

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Atlantic Health System Inc Group Return

Doing business as

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

475 South Street, ACCTG #920

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

Morristown, NJ 07960

F Name and address of principal officer: Michael Walter

same as C above

D Employer identification number

65-1301877

E Telephone number

973-660-3100

G Gross receipts \$ 4,971,477,302.**H(a)** Is this a group return Stmt 1for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number 9704**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: www.atlantichealth.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1996 **M** State of legal domicile: NJ**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	Refer to Schedule O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	41
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23126
	6	Total number of volunteers (estimate if necessary)	6	1257
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,215,591.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	71,105,177.	122,508,809.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,719,286,268.	4,018,853,750.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,709,329.	70,634,864.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,256,259.	26,575,531.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,872,357,033.	4,238,572,954.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,297,896.	1,266,526.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,019,935,499.	2,245,822,557.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,430,879.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,657,300,429.	1,767,762,441.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,678,533,824.	4,014,851,524.
	20	Total assets (Part X, line 16)	193,823,209.	223,721,430.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	5,605,741,294.	6,064,671,986.
			2,779,737,762.	2,664,289,882.
			2,826,003,532.	3,400,382,104.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Michael Walter, SVP, Chief Financial Officer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Nicole Sokolowski	Nicole Sokolowski			P01683199
Firm's name	Ernst & Young U.S. LLP	Firm's EIN	34-6565596		
	Firm's address	1 Manhattan West	Phone no.	212-773-3000	
	New York, NY 10001				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

☒ X**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.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,359,944,993. including grants of \$ 1,266,526.) (Revenue \$ 4,017,070,715.)

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.).

Continued on Schedule O

AHS Hospital Corp.(the "Hospital") is comprised of five hospitals, the

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,359,944,993.

Form 990 (2023)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	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 Schedule K. If "No," go to line 25a	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		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? If "Yes," complete Schedule N, Part II		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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	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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c 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		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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	X	
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.			

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

☒**Section A. Governing Body and Management**

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
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	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
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		X
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brian Gagnolati President & CEO	55.00	X		X				8,373,068.	0.	1,137,448.
(2) Kevin Lenahan EVP, Chief Bus & Strategy	55.00	X		X				6,754,515.	0.	406,954.
(3) James Wittig, MD Physician-Chair	55.00				X			3,829,922.	0.	19,886.
(4) Steven Sheris, MD EVP, Chief Phy Exec	55.00	X		X				1,817,270.	0.	282,400.
(5) Patricia O'Keefe SVP, Pres MMC	55.00			X				1,781,450.	0.	250,125.
(6) Sheilah O'Halloran EVP, General Counsel	55.00	X		X				1,616,347.	0.	272,919.
(7) Nichell Sumpter EVP, Chief Admin Officer	55.00			X				1,570,206.	0.	243,678.
(8) Tom Thomas Physician	55.00				X			1,736,207.	0.	30,842.
(9) Mark Widmann Physician	55.00				X			1,674,383.	0.	29,553.
(10) Scott Leighty EVP, Chief Health Sy Officer	55.00	X		X				1,464,724.	0.	236,487.
(11) Sean Calhoun Physician	55.00				X			1,629,424.	0.	30,054.
(12) Philippe Genereux, MD Physician	55.00				X			1,621,621.	0.	32,553.
(13) Sunil Dadlani EVP, Chief-Inf/Dig Trans Of	55.00			X				1,414,223.	0.	238,367.
(14) Suja Mathew EVP, Chief Clinical Officer	55.00			X				1,364,036.	0.	223,531.
(15) Madeline Ferraro VP, Gov't and Public Affair	55.00				X			1,459,004.	0.	111,767.
(16) Stephanie Schwartz SVP, Pres OMC	55.00			X				1,345,679.	0.	179,808.
(17) Jeffrey Leary Physician	55.00				X			1,408,581.	0.	28,357.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Lee Starker, MD PAMG-Trustee	55.00	X						1,362,459.	0.	29,365.
(19) Robert Adams Jr SVP, Pres West Region	55.00			X				1,088,433.	0.	146,989.
(20) Eric Whitman, MD Physician	55.00				X			1,070,539.	0.	50,002.
(21) Michael Walter SVP, Chief Financial Office	55.00	X		X				971,184.	0.	137,577.
(22) Maureen Schneider SVP, Pres CMC	55.00			X				949,148.	0.	121,265.
(23) Rolando Rolandelli, MD Chairman-Dep of Surgery	55.00				X			1,002,452.	0.	50,002.
(24) Jason Smith, MD PAMG-Trustee	55.00	X						994,359.	0.	29,427.
(25) Katharine Driebe VP of Finance	55.00	X		X				787,518.	0.	119,910.
(26) Christopher Herzog PAMG, VP & COO	55.00			X				736,807.	0.	95,317.
1b Subtotal								49,823,559.	0.	4,534,583.
c Total from continuation sheets to Part VII, 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 not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5,775

