System to offer patients the opportunity to participate in the latest clinical trials and allowing us to provide even more advanced care.

Atlantic Health System also trains allied health professional and nursing students from dozens of NJ institutions. These numbers have grown every year.

A number of critical services that benefit the community are located within Atlantic Health System organization, rather than at an individual medical center. They include protection and security services/emergency management, ambulance and helicopter service, research and clinical trials, library services, and efforts to provide a sustainable, green environment of care.

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Part VI, Line 7, List of States Receiving Community Benefit Report:

NJ

Morristown Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Morristown Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Overlook Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Overlook Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Newton Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Newton Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Chilton Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Chilton Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

332271 04-01-23

Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page 10 Part VI Supplemental Information (Continuation)

Atlantic Rehabilitation Institute, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Atlantic Rehabilitation Institute, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Hackettstown Medical Center, Part V, Section B, Line 7a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Hackettstown Medical Center, Part V, Section B, Line 10a

The URL for the full CHNA is:

https://ahs.atlantichealth.org/patients-visitors/education-support/comm

Schedule H (Form 990)

332271 04-01-23

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, ar lete if the organizatio Go to www.irs	nd Individua	s in the Ŭni on Form 990, Pa 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization	T. 1.1.	ant and Taken G					Employer identification number
Atlantic Part I General Information on Grants a		ystem Inc Gr	roup Retur	n			65-1301877
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr Part II Grants and Other Assistance to	to substantiate th stance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	led.		-	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARC MORRIS COUNTY CHAPTER 1 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	22-1629144	501(c)(3)	7,500.	0.			GENERAL SUPPORT
Atlantic Visiting Nurse 200 Mt Airy Road Basking Ridge, NJ 07920	22-2888648	501(c)(3)	30,000.	0.			General Support
Boys & Girls Club of Northwest NJ 19 Oak Ave Pequannock, NJ 07444	22-2169444	501(c)(3)	16,897.	0.			General Support
CARING CONTACT 201 EAST GROVE ST WESTFIELD, NJ 07090	23-7442645	501(c)(3)	11,800.	0.			GENERAL SUPPORT
Centenary University 400 Jefferson St Hackettstown, NJ 07840	22-1500484	501(c)(3)	6,350.	0.			General Support
CENTER FOR FAMILY RESOURCES 12 MORRIS ROAD RINGWOOD, NJ 07456	22-2305341	501(c)(3)	9,270.	0.			GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table				<u> </u>

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Prevention and							
Counseling - 61 Spring Street -							
Newton, NJ 07860	23-7387757	501(c)(3)	77,721.	0.			General Support
CentraState Healthcare Foundation							
225 Willow Brook Rd Suite 5							
Freehold, NJ 07728	22-2383065	501(c)(3)	20,000.	0.			General Support
Chilton Medical Center Foundation							
97 West Parkway							
Pompton Plains, NJ 07444	22-3084817	501(c)(3)	53,250.	0.			General Support
CITY OF SUMMIT (512 SPRINGFIELD							
AVE) - 512 SPRINGFIELD AVE -							
SUMMIT, NJ 07901		CITY OF SUMMIT	25,000.	Ο.			GENERAL SUPPORT
Community Hope							
959 Route 46 East, Suite 402							
Parsippany, NJ 07054	22-2647038	501(c)(3)	10,500.	0.			General Support
COMMUNITY IN CRISIS							
PO BOX 85							
LIBERTY CORNER, NJ 07938	81-3303136	501(c)(3)	15,000.	0.			GENERAL SUPPORT
CONNECTION FOR WOMEN AND FAMILIES							
79 MAPLE ST							
SUMMIT, NJ 07901	22-1489919	501(c)(3)	20,000.	0.			GENERAL SUPPORT
· ·			, ,				
DEIDRE'S HOUSE							
8 COURT STREET							
MORRISTOWN, NJ 07960	22-3308574	501(c)(3)	7,500.	٥.			General Support
FAMILY PROMISE							
71 SUMMIT AVENUE							
SUMMIT, NJ 07901	52-1591461	501(c)(3)	20,000.	0.			General Support

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Promise of Morris County							
PO Box 1494							
Morristown, NJ 07962	20-4557357	501(c)(3)	7,500.	0.			General Support
FAMILY PROMISE OF SUSSEX COUNTY 19 CHURCH STREET							
NEWTON, NJ 07860	22-3496775	501(c)(3)	25,000.	٥.			GENERAL SUPPORT
FANWOOD SCOTCH PLAINS YMCA 1340 MARTINE AVENUE							
SCOTCH PLAINS, NJ 07076	22-1589199	501(c)(3)	7,500.	0.			GENERAL SUPPORT
FOODSHED ALLIANCE FARMERS ACCESS NETWORK - P O BOX 713 -							
BLAIRSTOWN, NJ 07825	27-2834150	501(c)(3)	10,500.	0.			General Support
Foundation for Hackettstown Medical Center - 651 Willow Grove							
St - Madison, NJ 07840	22-2333410	501(c)(3)	25,650.	0.			General Support
Foundation for Morristown Medical Center - 475 South Street -							
Morristown, NJ 07960	22-3392808	501(c)(3)	25,000.	0.			General Support
GINNIES HOUSE CHILDRENS ADVOCACY CENTER - 4 HIGH STREET - NEWTON,							
NJ 07860	22-3485259	501(c)(3)	15,000.	0.			GENERAL SUPPORT
Girl Scouts of Northern NJ 95 Newark Prompton Turnpike							
Riverdale, NJ 07457	22-1512252	501(c)(3)	9,000.	0.			General Support
GLENWOOD BAPTIST CHURCH 6 COUNTRY LANE							
SUSSEX, NJ 07461	22-2103321	501(c)(3)	10,000.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace							
13 De Bary Pl							
Summit, NJ 07901	85-1144186	501(c)(3)	24,000.	0.			General Suppport
Hunterdon Health Care Foundation							
9100 Wescott Dr Ste 202							
Flemington, NJ 08822	22-2526895	501(c)(3)	51,700.	0.			General Support
INTERFAITH FOOD PANTRY							
2 EXECUTIVE DRIVE							
MORRIS PLAINS, NJ 07950	22-3618468	501(c)(3)	9,500.	0.			General Support
LAKELAND REGIONAL HIGH SCHOOL							
205 CONKLINTOWN ROAD							
WANAQUE, NJ 07465	22-6016076		5,175.	0.			GENERAL SUPPORT
	22 0010070		5,175.				
MARKET STREET MISSION							
9 MARKET STREET							
MORRISTOWN , NJ 07960	22-6047486	501(c)(3)	10,000.	0.			GENERAL SUPPORT
MAYO PERFORMING ARTS CENTER							
100 SOUTH STREET							
MORRISTOWN, NJ 07960	22-3348540	501(c)(3)	12,830.	0.			GENERAL SUPPORT
			12,000.				
Morris Catholic High School							
200 Morris Avenue							
Denville, NJ 07834	45-3648657		7,000.	0.			General Support
NORMALIN DIDGE CONMENT OF US							
MOUNTAIN RIDGE COUNTRY CLUB							
713 PASSAIC AVENUE			E0.046				CENEDAL GUDDOD
WEST CALDWELL, NJ 07006	22-1131110		59,846.	0.			GENERAL SUPPORT
NATIONAL WINTER ACTIVITY CENTER							
44 BREAKNECK ROAD							
WERNON, NJ 07462	47-1476384	501(c)(3)	5,300.	٥.			GENERAL SUPPORT

