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

| Form | aan | (2023) |
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| гопп | 990 | 120231 |

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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| Form | 990 | (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 | |
| 332004 | 12-21-23 | Form | 990 | (2023) |
| | 4 | | | |

| 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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332005 12-21-23

Form **990** (2023)

| Form 990 (2023) |
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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. |
| 332007 12-21-23 | | | | | | _ | | | | Form 990 (2023) |

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| Atlantic Health System Inc Group Return 65-1301877 | Page 8 |
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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. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 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. | | | |

Atlantic Health System Inc Group Return 65-1301877 Page 9

332009 12-21-23

Form 990 (2023)

11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

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)

11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

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) |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc

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).

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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 | | | | |

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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.) |
| 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
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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

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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.)

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

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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

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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.)

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

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 Atlantic Health System Inc Group Return 65-1301877 Page 8

 Part VI
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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: | | | | |
| | | | | | |

332043 11-06-23

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

332044 11-06-23

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

332044 11-06-23

|) |
|---|
| |

Department of the Treasury 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.



| 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 |
| 332051 | 09-28-23 | |

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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 |
| 332054 09-28-23 Schedule D (Form 990) 2023 39 |

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) |
|-------------------------------|--|------------|--------------------------------|-----------------------------|---------------------------------|--|--|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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) |
|---------------------------------|------------|--------------------------|---------------------------------|--|---------------------------------------|---|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |

| | | 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 | | | | | | | | | |
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| 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 | | | | |
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| 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 |
| | | | | | | | | | |
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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. | | | |
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| 332083 09-13- | 23 | | | | | | Schedu | le G (Form | 990) 2023 |
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| Schedule G (Form 990) Part IV Supplemental Infor | Atlantic | Health | System | Inc | Group | Return | 65-1301877 | Page 4 |
|--|----------|--------|--------|-----|-------|--------|---------------|---------------|
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| 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 | % |
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| 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 | | | |
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| | - | | | | | | | | Schedule H (Form 9 | |

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

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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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| 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) | | | |

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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? \$ | | | |
| 33209 | 94 12-26-23 Schedule H | l (Forr | n 990) | 2023 |

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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)

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| 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? | | | | | | | | |
| 332094 12-26-23 Schedule H | (For | n 990 | 2023 | | | | | |

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) | | | |

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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. | | | | | | | | |

| Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page | 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: 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? \$ | | | |
| 3320 | 94 12-26-23 Schedule - | I (Forr | n 990 | 2023 |

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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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| | rt V | Footily Information (and interest in a special first strong including to the strong including the strong in the strong including the st | 107 | 1 1 2 | age u |
|------|------------------|--|--------|-------|--------------|
| | | 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. | | | |

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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? \$ | | | | | | |
| 33209 | 94 12-26-23 Schedule H | l (Forr | n 990 |) 2023 | | | |

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| Schedule H (Form 990) 2023 | Atlantic | Health | System | Inc | Group | Return | 65-1301877 Page 5 | 5 |
|----------------------------|----------|--------|--------|-----|-------|--------|-------------------|---|
| | | | | | | | | |

| 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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| L491115 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.

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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Schedule H (Form 990) 2023

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 | 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

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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

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consumer-friendly terminology and in a language the patient can

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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.

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

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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| Schedule H (Form 990) 2023 | Atlantic | Health S | System 1 | Inc Grou <u>p</u> | p Return | 65-1301877 Page 9 |
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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 |
| Morristown, 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 | 55 | Geriatric Assessment Center | |
| 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 |
| Cedar Knolls, NJ 07927Pulmonary Group57 Child Development Center435 South Street - Suite 250435 South Street - Suite 250Child Development Center58 Carol W. Breast Screening Center435 South Street435 South StreetPreventive 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 | 56 | Pulmonary & Allergy Associates Techn | |
| 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?

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| 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 |
| | | |

Arrangement Schedule H (Form 990) 2023

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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)

Schedule H (Form 990) 2023 Atlantic Health System Inc Group Return 65-1301877 Page 9 Part V Facility Information (continued)

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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| Schedule H (Form 990) 2023 | Atlantic H | lealth | System | Inc | Group | Return | 65-1301877 Page 9 |
|----------------------------|-------------------|--------|--------|-----|-------|--------|-------------------|
| 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?