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RIGHTSOURCING LLC PO BOX 515743, LOS ANGELES, CA 90051	CONTRACT EMPLOYMENT	73,838,735.
TORCON INC 328 NEWMAN SPRINGS ROAD, RED BANK, NJ 07701	CONSTRUCTION MANAGEMENT SERVICES	62,595,630.
GIFTED NURSES LLC PO BOX 205426, DALLAS, TX 75320	CONTRACT EMPLOYMENT	36,300,695.
ZOTEC PARTNERS LLC PO BOX 2288, INDIANAPOLIS, IN 46206	PATIENT BILLING	20,000,569.
DELOITTE PO BOX 844717, DALLAS, TX 75284	CONSULTING	19,179,762.

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

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See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Frederico Cerrone, MD PAMG-Chair	55.00			X				759,425.	0.	26,446.
(28) Christopher Zipp, MD PAMG-Physician	55.00			X				608,497.	0.	41,303.
(29) Seth Stoller, MD PAMG-Trustee	55.00	X						612,663.	0.	29,980.
(30) Domenick Randazzo, MD PAMG-Trustee	55.00	X						572,245.	0.	33,775.
(31) Peter Bolo, MD PAMG-Trustee	55.00	X						508,257.	0.	50,000.
(32) Shai Gavi, MD PAMG-Trustee	55.00	X						474,887.	0.	29,446.
(33) Christina Johnson, MD PAMG-Trustee	55.00	X						470,798.	0.	21,277.
(34) Navpreet Minhas, MD PAMG-TTE Vice Chair	55.00	X		X				416,910.	0.	30,375.
(35) Jeanine Bulan, MD PAMG-Trustee	55.00	X						399,767.	0.	33,328.
(36) Jessica Petilla-Onorato, MD PAMG-Trustee	55.00	X						373,041.	0.	25,286.
(37) David Ferguson, AA Director Trustee-Atlantic Ambulance	55.00	X						351,340.	0.	34,080.
(38) Robert Pedowitz, DO PAMG-Trustee	55.00	X						336,671.	0.	34,028.
(39) John Calicchio, MD PAMG-Trustee	55.00	X						334,600.	0.	31,706.
(40) Anthony Frisoli, MD PAMG-Trustee	55.00	X						287,154.	0.	4,596.
(41) David Peterson Trustee-Atlantic Ambulance	2.00	X						200,775.	0.	32,305.
(42) Theresa Giannattasio, DO PAMG-Trustee	55.00	X						210,251.	0.	19,525.
(43) Samantha Pozner, MD Trustee-AHS	2.00	X						96,155.	0.	0.
(44) Albert Ritter, MD Trustee-Atlantic Ambulance	2.00	X						0.	0.	0.
(45) Dennis Wilson Trustee-AHS	2.00	X						0.	0.	0.
(46) Jeanine Liburd Trustee-AHS	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,507,873.			
	d	Related organizations	1d	22,007,718.			
	e	Government grants (contributions)	1e	93,024,029.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,969,189.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		122,508,809.			
	Program Service Revenue	2 a	PATIENT SERVICE REV	Business Code 621990	1,980,314,473.	1,980,314,473.	
b		MEDICARE-MEDICAID	621990	1,515,471,188.	1,515,471,188.		
c		PHYSICIAN SERVICES	621110	520,862,013.	520,862,013.		
d		LAB SPEC PROCESSING	621500	2,206,076.		2,206,076.	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		4,018,853,750.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		61,172,823.		2,720,064.	58,452,759.
	4	Income from investment of tax-exempt bond proceeds		423,041.	423,041.		
	5	Royalties					
	6 a	Gross rents	(i) Real 2,206,939.				
	b	Less: rental expenses	6b 0.				
	c	Rental income or (loss)	6c 2,206,939.				
	d	Net rental income or (loss)		2,206,939.			2,206,939.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 741,631,898.				
	b	Less: cost or other basis and sales expenses	7b 732,592,898.				
	c	Gain or (loss)	7c 9,039,000.				
	d	Net gain or (loss)		9,039,000.			9,039,000.
	8 a	Gross income from fundraising events (not including \$ 1,507,873. of contributions reported on line 1c). See Part IV, line 18	8a 0.				
	b	Less: direct expenses	8b 311,450.				
	c	Net income or (loss) from fundraising events		-311,450.			-311,450.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Cafeteria	Business Code 722514	7,335,817.			7,335,817.
	b	Corporate Health	621610	6,277,272.		6,277,272.	
	c	Parking	812930	2,988,286.			2,988,286.
	d	All other revenue	900099	8,078,667.		12,179.	8,066,488.