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
New York Jets Foundation							
610 5th Avenue							
New York, NY 10020	22-7108291	501(c)(3)	120,000.	0.			General Support
NEWBRIDGE SERVICES							
7 INDUSTRIAL ROAD							
PEAUANNOCK, NJ 07440	22-1725830	501(c)(3)	19,875.	0.			GENERAL SUPPORT
NEWTON COUNTRY CLUB							
25 CLUB ROAD							
NEWTON, NJ 07860	22-1414269	501(c)(7)	19,063.	0.			GENERAL SUPPORT
OUR LADY OF PEACE PARISH AND							
ACADEMY - 99 SOUTH STREET - NEW				_			
PROVIDENCE, NJ 07974	22-1551925	501(c)(3)	7,500.	0.			GENERAL SUPPORT
Outreach Connection Inc							
431 Rt 31							
WASHINGTON, NJ 07882	83-3788777	501(c)(3)	28,814.	0.			General Support
Partnership for Maternal & Child							
Health of Northern NJ - 50 Park							
Place Suite 700 - Newark, NJ 07102	52-1815234	501(c)(3)	14,500.	0.			General Support
Hade Barte 700 Newark, NO 07102	52 1013234	501(0)(3)	14,500.	0.			benerar bapport
PASS IT ALONG							
75 STATE RT 15							
LAFAYETTE, NJ 07848	80-0018706	501(c)(3)	15,000.	0.			GENERAL SUPPORT
PASSAIC VALLEY COACH LINES							
71 RIVER ROAD							
CHATHAM, NJ 07928	46-5334817		26,100.	0.			GENERAL SUPPORT
	10 0001017		20,100.	0.			
PETER COOPER ELEMENTARY SCHOOL							
54 ROGER COURT							
RINGWOOD, NJ 07456	22-2952161		7,667.	Ο.			GENERAL SUPPORT

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Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AISERIGHT							
PO BOX 8158							
KENTWOOK, MI 49518	20-0856016		14,824.	0.			GENERAL SUPPORT
REEVES-REED ARBORETUM							
165 HOBART AVENUE	00 5005005		10,000				
SUMMIT, NJ 07901	23-7335987	501(c)(3)	10,000.	0.			GENERAL SUPPORT
Ringwood Board of Education							
266 Sloatsburg Road							
Ringwood, NJ 07456	22-2952161		5,544.	0.			General Support
ROOTS AND WINGS							
75 BLOOMFIELD AVE - SUITE 303							
DENVILLE, NJ 07834	22-3683539	501(c)(3)	10,500.	0.			General Support
SAGE ELDER CARE							
290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(c)(3)	6,014.	0.			General Support
SOMMII, NO 07901	22-103/929	501(0)(3)	0,014.	0.			General Support
Saint Elizabeth University							
2 Convent Road							
Morristown, NJ 07960	22-1529785	501(c)(3)	12,536.	0.			General Support
Salvation Army							
95 Spring Street		F01(-)(2)	10.000				
Morristown, NJ 07960	15-5562351	501(c)(3)	12,900.	0.			General Support
SCARC Foundation							
11 US Route 206 Suite 100							
Augusta, NJ 07822	22-2585052	501(c)(3)	10,800.	0.			General Support
			, ,				
Soft Bones, Inc							
141 Hawkins Place #267							
Boonton, NJ 07005	26-4619055	501(c)(3)	20,000.	0.			General Support

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTA COMMUNITY FOOD PANTRY							
99 DEMAREST ROAD							
SPARTA, NJ 07871	87-2275775	501(c)(3)	10,000.	0.			GENERAL SUPPORT
SPRING STREET CDC							
65 SPRING STREET							
MORRISTOWN, NJ 07960	45-0942880	501(c)(3)	6,500.	٥.			GENERAL SUPPORT
SUMMIT HEALTH CARES							
PO Box 992							
New Providence, NJ 07974	46-3355413	501(c)(3)	10,000.	0.			General Support
SUMMIT INTERFAITH COUNCIL							
70 MAPLE STREET							
SUMMIT, NJ 07901	82-2980565	501(c)(3)	11,800.	0.			GENERAL SUPPORT
SUSSEX COUNTY HEALTH DEPT							
201 WHEATSWORTH ROAD							
HAMBURG, NJ 07419	22-6002477	Section 115	5,700.	0.			GENERAL SUPPORT
TOWNSHIP OF WAYNE							
475 VALLEY ROAD							
WAYNE, NJ 07470	22-6002384		21,400.	0.			GENERAL SUPPORT
United Way of Northern NJ							
PO Box 6835							
Bridgewater, NJ 08807	22-1487247	501(c)(3)	8,754.	0.			General Support
,							
VISIONS AND PATHWAYS							
49 BRAHMA AVE							
BRIDGEWATER, NJ 08807	23-7061564	501(c)(3)	20,000.	0.			General Support
WARREN COUNTY HABITAT FOR HUMANITY							
31 BELVIDERE AVE							
WASHINGTON, NJ 07882	22-3575191	501(c)(3)	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) Atlantic Health System Inc Group Return Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AYNE ALLIANCE FOR THE PREVENTION 75 VALLEY ROAD											
AYNE, NJ 07470	22-6002384	501(c)(3)	6,000.	0.			GENERAL SUPPORT				
VEEKEND BAG PROGRAM INC PO BOX 205											
NDOVER, NJ 07821	84-2446888	501(c)(3)	15,000.	0.			GENERAL SUPPORT				
Villiam Paterson University Foundation - Hobart Manor, 300											
Compton Road - Wayne, NJ 07470	22-3160107	501(c)(3)	15,075.	0.			General Support				

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									

Schedule I - Part I, Line #2

The organization uses due diligence for reviewing and selecting grant

recipients and is comfortable that the grants are used for their

intended purpose within the US. The donee IRS 990's are reviewed to

ensure the grants are consistent with exempt organization's mission and

operations. All assistance and grants are reviewed and approved by

senior management via the accounts payable cycle.

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00)47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	27	2	
•		Compensated Employees		20	2023		
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organizatio		Employer id			mber	
		Atlantic Health System Inc Group Return	65-1	30187	7		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, j					
	Travel for com	panions Payments for business use of personal re- eation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffe					
			ur, chei)				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
D	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b	х		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization	's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	a committee X Written employment contract					
		compensation consultant I Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?				X	
b		eive payment from a supplemental nonqualified retirement plan?			Х		
С		eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only						
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the r			50		x	
a h	Any related organiz	ation?		5a 5b		X	
5		ation? or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion				
Ŭ	contingent on the r						
а	U	······································		6a		x	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S				
		nes 5 and 6? If "Yes," describe in Part III		7	Х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?		9			
For		ion Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2023	