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| 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 |
| | | |

Schedule H (Form 990) 2023

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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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| Schedule H (Form 990) 2023 | Atlantic | Health | System | Inc | Group | Return | 65-1301877 | Page 9 |
|----------------------------|----------|--------|--------|-----|-------|--------|------------|---------------|
| | | | | | | | | |

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) |
|------|---------------------------------|-----------------------------|
| 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 |
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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; |
| 332271 04-01-23 Schedule H (Form 990) |

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| Schedule H (Form 990) Atlantic Health System Inc Group Return 65-1301877 Page Part VI Supplemental Information (Continuation) |
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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 |
| 332271 04-01-23 |
| 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

11491115 140787 E0707707.DAT 2023.04030 Atlantic Health System Inc E0707701

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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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 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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 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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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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| a x - · · · · | ())00 | | | (m | | (1) - |
|----------------------|--|---|---|---|---|--|
| (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 |
| | | | | | | |
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| 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. | | | | |
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| | | | | | | |
| 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 |
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Schedule I (Form 990)

65-1301877

Page 1

65-1301877

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

Page 3

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

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

157

| 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
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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.

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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 |

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| 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 | |
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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 |
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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) | | | | | | | | |
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| (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 |
|--|--------------------------------|-----|---|--|-------------------------------------|---|---|---|-------------------------------------|--|---|
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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 \$ |
| | |
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| 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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| | |
| | (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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| ⊢orm | 990 | (2023) |

| | | | 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 | |
| 332003 | | | | (2023) |
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| Form | aan | (2023) |
|------|-----|--------|
| | 990 | (2020) |

| | | | 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 | |
| 332004 | 4 12-21-23 | Form | 990 | (2023) |

| 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. | | | | | |

332005 12-21-23

Form **990** (2023)

| 1 01111 330 (2023) | Form | 990 | (2023) |
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Atlantic Health System Inc Group Return 65-1301877

Page **6**

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

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

332006 12-21-23

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) |

332007 12-21-23

| Atlantic Health System Inc Group Return 65-1301877 Pag | Inc Group Return 65-1301877 Page 8 |
|--|------------------------------------|
|--|------------------------------------|

| 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. |
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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. |
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| 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

332009 12-21-23

Form 990 (2023)

Form **990** (2023)

65-1301877

Page 9

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) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

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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.)

| 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).

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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

 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.)

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

 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

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

LHA 332041 11-06-23

| 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

332042 11-06-23

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: | | | | | |
| | | | | | | |

332043 11-06-23

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

332044 11-06-23

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

332044 11-06-23

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 | |

2023.04030 Atlantic Health System Inc 11491115 140787 E0707707.DAT E0707701

| | | 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

332053 09-28-23

| | 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 |

332054 09-28-23

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

332055 09-28-23

| | 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) |
|-------------------------------|--|------------|-----------------------------|---------------------------------|---------------------------------|---|--|---|
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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) |
|---------------------------------|------------|--------------------------|--|--|---------------------------------------|---|
| | | | | | | |
| | | | | | | |
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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. | |
| | - | | | - | | | - | | |
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| 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 | | | | |
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| 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 |
| | | | | | | | | | |
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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, |
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| 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) | | | | | | |
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| | | | | | | | | 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 | | | | | | | | | | |
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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 |
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| list the other organizations in Section C 6b X 7 Did the hospital facility make its CHNA report widely available to the public? 7 X If "Yes," indicate how the CHNA report was made widely available (check all that apply): 7 X a X Hospital facility's website (list ur): Refer to Sch H, Part VI for the full URL 7 X b X Other website (list ur): www.njhealthmatters.org 7 X c X Made a paper copy available for public inspection without charge at the hospital facility 8 X 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 adopted implementation strategy: 20_23 23 10 X 10 Is the hospital facility's most recently adopted implementation strategy attached to this return? 10 X 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently adopted. 10 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 12a If "Yes" to line 12a, did the organization file Form 4720 | ŀ | | Ju | | |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a A Hospital facility's website (list url): Refer to Sch H, Part VI for the full URL b A Other website (list url): Www.njhealthmatters.org c A 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 9 Indicate the tax year the hospital facility adopted implementation strategy posted on a website? 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? 10 X 11 Describe in Section ChNA and ysuch 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? c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 | | | 6h | | x |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): a X Hospital facility's 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 X 9 Indicate the tax year the hospital facility last adopted an implementation strategy posted on a website? 10 X a If "Yes," (list url): Refer to Sch H, Part VI for the full URL 10 X 9 Indicate the tax year the hospital facility is most recently adopted implementation strategy: 20_23 10 X 10 Is the hospital facility's most recently adopted implementation strategy attached to this return? 10 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 12 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 " | 7 | | | x | |
| 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 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 9 Indicate the tax year the hospital facility last adopted an implementation strategy posted on a website? 10 a If "Yes," (list url): Refer to Sch H, Part VI for the full URL 10 b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 10 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 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 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 reporte | ' | | - | | |
| 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 | | | | | |
| c X Made a paper copy available for public inspection without charge at the hospital facility Image: Comparison of the comparison of t | | | | | |
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| 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? 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? 10 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 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? c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 | 8 | | | 37 | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 10 X a If "Yes," (list url): Refer to Sch H, Part VI for the full URL 10 V b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 10 V 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 V 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 V b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 12b V c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 12b V | | | 8 | X | |
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| 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. Image: 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)? Image: Tage: Ta | a | olf "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u> | | | |
| 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 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 amount of section 4959 excise tax the organization reported on Form 4720 12b 12b | k | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | |
| 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 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 amount of section 4959 excise tax the organization reported on Form 4720 12b 12b | 11 | | | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a 12a 12a 12a b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 12b 12b 12b c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 12b 12b | | | | | |
| CHNA as required by section 501(r)(3)?12aXb If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?12b12bc If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 472012b | | such needs are not being addressed. | | | |
| CHNA as required by section 501(r)(3)?12aXb If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?12b12bc If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 472012b | 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a | | | |
| 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 12b | | | 12a | | X |
| 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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| | | | | | |