	e	Total. Add lines 11a-11d		24,680,042.			
	12	Total revenue. See instructions		4,238,572,954.	4,017,070,715.	11,215,591.	87,777,839.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,266,526.	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, trustees, and key employees	68,591,916.		68,591,916.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,808,855,005.	1,500,454,154.	306,217,063.	2,183,788.
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	175,284,565.	145,399,412.	29,680,892.	204,261.
10 Payroll taxes	111,470,139.	92,465,031.	18,867,060.	138,048.
11 Fees for services (nonemployees):				
a Management	69,744,338.		69,744,338.	
b Legal	3,761,296.		3,761,296.	
c Accounting	1,687,898.		1,687,898.	
d Lobbying	323,500.		323,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	128,096,222.	128,096,222.		
12 Advertising and promotion	25,367,138.		25,367,138.	
13 Office expenses	106,073,004.	87,047,169.	18,895,875.	129,960.
14 Information technology	11,187,063.	9,279,724.	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				
19 Conferences, conventions, and meetings	15,674,978.	13,002,471.	2,653,114.	19,393.
20 Interest	54,151,707.	44,919,108.	9,165,817.	66,782.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,435,320.	150,922,719.	30,290,965.	221,636.
23 Insurance	73,481,996.	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 O.)				
a MEDICAL EXPENSES	880,868,147.	880,868,147.		
b REPAIRS & MAINTENANCE	72,760,268.	60,355,001.	12,315,641.	89,626.
c EQUIPMENT AND RENTAL	6,661,030.	5,525,357.	1,130,444.	5,229.
d DUES	2,628,875.	2,182,781.	442,854.	3,240.
e All other expenses	29,315,531.	24,317,377.	4,962,356.	35,798.
25 Total functional expenses. Add lines 1 through 24e	4,014,851,524.	3,359,944,993.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	24,827.
	2 Savings and temporary cash investments	689,045,249.	2	526,209,951.
	3 Pledges and grants receivable, net	6,583,394.	3	24,096,398.
	4 Accounts receivable, net	384,485,779.	4	381,082,151.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	40,967,741.	8	42,163,199.
	9 Prepaid expenses and deferred charges	63,201,207.	9	159,594,672.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,206,889,021.		
	b Less: accumulated depreciation	10b 2,466,812,550.		
		1,658,886,931.	10c	1,740,076,471.
	11 Investments - publicly traded securities	2,425,457,902.	11	2,768,995,744.
	12 Investments - other securities. See Part IV, line 11	3,599,813.	12	3,497,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	333,513,278.	15	418,931,573.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,605,741,294.	16	6,064,671,986.	
Liabilities	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 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% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	925,000,000.	23	925,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	736,608,065.	25	679,207,625.
	26 Total liabilities. Add lines 17 through 25	2,779,737,762.	26	2,664,289,882.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,622,107,208.	27	3,189,410,768.
	28 Net assets with donor restrictions	203,896,324.	28	210,971,336.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	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.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,238,572,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,014,851,524.
3	Revenue less expenses. Subtract line 2 from line 1	3	223,721,430.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,826,003,532.
5	Net unrealized gains (losses) on investments	5	289,748,468.
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	60,908,672.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,400,382,102.