LHA 332111 11-06-23

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) Brian Gragnolati	(i)	3,027,508.	2,305,875.	3,039,685.	1,124,068.	13,380.	9,510,516.	2,980,366.		
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) Kevin Lenahan	(i)	1,347,725.	992,992.	4,413,798.	393,574.	13,380.	7,161,469.	4,372,618.		
EVP,Chief Bus & Strategy	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) James Wittig, MD	(i)	2,197,233.	1,629,494.	3,195.	10,349.	9,537.	3,849,808.	0.		
Physician-Chair	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) Steven Sheris, MD	(i)	922,581.	690,603.	204,086.	264,519.	17,881.	2,099,670.	164,570.		
EVP,Chief Phy Exec	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) Patricia O'Keefe	(i)	955,756.	637,768.	187,926.	240,910.	9,215.	2,031,575.	159,977.		
SVP,Pres MMC	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) Sheilah O'Halloran	(i)	839,197.	593,867.	183,283.	259,539.	13,380.	1,889,266.	148,702.		
EVP,General Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) Nichell Sumpter	(i)	824,559.	598,039.	147,608.	231,147.	12,531.	1,813,884.	126,755.		
EVP,Chief Admin Officer	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) Tom Thomas	(i)	993,962.	741,502.	743.	12,643.	18,199.	1,767,049.	0.		
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.		
(9) Mark Widmann	(i)	1,184,643.	487,608.	2,132.	11,350.	18,203.	1,703,936.	0.		
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.		
(10) Scott Leighty	(i)	1,103,492.	359,100.	2,132.	218,606.	17,881.	1,701,211.	0.		
EVP,Chief Health Sy Officer	(ii)	0.	0.	0.	0.	0.	0.	0.		
(11) Sean Calhoun	(i)	1,578,376.	50,000.	1,048.	11,851.	18,203.	1,659,478.	0.		
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.		
(12) Philippe Genereux, MD	(i)	1,621,136.	0.	485.	14,350.	18,203.	1,654,174.	0.		
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.		
(13) Sunil Dadlani	(i)	842,694.	546,000.	25,529.	224,987.	13,380.	1,652,590.	0.		
EVP,Chief-Inf/Dig Trans Of	(ii)	0.	0.	0.	0.	0.	0.	0.		
(14) Suja Mathew	(i)	895,314.	449,900.	18,822.	205,655.	17,876.	1,587,567.	0.		
EVP,Chief Clinical Officer	(ii)	0.	0.	0.	0.	0.	0.	0.		
(15) Madeline Ferraro	(i)	435,399.	207,424.	816,181.	101,878.	9,889.	1,570,771.	0.		
VP,Gov't and Public Affair	(ii)	0.	0.	0.	0.	0.	0.	0.		
(16) Stephanie Schwartz	(i)	746,218.	462,882.	136,579.	161,932.	17,876.	1,525,487.	113,537.		
SVP,Pres OMC	(ii)	0.	0.	0.	0.	0.	0.	0.		

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) Jeffrey Leary	(i)	830,071.	578,330.	180.	10,154.	18,203.	1,436,938.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Lee Starker, MD	(i)	594,308.	767,828.	323.	11,162.	18,203.	1,391,824.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Robert Adams Jr	(i)	575,002.	353,445.	159,986.	129,108.	17,881.	1,235,422.	153,967.
SVP,Pres West Region	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Eric Whitman, MD	(i)	810,531.	257,876.	2,132.	36,300.	13,702.	1,120,541.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) Michael Walter	(i)	879,991.	75,000.	16,193.	119,777.	17,800.	1,108,761.	0.
SVP,Chief Financial Office	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) Maureen Schneider	(i)	525,334.	334,513.	89,301.	120,822.	443.	1,070,413.	73,518.
SVP,Pres CMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) Rolando Rolandelli, MD	(i)	761,049.	237,790.	3,613.	36,300.	13,702.	1,052,454.	0.
Chairman-Dep of Surgery	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) Jason Smith, MD	(i)	663,228.	330,808.	323.	11,224.	18,203.	1,023,786.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) Katharine Driebe	(i)	471,265.	235,676.	80,577.	102,029.	17,881.	907,428.	67,545.
VP of Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) Christopher Herzog	(i)	472,920.	200,923.	62,964.	77,436.	17,881.	832,124.	62,280.
PAMG, VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) Frederico Cerrone, MD	(i)	576,743.	180,550.	2,132.	12,744.	13,702.	785,871.	0.
PAMG-Chair	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) Christopher Zipp, MD	(i)	521,220.	86,534.	743.	23,100.	18,203.	649,800.	0.
PAMG-Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) Seth Stoller, MD	(i)	428,564.	183,356.	743.	11,777.	18,203.	642,643.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) Domenick Randazzo, MD	(i)	565,530.	5,326.	1,389.	16,533.	17,242.	606,020.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) Peter Bolo, MD	(i)	449,875.	56,250.	2,132.	36,300.	13,700.	558,257.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) Shai Gavi, MD	(i)	416,505.	56,250.	2,132.	11,243.	18,203.	504,333.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(33) Christina Johnson, MD	(i)	344,891.	125,585.	322.	11,742.	9,535.	492,075.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.		0.
(34) Navpreet Minhas, MD	(i)	325,057.	91,368.	485.	12,172.	18,203.	447,285.	0.
PAMG-TTE Vice Chair	(ii)	0.	0.	0.	0.	0.		0.
(35) Jeanine Bulan, MD	(i)	319,226.	79,498.	1,043.	15,125.	18,203.	433,095.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) Jessica Petilla-Onorato, MD	(i)	330,581.	41,071.	1,389.	15,750.	9,536.	398,327.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) David Ferguson, AA Director	(i)	297,180.	52,691.	1,469.	20,538.	13,542.	385,420.	0.
Trustee-Atlantic Ambulance	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) Robert Pedowitz, DO	(i)	320,247.	15,421.	1,003.	15,829.	18,199.	370,699.	0.
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) John Calicchio, MD	(i)	249,226.	84,631.	743.	13,503.	18,203.	366,306.	
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) Anthony Frisoli, MD	(i)	218,334.	67,241.	1,579.	0.	4,596.	291,750.	
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.		0.
(41) David Peterson	(i)	170,376.	30,032.	367.	14,355.	17,950.	233,080.	
Trustee-Atlantic Ambulance	(ii)	0.	0.	0.	0.	0.		0.
(42) Theresa Giannattasio, DO	(i)	201,884.	8,044.	323.	9,989.	9,536.	229,776.	
PAMG-Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 1a:

The organization pays for and/or provides life insurance premiums and long

term disability premiums and executive health physical examinations for

certain officers, directors and key employees. Such payments made on

behalf of these individuals are generally grossed up and inputed and

included as taxable compensation in their respective W-2's.

The organization provided the following individuals with additional Basic

Long Term Disability, Supplemental Long Term Disability, Life Insurance and

Long Term Care. The value of these premiums indicated below were included

in each of the individual's 2023 W-2 as taxable compensation.

Brian Gragnolati	55,778	
Kevin Lenahan	39,791	
Sheilah O'Halloran	32,186	
Patricia O'Keefe	23,903	
Stephanie Schwartz	21,653	
Steven Sheris	37,383	
Nichell Sumpter	20,110	

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.

Madeline Ferraro	7,979		
Robert Adams	5,276		
Suja Mathew	18,079		
Katharine Driebe	11,642		
Maureen Schneider	12,918		
Michael Walter	14,804		
Sunil Dadlani	24,140		
Part I, Line 4b:			
2023 Mid Career Hire Plan			
The organization provides a s	upplemental non-qualified :	retirement plan	
(457f plan) known as the Mid-	Career Hire Plan (MCHP) fo:	r certain officers	
and key employees. During 20	23, the following officer/]	key employee	
received vested distributions	in this non-qualified ret:	irement plan. Such	
distributions were included in	n Box 1, Box 5 and Box 16 (of their respective	
Form W-2:			
Kevin Lenahan \$4,37	2,618		

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.

Madeline Ferraro 804,643

The Mid Career Hire Plan was terminated effective January 1, 2023. Any

existing participants were transferred at that time into the Supplmental

Exectivve Retirement Plan (SERP) as outlined below.