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Schedule H (Form 990) 2023

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| Part V | Facility Ir | nformation _{(C} | ontinued) | | | | | | | |

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

Financial Assistance Policy (FAP)

ŝ

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)

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| | | | | | | | |

| 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. | | |

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

| | | | 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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| 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) | | | |
| | | | | | |

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| 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. | | | | | | | | |

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| 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. | | | | |

Schedule H (Form 990) 2023

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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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| Part V | Facility Information (| continued |) |
|--------|------------------------|-----------|---|
| | | | _ |

Financial Assistance Policy (FAP)

ŝ

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) | | | | |

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|-------|-----------------|----------------------------|--------------------------|-----------------|--------------------|------------------|-----------------|------------------|----------------|--------|------|--------------|
| 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): | | | |
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| | of the community | ſ | | |
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| 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 |
| 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.

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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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.

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

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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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| 11491115 | 140787 | E0707707.DAT | 2023.04030 | Atlantic | Health | System | Inc | E0707701 | |

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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) |
|----|---------------------------------------|-----------------------------|
| 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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|----------------|--------|--------------|------------|----------|--------|--------|-----|----------|
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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) |
|----|--------------------------------------|-----------------------------|
| 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?

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|-----------|--------------------------------------|-----------------------------|
| | 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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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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(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?

| 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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Schedule H (Form 990) 2023

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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 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) |
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| 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; |
| 332271 04-01-23 Schedule H (Form 990) |

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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) |
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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. |
| 332271 04-01-23 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.

<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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 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 |
| | 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.

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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.

| 65-1301877 | Page 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 | | | | | | | |
| 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 |

| OD-LOULO// Page 1 | 65- | 301877 | Page 1 |
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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 |

| 65-1301877 | Page 1 |
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| 00 10010// | Fayer |

| (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 |

| 65-13018// Page 1 | 65-1301877 | Page 1 |
|-------------------|------------|--------|
|-------------------|------------|--------|

| 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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|------------|--------|
| 02-1201011 | Page 1 |

| 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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| | | | | | | | | | | | |

65-1301877

Page 1

65-1301877

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 | | | | |
|---|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 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.

332212 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 |
| 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

332212 11-14-23

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. |
| |

332212 11-14-23

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. |
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| | Schedule O (Form 990) 2023 |

332212 11-14-23

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 | |

332162 09-28-23

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 |
| | | | | | | | | | |
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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 | | | | | | | |
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| CHILTON MEMORIAL HOSPITAL AUXILIARY, | | | | | | | | | |
| (7) INC. | C | 20,000. | Actual amount of transacation | | | | | | |
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Schedule R (Form 990) 2023 Atlantic Health System Inc Group Return

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

Schedule R (Form 990) 2023

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