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	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 _____	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 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))	14	%
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 and 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 box 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2023

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a 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.
2a		
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.
2b		
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 .
3a		
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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 (<i>explain in detail in Part VI</i>):			
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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			
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: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

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

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 (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. This organization's supported organization (AHS Hospital Corp) 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

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.

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

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.

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

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%

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.

Form 990	Line H(b) - List of Affiliated Organizations Included in Group Return	Statement	1
----------	--------------------------------------------------------------------------	-----------	---

<u>Name of Organization</u>	<u>Organization's Address</u>	<u>Employer ID</u>
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
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		323,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			323,500.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The organization compensated four different consultants primarily for their services and time in participating in conference telephone calls, attending meetings and conferences, providing communication emails and correspondence and travel expenses for the following:

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

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.	Keyword Strategies	58,500

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	203,896,324.	215,821,109.	181,506,836.	167,116,847.	149,622,240.
b Contributions	33,838,255.	33,869,600.	57,379,727.	40,804,893.	52,656,881.
c Net investment earnings, gains, and losses	6,786,637.	-7,047,457.	5,719,346.	5,073,267.	5,050,049.
d Grants or scholarships					
e Other expenditures for facilities and programs	33,549,880.	-38,746,939.	28,784,800.	31,488,171.	40,212,323.
f Administrative expenses					
g End of year balance	210,971,336.	203,896,324.	215,821,109.	181,506,836.	167,116,847.

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

a Board designated or quasi-endowment _____ %

b Permanent endowment 25.0000 %

c Term endowment 75.0000 %

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

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		74,772,350.		74,772,350.
b Buildings		2,169,298,798.	1,748,821,070.	420,477,728.
c Leasehold improvements		123,857,669.	11,571,502.	112,286,167.
d Equipment		1,838,960,204.	706,419,978.	1,132,540,226.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,740,076,471.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) 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.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,387,786,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	289,748,468.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	15,283,419.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	155,818,690.
c	Add lines 4a and 4b	4c	155,818,690.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,238,572,954.

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

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

1	Total expenses and losses per audited financial statements	1	3,928,375,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	86,475,911.
c	Add lines 4a and 4b	4c	86,475,911.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,014,851,524.

Part XIII Supplemental Information

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

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

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.
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Part XI, 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.
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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

Atlantic Health System Inc Group Return

65-1301877

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean -	1	0	Asset Investment	Insurance	39,821,272.
3 a Subtotal	1	0			39,821,272.
b Total from continuation sheets to Part I	0	0			0.
c 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

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

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

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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, line 6a.

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

Name of the organization

Atlantic Health System Inc Group Return

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.

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

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

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.

(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) organization
		Yes	No			
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.

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 (add col. (a) through col. (c))
		Spring Rummage Sale (event type)	Fall Rummage Sale (event type)	None (total number)	
Revenue	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)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	89,585.	89,585.		179,170.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	66,140.	66,140.		132,280.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				311,450.
11 Net income summary. Subtract line 10 from line 3, column (d)				-311,450.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party:

Name

Address

- 16** Gaming manager information:

Name

Gaming manager compensation \$ _____

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

Part IV		Supplemental Information (continued)
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[illegible]

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

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

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			45,424,777.	13,294,818.	32,129,959.	.80%
b Medicaid (from Worksheet 3, column a)			368,265,604.	252,997,358.	115,268,246.	2.87%
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%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			21,737,820.	636,841.	21,100,979.	.53%
f Health professions education (from Worksheet 5)			71,369,754.	19,197,283.	52,172,471.	1.30%
g Subsidized health services (from Worksheet 6)			246,387,730.	12,394,925.	233,992,805.	5.83%
h Research (from Worksheet 7)			4,323,577.	1,823,750.	2,499,827.	.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,266,526.	0.	1,266,526.	.03%
j Total. Other Benefits			345,085,407.	34,052,799.	311,032,608.	7.75%
k Total. Add lines 7d and 7j			758,775,788.	300,344,975.	458,430,813.	11.42%

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

	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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital 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 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: 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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name 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 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: Overlook Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name 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 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: Newton Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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: Chilton Medical CenterLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: Chilton Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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

	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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Atlantic Rehabilitation Institute

	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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Hackettstown 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?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		X
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2023

Part 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: Hackettstown Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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.