2023 Supplemental Executive Retirement Plan (SERP) Earned Credits

Atlantic Health implemented a non-qualified Supplemental Executive

Retirement Plan (SERP) paid entirely by Atlantic Health System. The SERP

is provided to individuals that hold an executive position with Atlantic

Health System. The SERP is in addition to benefits provided under the

Atlantic Health System 403(b) and the Cash Balance plan if hired prior to

December 15, 2013.

During 2023, the foll	owing Officers	(Executives) received SERP credits:
Brian Gragnolati	1,112,605	
Steven Sheris, MD	251,319	
Katharine Driebe	72,329	
Sheilah O'Halloran	223,239	

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.

Patricia O'Keefe	198,010							
Nichell Sumpter	218,068							
Stephanie Schwartz	150,376							
Christopher Herzog	65,560							
Robert Adams, Jr.	113,790							
Michael Walter	117,061							
Scott Leighty	218,606							
Suja Mathew	202,886							
Sunil Dadlani	212,257							
Maureen Schneider	104,162							
Madeline Ferraro	65,578							
Kevin Lenahan	357,274							
The above amounts repr	esent earned credits which have not vested and were							
not included in their	not included in their respective 2023 W-2 compensation.							
However, the earned credits were included as Other Compensation in Column								

(F) of Part VII and in Schedule J, Column (C) of the 2023 IRS 990 tax

return per IRS guidance. Once the officer meets the applicable vesting

criteria of the plan, the SERP credits will be included as taxable

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.

compensation in their respective Form W-2 of that year.

2023 Supplemental Executive Retirement Plan (SERP) Taxable Distributions

The following officers received taxable SERP distributions during 2023

based on the vesting criteria of the plan document. These taxable SERP

distributions were included in their respective 2023 W-2s and are reported

in Other Reportable Compensation in Schedule J (Sch J, (B)(ii)) of the this

IRS 990:

Brian Gragnolati	\$2,980,366	
Katharine Driebe	67,545	
Sheliah O'Halloran	148,702	
Patricia O'Keefe	159,977	
Steven Sheris	164,570	
Stephanie Schwartz	113,537	
Nichell Sumpter	126,755	
Christopher Herzog	62,280	
Robert Adams	153,967	
Maureen Schneider	73,518	

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.

Part I, Line 7:

An annual incentive plan exists for the senior management team. The

incentive plan distributes bonuses to the senior management team based on

performance results on various performance measurements. The performance

measurements include:

operating gain/loss

expense per adjusted admission

patient satisfaction scores

inpatient and outpatient volumes

employee engagement scores

quality and safety results.

The above performance measures have the following three specific

performance goals in order to determine any incentive award:

Threshold

Target

Maximum

(Forn Departe	EDULE K n 990) C ment of the Treasury I Revenue Service	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.									OMB No. 1545-0047 2023 Open to Public Inspection			
		ealth Syste								bloyeri 55-1			n num	ber
Part	Bond Issues	- i	i	i					_					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	d (e) Issu	le price	(f) Descripti	on of purpose	(g) D	efeased			••	
										-	of iss		finan	<u> </u>
N	NJ Healthcare Facilitie	a							Yes	No	Yes	No	Yes	No
		s 22-1987084		05/14/0	o			m revenu	.e	v		77		v
	Series 2008B		645/9FWP4	05/14/0	8 88,5	555,000 .b			_	X		Х		X
	NJ Healthcare Facilitie							m revenu	.e					
	Series 2008C	22-1987084	645/9FWQZ	05/14/0	8 88,5	555,000 .b			_	X		Х		X
	NJ Healthcare Facilitie							m revenu	.e					
	Series 2008A	22-1987084	64579FWL3	05/14/0	8 181,5	712,419 .b				X		Х		Х
	NJ Healthcare Facilitie				_			m revenu	.e					
	Series 2016	22-1987084	645790FA9	10/06/1	6 252,3	386,641 .þ	onds			X		Х		X
Part	II Proceeds													
					Α		В	C				D		
1	Amount of bonds retired							179,642	,419	,.	74	,73	3,59	94.
2	Amount of bonds legally defeased													
3	Total proceeds of issue				55,000.			177,110			224	•		
4	Gross proceeds in reserve funds			2	56,240.	2	56,240.	512	,481	- •	9	,73	9,34	<u> 10.</u>
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrows													
7	Issuance costs from proceeds				10,043.		10,043.	1,329	,584	Ł.	1	,78	2,4'	71.
8	Credit enhancement from proceeds				65,914.		65,914.							
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds													
11	Other spent proceeds			87,7	22,803.	87,7	22,803.	175,267	,935	5.	213	,27	8,18	39.
12	Other unspent proceeds													
13	Year of substantial completion				2008		2008	20	16			2	016	
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding	g issue of tax-exempt	bonds (or,											
	if issued prior to 2018, a current refunding is	sue)?		X		Х		x					2	X
15	Were the bonds issued as part of a refunding	· · · ·												
	issued prior to 2018, an advance refunding is	-			X		х		Х				2	Х
16	Has the final allocation of proceeds been ma	,		X		X		X			Х			
-	Does the organization maintain adequate bo		pport the											
	final allocation of proceeds?		• •	X		x		x			Х			
	Paperwork Beduction Act Notice see the In			•	•	•		I		Schor	dule K	(Eorn	n 0001	2023

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

Schedule K (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877

		A	В		с			D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No No	Yes	No
which owned property financed by tax-exempt bonds?	103	X	103	X	103	X	103	X
 2 Are there any lease arrangements that may result in private business use of 								
	х		х		х		х	
bond-financed property?				+ +	21		21	+
3a Are there any management or service contracts that may result in private		x		x		x		x
business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?				+				
c Are there any research agreements that may result in private business use of		v		v		v		v
bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		.75 %		.75 %		.75 %		.75
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		.75 %		.75 %		.75 %		.75
7 Does the bond issue meet the private security or payment test?		Х		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental 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				1		1		
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		,,,				,,,		
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all				1 1				-
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х		х		х		х	
Part IV Arbitrage						1		<u> </u>
Albitage		A		в		с		D
4 Line the insure filed Form 2000 T. Arbitrary Debate Middle Deduction and	-	r i			Vee	-i		1
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No X
Penalty in Lieu of Arbitrage Rebate?				A		A		A
2 If "No" to line 1, did the following apply?		x		- V		v		
a Rebate not due yet?				X		X		X
b Exception to rebate?		X		X	٦7	X	37	X
c No rebate due?		X		X	Х		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?	Х		Х			X		X

Schedule K (Form 990) 2023

Page **2**

Atlantic Health System Inc Group Return 65 - 1301877Schedule K (Form 990) 2023

Part IV Arbitrage (continued)	_						_	
		A		В	C		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		Х		Х
b Name of provider	N/A		N/A		N/A		N/A	
c Term of hedge								
d Was the hedge superintegrated?		X		X		Х		Х
e Was the hedge terminated?		X		X		Х		Х
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		Х
b Name of provider	N/A		N/A		N/A		N/A	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		Х		Х
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)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to question	is on Schedul	e K. See inst	tructions.					
Schedule K, Part IV, Arbitrage, Line 2c:								
(a) Issuer Name: NJ Healthcare Facilities Series								
Date the Rebate Computation was Performed: ()5/14/20	023						
(a) Issuer Name: NJ Healthcare Facilities Series								
Date the Rebate Computation was Performed: (07/01/20	021						
Schedule K, Part II, Proceeds - Line 3								
Series 2008A - Issue Price and Total Proceeds of	Issua	nce						
Total Proceeds per Bond Issuance	\$1	77,110						
Original Issue Premium on Series 2008A Bonds		4,602						
Total Issue Price per Form 8038, Line 21(b)	\$18	81,712	,419					
alle le le le protette protecte le time d								
Schedule K, Part II, Proceeds - Line 3	T							
Series 2016 - Issue Price and Total Proceeds of	Issuan	ce						
Total Proceeds per Bond Issuance	\$ 2	24,800	000					
Original Issue Premium on Series 2016 Bonds		27,586						
Total Issue Price per Form 8038, Line 21(b)		52,386						
	γĽ.	52,500	, , , , ,					

Page 3

SCHEDULE L Transaction

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

Name of the organization]

Employer identification number 65-1301877

Atlantic	Health	System	Inc	Group	Return	65-1301

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

1	(a) Name of disqualified person	(b) Relationship between disqualified			(d) Correcte				
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
2	Enter the amount of tax incurred by	the organization managers or disqualifie	ed 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) Lo fron organi	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(5) (6)													
(7)													
(8)													
(9)													
(10)													
						\$							

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

Schedule L	(Form 990)) 2023	Atlantic	Health	System	Inc	Group	Return	65-1301877	Page 2
Part IV	Busine	ss Transactio	ons 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)Riley Ferguson	Refer to below	52,210.	Employee Co	>	X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Informatio

Provide additional information for responses to questions on Schedule L. See instructions.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Riley Ferguson

(b) Relationship Between Interested Person and Organization:

Refer to below

(c) Amount of Transaction \$ 52,210.

(d) Description of Transaction: Employee Compensation. Riley Furguson is

the daughter of Dave Ferguson (Trustee-Atlantic Ambulance). The

organization compensated Riley Ferguson \$52,210 during 2023 via W-2

compensation. Transaction is considered to be negotiated at arms-length.

(e) Sharing of Organization Revenues? = No

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O

(Form 990)

Atlantic Health System Inc Group Return



65-1301877

Form 990, Part I, Line 1, Description of Organization Mission:

Designing and delivering high quality, innovative and personalized

health care, to build healthier communities and improve lives for

patients, consumers, and caregivers.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Morristown Medical Center ("Morristown Division"), the Overlook Medical

Center ("Overlook Division"), the Newton Medical Center ("Newton

Division"),

the Chilton Medical Center ("Chilton Division"), Hackettstown Medical

Center ("Hackettstown Division") and Practice Associates Medical Group

(PAMG). The Hospital and PAMG are organized under the not-for-profit

corporation law of the State of New Jersey and are exempt from Federal

income tax under Section 501(c) (3) of the Internal Revenue Code. The

Hospital provides regional health care services including a broad range

of adult, pediatric, obstetrical/gynecological, psychiatric, oncology,

intensive care, cardiac care and newborn acute care services to

patients from the counties of Morris, Essex, Passaic, Sussex, Bergen,

Hunterdon, Union, Warren and Somerset in New Jersey, Pike County in

Pennsylvania and southern Orange County in New York.

The Hospital is also a regional health trauma center that provides

tri-state coverage and provides numerous outpatient ambulatory

services, rehabilitation and skilled care and emergency care.

Practice Associates Medical Group doing business as Atlantic Medical

Group, PA ("AMG") is a faculty plan serving all of the Hospital

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

Schedule O (Form 990) 2023	Page 2					
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877					
divisions. It is a nonprofit coroporation and an organiz	ation					
described in Section 501(c)(3) of the Internal Revenue Co	de.					
Originally formed to provide billing and collection servi	ces for fees					
generated by physicians employed by the hospital division	, AMG now					
serves as physician-governed group practice entity with m	ore than 1,100					
providers. AMG supports the System by improving consistency, enhancing						
collaboration among delivering care and optimizing care system						
operations.						

Atlantic Amblulance Corp (the "Company") was established as a not-for-profit organization of Augst 3, 2001 in the State of New Jersey, exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Company in organized for scientific, educational and charitable purposes to sponsor, promote and assist in the establishment or maintenance of activities relating to the improvement of human health and to maintain and operate a system for providing land and air based ambulance services, primarily in New Jersey. The Company's sole member is Atalntic Health System, Inc. , a New Jersey based not-for-profit corporation.

The ambulance company (Atlantic Ambulance Corp) is a not-for-profit organization established for scientific, educational and charitable purposes to sponsor, promote and assist in the establishment or maintenance of activities relating to the improvement of human health and to maintain and operate a system for providing ambulance services, including mobile intensive care unit services together with related emergency medical services, primarily in New Jersey.

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Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
Medical Center Partners, Inc. opened in 2012 with two off	ices according
to the needs assessment of the community: A Primary Care	and OB/GYN.

Hackettstown Regional Medical Center Emergency Medical Services, Inc. (HRMC-EMS) provides emergency ambulance service for Hackettstown, NJ and the surrounding communities. HRMC-EMS also provides patient transportation services for HRMC patients and residents/patients of other institutions such as assisted living facilities and nursing homes. Van service is also provided for outpatients in need of transportation. HRMC-EMS also provides 911 ambulance service for residents of Mount Olive Township, Knowlton Township, Roxbury and Long Valley, NJ.

The following 4 entities provide assistance to older people and their caregivers by assisting them with finding the health care services and community resources that they need to live longer, healthier and more active lives. It provides skilled and compassionate support to the residents of Essex, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren Counties in New Jersey and Pike County in Pennsylvania.

1 Adult Day Center of the Visiting Nurse Association of Somerset Hills, Inc.is an adult day services in Basking Ridge, NJ.

2. Visiting Nurse Association of Somerset Hills, Inc. is home health services.

3. Visiting Nurse Association of Visiting Nurse Association of Somerset

 Hills Community Health Services, Inc. provides community health

 332212 11-14-23
 Schedule O (Form 990) 2023

Schedule O (Form 990) 20	23						Page 2
Name of the organization							Employer identification number
	Atlantic	Health	System	Inc	Group	Return	65-1301877

services.

4. Visiting Nurse of Somerset Hills Home Health & Hospice Services,

Inc. provides home health and hospice services.

Atlantic Core Therapy and Wellness PA is a Corporation organized to engage in the business of rendering the same professional services to the public that a Doctor of Medicine or Osteopathy is authorized to render and any closely allied services. The Corporation is organized and will be operated exclusively to further the charitable purposes of Atlantic Health System, Inc. and AHS Hospital Corp.

Eye Care of Practice Associates PA is a Corporation organized to engage in the business of rendering the same professional services to the public that a Doctor of Medicine or Osteopathy is authorized to render and any closely allied services. The Corporatoin is organized and will be operated exclusively to further the charitbale purposes of Atlantic Health System, Inc. and AHS Hospital Corp.