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

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

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.

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

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.

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,

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.

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

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.

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 it relates to Stroke)

Diabetes

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

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.

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

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.

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 NMC'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 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 NMC's service

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).

Cilton Medical Center:

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.

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

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.

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 through its Community Health 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.

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.

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

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.

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

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.

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

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.

representatives, Hackettstown 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).

Morristown Medical Center:

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

Overlook Medical Center:

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

Newton Medical Center:

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 organizations other than hospital

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

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>

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>

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

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

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

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.

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.

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, 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

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.

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

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.

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.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
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 Milford, PA 18337	Home Health Agency, Hospice Care Program
4 Atlantic Home Care and Hospice 465 South Street Morristown, NJ 07960	Hospice Care Program and Home Health Agency
5 Atlantic Maternal Fetal Med @Bridgew 784-792 Chimney Rock Road Martinsville, NJ 08886	Off-Site Ambulatory Care Facility
6 Atlantic Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
7 Atlantic Health Sleep Centers 95 Mt. Kemble Avenue Morristown, NJ 07962	Off-Site Ambulatory Care Facility
8 Chilton Health Network at Pike Drive 1 Pike Drive Wayne, NJ 07470	Off-Site Ambulatory Care Facility
9 Chilton Health Network at 242 West P 242 West Parkway Pompton Plains, NJ 07444	Off-Site Ambulatory Care Facility
10 Morristown Medical Center Care Now 57 US Highway Route 46 Hackettstown, NJ 07840	Off-Site Ambulatory Care 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? 134

Name 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 Florham Park, NJ 07932	Off-Site Ambulatory Care Facility
13 Cardiac Imaging at 435 South Street 435 South Street-First Floor Morristown, NJ 07962	Off-Site Ambulatory Care Facility
14 Morristown Surgical Center at Madison 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
15 MMC Radiology at 111 Madison Avenue 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
16 MMC Internal Medicine Faculty Associ 435 South Street - Suite 360 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
17 The Wound Care Center at MMC 435 South Street - Suite 320 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
18 The Medical Institute of New Jersey 11 Saddle Road Cedar Knolls, NJ 07927	Off-Site Ambulatory Care Facility
19 Morristown Outpatient Radiology 310 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
20 Overlook Hospital Satellite ED 1000 Galloping Hill Road Union, NJ 07083	Off-Site Ambulatory Care 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? 134

Name and address	Type of facility (describe)
21 Overlook Health Services 1 Springfield Avenue Summit, NJ 07901	Off-Site Ambulatory Care Facility
22 Cardiac Imaging CT 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 Cardiac Image 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	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 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? 134

Name 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 Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Physician Practice
34 Metabolic Medicine 435 South Street - Suite 330 Morristown, NJ 07960	Physician Practice
35 CTR Rheumatic Disease 435 South Street - Suite 220A Morristown, NJ 07962	Physician Practice
36 Assoc Rehab ARI 95 Mt. Kemble Avenue Morristown, NJ 07962	Rehab Services
37 Ped family Practice @ 200 South ST 200 South Street Morristown, NJ 07962	Pediatric Physician Practice
38 Ryan White HIV Clinic 200 South Street Morristown, NJ 07962	Physician Clinic
39 MMC Wound Care 435 South Street - Suite 320 Morristown, NJ 07962	Wound Care
40 MMC Imaging Center 111 Madison Avenue - 4th Floor Morristown, NJ 07962	Imaging Services

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
51 Adult Family Practice 435 South Street -S 3rd Floor Morristown, NJ 07962	Physician Practice
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
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 Whippany, NJ 07981	Oncology Group