Form 990, Part VI, Section A, line 1a:
The Organization's Group 990 tax return consists of the following exempt
organizations comprising of a total of 41 voting trustees:
1. AHS Hospital Corp.
This organization primarily consists of major health care programs for five
hospitals and its supporting administrative functions. It comprises the
majority of Atlantic Health Care System's resources in terms of
operational, financial and management decision making. Fourteen (14) of
the sixteen (16) voting trustees are deemed to be independent in
332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
conjunction with IRS guidance.	
2. Atlantic Ambulance Corp	
This organization is comprised primarily of ambulance tra	nsportation for
emergency medical services. Due to the rather small oper	ations, five (5)
of its six (6) voting trustees represent management empl	oyees from an
affiliated organization (AHS Hospital Corp). As a result,	one (1) of the
six (6) trustees are deemed to be independent.	
3. Practice Associates Medical Group PC (Atlantic Medica	l Group)
This organization consists of a physician group providing	physician
programs. Fourteen (14) out of the entire fourteen (14) v	oting trustees are
physicians and are generally affiliated with Atlantic Hea	lth System, Inc.
through employment. As a result, none of the voting trust	ees are deemed to
be independent.	
4. Hackettstown Regional Medical Center Emergency Medica	l Services, Inc -
Due to a 4/1/16 merger with Atlantic Health System, trust	ees consist of
those from Atlantic Health System at 12/31/23.	
5. Medical Center Partners, Inc Due to a 4/1/16 merge	r with Atlantic
Health System, trustees consist of those from Atlantic He	alth System at
12/31/23.	
6. (A) Adult Day Center of the Visiting Nurse Assoc. of	Somerset Hills,
Inc, (B) Visting Nurse Assoc. of Somerset Hills Communit	y Health Serv Inc,
(C) Visiting Nurse Assoc. of Somerset Hills Home Health a	nd Hospice
Services Inc, (D) Visting Nurse Association of Somerset H	ills, Inc were due
to a 1/1/20 merger with Atlantic Health System. Five (5) of the six (6)
voting trustees are deemed to be independent in conjuncti	on with IRS
guidance.	
7. Atlantic Core Therapy and Wellness PA - Incorporated	9/29/2021 in the
State of NJ as a Professional Corporation to further the	
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
purposes of Atlantic Health System, Inc. and AHS Hospital	Corp. The
Director being Steven Sheris, MD, in care of Atlantic He	alth System. As a
result, the trustees consist of those from Atlantic Healt	h System at
12/31/23.	
8. Eye Care of Practice Associates PA - Incorporated 3/3	1/2022 in the
State of NJ as a Professional Corporation to further the	charitable
purposes of Atlantic Health System, Inc. and AHS Hospital	Corp. The
Director being Steven Sheris, MD, in care of Atlantic He	alth System. As a
result, the trustees consist of those from Atlantic Healt	h System at
12/31/23.	

Form 990, Part VI, Section A, line 6:

As per the by-laws, each of the entities has one "member", that being Atlantic Health System, Inc. There are no other members or classes of membership whatsoever as indicated in the by-laws.

Form 990, Part VI, Section A, line 7a:

Atlantic Health System, Inc. is the only "member" which wholly owns each of the entities. As a result, Atlantic Health System, Inc. may elect the members of the governing bodies for each of the entities.

Form 990, Part VI, Section A, line 7b:

Atlantic Health System, Inc. is the only "member" which wholly owns each of

the entities. As a result, Atlantic Health System, Inc. approves the

decisions of the governing bodies.

Form 990, Part VI, Section B, line 11b:

The 2023 IRS 990 was distributed to Senior Management and the Board of
332212 11-14-23
Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
Trustees for their review Any comments were addressed a	accordingly

Form 990, Part VI, Section B, Line 12c:

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

Form 990, Part VI, Section B, Line 15:

A review of officer compensation by an independent 3rd party

(Sullivan-Cotter) is completed every year. The most recent survey was

conducted in 2023. Officers reviewed include:

EVP, Chief Administrative Officer

EVP, Chief Business and Strategy Officer

EVP, Chief Clinical Officer

EVP, Chief Health System Officer

EVP, Chief Information and Digital Transformation Officer

EVP, Chief Physician Executive

EVP, General Counsel

President and Chief Executive Officer - AHS

SVP, Chief Financial Officer

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
Atlantic Health System Inc Group Return	65-1301877
SVP, CNE/President, MMC	
SVP, AHS/President, CMC	
SVP, AHS/President, OMC	
SVP, AHS/President, Western Region	
VP, AHS, President ACO	
VP, Ambulatory Services and Network Development	
VP, Chief Marketing Officer	
VP, Chief Medical Officer, ACO	
VP, Chief Quality and Patient Safety Officer	
VP, Chief Risk Officer	
VP, Chief Strategy Officer	
VP, COO Atlantic Medical Group	
VP, Corporate Legal Services	
VP, Facilities Management and Real Estate	
VP, Finance	
VP, Government & Public Affairs	
VP, Information Technology	
VP, Insurance Networks	
VP, Integrated Care	
VP, Physician Enterprise Strategy	
VP, Revenue Cycle	
VP, Strategic Service Lines	
VP, Talen Management and Chief Diversity and Inclusive	Officer
VP, Workforce Experience	
VP, Research	
· ·	

On behalf of Atlantic Health, Sullivan Cotter conducts an annual total

compensation survey based on appropriate comparability data for like 332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 202	Page 2						
Name of the organization	Atlantic	Health	System	Inc	Group	Return	Employer identification number 65-1301877
positions in '	like organ	nizatior	IS.				

The results of the survey are presented to the Executive Committee of the board which documents the findings and recommendations in committee minutes.

Compensation for key physicians is determined by soliciting salary data from published sources. These salary recommendations are then approved by the Executive Committee of the board.

Form 990, Part VI, Section C, Line 18:

Currently the organization retains copies of the filed Form 990's for the last three years and IRS Form 1023 with the Director, Corporate Tax and Reporting. Any requests for copies of the 990's throughout the sites are centralized through the Director, Corporate Tax and Repporting. Public disclosure of these Form 990's can be made at any time though this process. In addition, the 990 is posted on the following websites: "www.atlantichealth.org"

"www.foundationcenter.org"

"www.irs.gov"

"guidestar.org"

Form 990, Part VI, Section C, Line 19:
The organization currently make it's current and prior year financial
statements open to public disclosure on it's public website,
"www.atlanthealth.org". The governing documents and conflict of interest
polices are not currently made available to the public.

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Schedule O (Form 990) 2023

Atlantic Health System Inc Group Return Form 990, Part XI, line 9, Changes in Net Assets: Investment in Non Controlling Interest Change in funded status of benefit plans Contributions - Temp Restricted Net Assets Investment Income - Donor Restricted	-395,495. 35,312,256. 33,837,255. 1,643,596.
Change in funded status of benefit plans Contributions - Temp Restricted Net Assets	35,312,256. 33,837,255.
Contributions - Temp Restricted Net Assets	33,837,255.
Investment Income - Donor Restricted	1,643,596.
Equity Transfers to Restricted Parties	-28,675,717.
Change in Unrealized Gains-Donor Restricted	5,143,041.
Unrestricted Net Asets Distribution for Capital	-8,094,472.
MMC Foundation Offset - Restricted Activity	-14,169,515.
Forgiveness of Intercompany Advances	36,307,723.
Total to Form 990, Part XI, Line 9	60,908,672.
	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

65-1301877

Internal Revenue Service

Department of the Treasury

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

Name of the organization

Atlantic Health System Inc Group Return

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)		
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	s Direct controlling entity		
of disregarded entity		foreign country)					
AMBULATORY SURGICAL CENTER AT MMC HEALTH							
PAVILION LLC - 84-4303225, 475 South Street,	To own and operate an						
Morristown, NJ 07960	ambulatory surgical center	New Jersey	24,568,488.	7,185.	AHS Hospital Corp		
Healthcare Quality Partners LLC - 82-1547892							
475 South Street	Accountable Care						
Morristown, NJ 07960	Organization (ACO) Services	New Jersey	٥.	0.	AHS Hospital Corp		
Atlantic Alliance LLC							
475 South Street	Accountable Care						
Morristown, NJ 07960	Organization (ACO) Services	New Jersey	0.	0.	AHs Hospital Corp		
]						
	7						

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	Primary activity Legal domicile (state or foreign country) Exempt Code Status (if section status (if section status (if section status section secti		(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No
Atlantic Health System, Inc 22-3380375							
475 South Street	Human Health through AHS						
Morristown, NJ 07960	Hospital Corp	New Jersey	501(c)(3)	Line 12, I	N/A		X
Foundation for Morristown Medical Center -							
22-3392808, 475 South Street, Morristown, NJ	Fundraising for Morristown				Atlantic Health		
07960	Medical Center.	New Jersey	501(c)(3)	7	System	X	
Newton Medical Center Foundation -	Administers donations,						
22-2618102, 175 High Street, Newton, NJ	grants and bequests and				Atlantic Health		
07860	performs fundraising	New Jersey	501(c)(3)	Line 7	System	X	
Prime Care, Inc 22-2759566							
175 High Street	Provides home health and				Atlantic Health		
Newton, NJ 07860	other healthcare services	New Jersey	501(c)(3)	Line 11	System	X	

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
North Jersey Health Care Properties Inc	Own commercial buildings					Tes	
22-3519709, 175 High Street, Newton, NJ	and conducts leasing				Atlantic Health		
07860	activities	New Jersey	501(c)(2)		System	x	
Chilton Medical Center Foundation, Inc	Support Charitable Exempt						<u> </u>
22-3084817, 97 West Parkway, Pompton Plains,	Programs and Services of				Atlantic Health		
NJ 07444	Medical Hospital.	New Jersey	501(c)(3)	Line 7	System	x	
Chilton Medical Center Auxilliary, Inc	Support Charitable Exempt						<u> </u>
22-2883605, 97 West Parkway, Pompton Plains,	Programs and Services of				Atlantic Health		
NJ 07444	Medical Hospital.	New Jersey	501(c)(3)	Line 12b, II		x	
Chilton Realty Holding, Inc 22-3067739	Real estate and leasing			,			<u> </u>
97 West Parkway	activities for benefit of				Atlantic Health		
Pompton Plains, NJ 07444	exempt organization.	New Jersey	501(c)(2)		System	x	
Foundation for Hackettstown Medical Center -	Fundraising for						<u> </u>
22-2333410, 651 Willow Grove Street,	Hackettstown Medical				Atlantic Health		
Hackettstown, NJ 07840	Center.	New Jersey	501(c)(3)	Line 7	System	x	
Center for Aging Inc - 22-2575377							<u> </u>
901 West Main Street	1				Atlantic Health		
Freehold NJ 07728	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	
CentraState Assisted Living, Inc -							<u> </u>
22-3520730, 901 West Main Street, Freehold,	1				Atlantic Health		
NJ 07728	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	
Healthcare Affiliates, Inc - 52-1594300							<u> </u>
901 West Main Street	1				Atlantic Health		
Freehold_NJ 07728	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	
CentraState Healthcare System, Inc -							<u> </u>
22-2482803, 901 West Main Street, Freehold,	1				Atlantic Health		
<u></u>	- Management	New Jersey	501(c)(3)	Line 12a, I	System	x	
CentraState Healthcare Foundation, Inc -				, ,			<u> </u>
27-2383065, 901 West Main Street, Freehold,	1				Atlantic Health		
NJ 07728	- Fundraising	New Jersey	501(c)(3)	Line 7	System	x	
CentraState Medical Center - 22-1750190							<u> </u>
901 West Main Street	1				Atlantic Health		
Freehold, NJ 07728	Healthcare Services	New Jersey	501(c)(3)	Line 3	System	x	
Chambers Center for Well-Being LLC -					-		<u> </u>
83-2620066, 475 South Street, Morristown, NJ	1				Atlantic Health		
07960	- Health Services	New Jersey	501(c)(3)	Line 10	System	x	

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated,	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	or Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule	partite	<u> </u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
Morristown Medical Investors											
- 65-0840535, 200 American											
Road, Morris Plains, NJ											
07950	Real Estate	NJ						х	N/A	X	
Primary Care Partners LLC -											
27-4980253, 475 South Street,	Physician										
Morristown, NJ 07960	Services	NJ						х	N/A	X	
Atlantic Rehabilitation											
Institute, LLC - 81-4711074,											
680 South Fourth Street,	Rehabilitation										
Louisville, KY 40202	Facility	KY						x	N/A	X	
Atlantic Health Partners LLC]										
- 82-4198770, 475 SOUTH	Physician										
STREET, Morristown, NJ 07960	Services	NJ						х	N/A	X	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(cont	(b)(13) trolled tity?
		country)		or trust)		assets			No
Atlantic Health Management Corp and									
Subsidiaries - 22-3538027, 200 American	Healthcare Related								
Road, Morris Plains, NJ 07950	Services	NJ		C CORP					X
AHS Insurance Company, Ltd 22-3380375									
200 American Road									
Morris Plains, Grand Cayman, CAYMAN ISLANDS	Insurance	NJ		C CORP					X
Nutley Medical Care, PA - 22-3645010			Atlantic						
100 Madison Ave			Health System,						
Morristown, NJ 07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
Non-Invasive Diagnostics PA - 20-2027439			Atlantic						
100 Madison Ave			Health System,						
Morristown, NJ 07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
Speciality Care of Practice Associates, PA -			Atlantic						
03-0376428, 100 Madison Ave, Morristown, NJ			Health System,						
07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	

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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana	al or Percen jing er?
or related organization		(state or foreign	entity	excluded from tax under	ncome	assets	ate allo	-	20 of Schedule	partn	er?
		country)	ļ	sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	-										
Atlantic Brain and Spine LLC											
- 93-1467537, 465 South Street, Morristown, NJ 07960	Physician	NJ						x	N/A		x
Street, Morristown, NJ 07960	Services							<u>^</u>	N/A		<u> </u>
	-										
	-										
	-										
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled itity?
		country)		or trust)		assets		Yes	-
Maternal Fetal Medicine of Practice			Atlantic						
Associates PA - 03-0376421, 100 Madison Ave,			Health System,						
Morristown, NJ 07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
Madison Pediatrics PA - 22-3645007			Atlantic						
100 Madison Ave			Health System,						
Morris Plains, NJ 07960	Healthcare	NJ	Inc	C CORP			100.00%	Х	
AHS ACO LLC - 27-3800813									
475 South Street	7								
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
The Northwest New Jersey Medical/Surgical									
Alliance P.C - 45-0577942, 175 High Street,	7								
Newton, NJ 07860	Healthcare Services	NJ		C CORP					X
The Northwest New Jersey Urgent Care									
Alliance, P.C 83-0492357, 175 High	7								
Street, Newton, NJ 07860	Healthcare Services	NJ		C CORP					X
Chilton Community Care, Inc. and Subs -									
22-2869148, 97 West Parkway, Pompton Plains,	7								
NJ 07444	Healthcare	NJ		C CORP					X
Atlantic Advanced Urgent Care, LLC -									
83-1558799, 475 South Street, Morristown, NJ	7								
07960	Healthcare	NJ		C CORP					X
Care Better ACO, LLC - 83-1224464									
475 South Street	7								
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Atlantic Executive Health PA - 47-1944011									
475 South Street	7								
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
AHS Health Network LLC - 47-4079001									
475 South Street	7								
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
Atlantic Health ACO LLC - 47-4126650									1
475 South Street	1								
Morristown, NJ 07960	- Physician Practice	NJ		C CORP					X
Tertiary Care Specialists of Practice									1
Associates PA - 83-0713277, 475 South									
Street, Morristown, NJ 07960	- Physician Practice	NJ		C CORP					X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) rolled
of related organization		foreign country)	Criticy	or trust)	income	assets	ownership	ent	No
Visiting Nurse Assoc of Somerset Hills								165	
Office Park Condo - 26-1183397, 200 Mount	-								
Airy Rd, Basking Ridge, NJ 07920	Home health services	NJ		C CORP					x
Ancillary Specialists of Practice Associates									
PA - 84-4693833, 475 South Street,	7								
Morristown, NJ 07960	- Physician Practice	NJ		C CORP					x
Functional Medicine of Practice Associates									
PA - 84-5006796, 475 South Street,	7								
Morristown, NJ 07960	- Physician Practice	NJ		C CORP					x
Atlantic Urgent Care LLC - 46-1693160									
181 High Street	7								
Newton, NJ 07860	- Healthcare	NJ		C CORP					x
CentraState Healthcare Services Inc -			Atlantic						
22-2512830, 901 West Main Street, Freehold,	7		Health System,						
NJ 07728	Heatlh Services	NJ	Inc	C CORP			51.00%	5	x
CentraState Medical Associates PC -			Atlantic						
22-3402359, 901 West Main Street, Freehold,	7		Health System,						
NJ 07728	Health Services	NJ	Inc	C CORP			51.00%	5	x
CentraState Specialists PC - 82-3704077			Atlantic						
901 West Main Street	7		Health System,						
Freehold, NJ 07728	Health Services	NJ	Inc	C CORP			51.00%	5	x
			Atlantic						
98-1205985, 901 West Main Street, Freehold,	7	Cayman	Health System,						
NJ 07728	Health Services	Islands	Inc ,				51.00%	5	x
	-								
	-								
	-								
	-								
	-								
	-								
	-								
	-								

Schedule R (Form 990) 2023 Atlantic Health System Inc Group Return

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) At Home Medical	P	230,510.	Actual amount of transacation.
(2) At Home Medical	Р	169,582.	Actual amount of transacation.
(3) At Home Medical	Р	191,027.	Actual amount of transacation
(4) Morristown Medical Investors (MMI)	К	5,684,787.	Actual amount of transacation.
(5) AHS Investment Corp	К	498,596.	Actual amount of transacation
(6) AHS Investment Corp	K	2,062,810.	Actual amount of transacation.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	к	100,613.	Actual amount of transacation.
(8)AHS Investment Corp	ĸ	83,138.	Actual amount of transacation.
(9)AHS Investment Corp	К	288,750.	Actual amount of transacation.
(10)AHS Investment Corp	K	319,200.	Actual amount of transacation.
(11)AHS Investment Corp	K	94,051.	Actual amount of transacation.
(12)AHS Investment Corp	K	28,135.	Actual amount of transacation.
(13)AHS Investment Corp	K	587,396.	Actual amount of transacation.
(14)AHS Investment Corp	K	446,669.	Actual amount of transacation.
(15)AHS Investment Corp	K	485,362.	Actual amount of transacation.
(16)AHS Investment Corp	K	531,391.	Actual amount of transacation.
(17)AHS Investment Corp	ĸ	1,653,698.	Actual amount of transacation.
(18)AHS Investment Corp	к	3,884,722.	Actual amount of transacation.
(19)AHS Investment Corp	Q	990,407.	Actual amount of transacation.
(20)AHS Investment Corp	Q	2,383,905.	Actual amount of transacation.
(21)AHS Investment Corp	Q	1,041,402.	Actual amount of transacation.
(22)AHS Investment Corp	Q	619,287.	Actual amount of transacation.
(23)AHS Investment Corp	Q	702,362.	Actual amount of transacation.
(24)AHS Investment Corp	Q	250,000.	Actual amount of transacation.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	Q	3,500,000.	Actual amount of transacation.
(8)AHS Investment Corp	Q	50,000.	Actual amount of transacation.
(9)AHS Investment Corp	ĸ	33,000.	Actual amount of transacation.
(10)AHS Investment Corp	ĸ	27,057.	Actual amount of transacation
(11)AHS Investment Corp	ĸ	37,500.	Actual amount of transacation.
(12)AHS Investment Corp	ĸ	100,613.	Actual amount of transacation.
(13)AHS Investment Corp	Q	642,236.	Actual amount of transacation.
(14)AHS Investment Corp	ĸ	17,888.	Actual amount of transacation.
(15)AHS Investment Corp	ĸ	49,858.	Actual amount of transacation.
(16)AHS Investment Corp	Q	428,502.	Actual amount of transacation.
(17)AHS Investment Corp	ĸ	129,801.	Actual amount of transacation.
(18)AHS Investment Corp	Q	12,865,771.	Actual amount of transacation.
(19)AHS Investment Corp	к	231,957.	Actual amount of transacation
(20)AHS Investment Corp	Е	2,741,836.	Actual amount of transacation
(21)AHS Investment Corp	E	535,743.	Actual amount of transacation
(22)AHS Investment Corp	E	1,311,983.	Actual amount of transacation
(23)AHS Investment Corp	E	963,425.	Actual amount of transacation
(24)AHS Investment Corp	E	485,477.	Actual amount of transacation

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	J	213,262.	Actual amount of transacation
(8)AHS Investment Corp	J	390,000.	Actual amount of transacation
(9)AHS Investment Corp	к	343,340.	Actual amount of transacation
(10)AHS Investment Corp	к	43,200.	Actual amount of transacation
(11)AHP	к	1,436,521.	Actual amount of transacation
(12)AHP	к	332,686.	Actual amount of transacation
(13)PCP	к	4,153,186.	Actual amount of transacation
(14)AHS (PARENT)	S	9,212,943.	Actual amount of transacation
(15)CENTRASTATE	S	3,447,262.	Actual amount of transacation
(16)OVERLOOK FOUNDATION	С	10,120,148.	Actual amount of transacation
(17)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	С	8,094,472.	Actual amount of transacation
(18)NEWTON MEDICAL CENTER FOUNDATION	С	100,000.	Actual amount of transacation
(19)ATLANTIC AMBULANCE	Q	22,100,889.	Actual amount of transacation
(20)CHILTON MEDICAL CENTER FOUNDATION, INC	с	314,166.	Actual amount of transacation
(21)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	с	30,236,473.	Actual amount of transacation
(22)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	С	15,369,635.	Actual amount of transacation
FOUNDATION FOR HACKETTSTOWN MEDICAL (23)CENTER	С	7,044.	Actual amount of transacation
(24)ATLANTIC HEALTH SYSTEM (PARENT)	С	5,901,389.	Actual amount of transacation

Schedule R (Form 990) Atlantic Health System Inc Group Return

(a) Name of other organization	(b) Transaction type (a-s)	Transaction Amount involved Method of determining							
CHILTON MEMORIAL HOSPITAL AUXILIARY,									
(7) INC.	C	20,000.	Actual amount of transacation						
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(44)									
(14)									
(15)									
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									

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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)	(e) Are a partners 501(c) orgs. Yes I) 3 sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partne Yes N	al or P jing er? C	(k) Percentage ownership

Schedule R (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 5 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name, Address, and EIN of Related Organization:

AHS Insurance Company, Ltd.

EIN: 22-3380375

200 American Road

Morris Plains, Grand Cayman, CAYMAN ISLANDS 07950

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