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
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	Imaging 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 Cardiovascular Imaging at Barone-Cat 89 Mountain Boulevard - Suite 200 Watchung, NJ 07069	Cardiovascular Iamging Center
68 Respiratory Services @ MMC Health Pa 333 Mount Hope Ave 220 Rockaway, NJ 07866	Pulmonary Therapy
69 Associates in Cardiovascular Disease 211 Mountain Ave 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 Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
71 Cardiac Imaging at Union -Suburban G 1000 Galloping Hill Road Union, NJ 07083	Cardiac Imaging
72 Clark Multicare - Radiolgy 100 Commerce Place Clark, NJ 07066	Radiology Services
73 Cardiac Imaging at MDA Cardiology 215 North Ave Westfield, NJ 07090	Cardiac Imaging
74 Cardiac Imaging at MDA Cardiology 99 Beauvoir Avenue - Mac II Summit, NJ 07901	Cardiac Imaging
75 Advanced Care Oncology & Hematology 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 Overlook -Developmnetal Disabilities 1000 Galloping Hill Road Union, NJ 07083	Development Disabilities 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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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
81 Overlook-Wound Healing Ctr-Union 1000 Galloping Hill Road Union, NJ 07083	Wound Care
82 Atlantic Rehabilitation 1000 Galloping Hill Road Union, NJ 07083	Rehab Services
83 Atlantic Behavioral Services 46-48 Beauvior Avenue Summit, NJ 07901	Behavioral Health Services
84 Pulmonary Allergy Associates 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 Newton, NJ 07860	Supportive Living Group Arrangement

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
91 PALS House 272 Andover Sparta Road Newton, NJ 07860	Supportive Living Group 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 Cardiology 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? 134

Name 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 Pompton Plains, NJ 07080	Off-Site Ambulatory Care 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 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
106 Atlantic Health Sports Phy Therapy-R 333 Mount Hope Ave Rockaway, NJ 07866	Rehab Services
107 PT NEW PROV AQUATIC 629 Central Avenue New Providence, NJ 07974	Rehab Services
108 Newton Infusion Sparta Health & Well 89 Sparta Avenue - Suite 207A Sparta, NJ 07871	Wellness Center
109 Infusion Ctr @ Rockaway 333 Mount Hope Ave Suite 210A Rockaway, NJ 07866	Infusion Center

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name 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 Health 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 Pompton Plains, NJ 07844	Ambulatory Surgery Center
120 Infusion Center 1125 Route 22 Suite 265 Bridgewater, NJ 08807	Infusion Center
121 OMC CV Imaging MDA WF 1511 Park Avenue - 2nd Floor South Plainfield, NJ 07080	Imaging Services

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

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

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Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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:

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.

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, hospitals 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

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 notification period in which no ECAs may be initiated against the patient (the "120-day notification period").

B. When a patient is delinquent 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

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 patients;

(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 provided);

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.

Part VI Supplemental Information (Continuation)

E. Once it has been confirmed that reasonable efforts have been taken to determine whether a patient is eligible for financial assistance under the FAP, Third Parties may initiate the following ECAs against a patient to obtain payment for care:

Actions that require a legal or judicial process, including but not limited to:

- a. Placing a lien on a patient's property, except as otherwise provided in I.R.C. Section 501(r);
- b. Attaching or seizing a patient's bank account;
- c. Commencing a civil action against a patient;
- d. Causing a patient 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;

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

Schedule H (Form 990)

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)

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 permitting 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

Part VI Supplemental Information (Continuation)

PLS are available in English and in the primary language of populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 50/o 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.

Part VI Supplemental Information (Continuation)

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 financial 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

Part VI Supplemental Information (Continuation)

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 Jersey State Programs:**1. Charity Care:****2. Eligibility 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

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)

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

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,

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 receiving food stamps/SNAP benefits which was lower than the state 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)

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.

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>

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

The URL for the full CHNA is:

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

Cilton 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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **Atlantic Health System Inc Group Return** Employer identification number **65-1301877**

Part I General Information on Grants and Assistance

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

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

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) and government organizations listed in the line 1 table **54.**
- 3** Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) 2023

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
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.	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

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
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.	0.			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

Schedule I (Form 990)

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
Grace 13 De Bary Pl Summit, NJ 07901	85-1144186	501(c)(3)	24,000.	0.			General Support
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
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
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.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
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
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
PETER COOPER ELEMENTARY SCHOOL 54 ROGER COURT RINGWOOD, NJ 07456	22-2952161		7,667.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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
RAISERIGHT PO BOX 8158 KENTWOCK, 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
ROOTS AND WINGS 75 BLOOMFIELD AVE - SUITE 303 DENVER, 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
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.	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

Schedule I (Form 990)

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
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.	0.			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

[illegible]

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Schedule I - Part I, Line #2

The organization uses due diligence for reviewing and selecting grant recipients and is comfortable that the grants are used for their intended purpose within the US. The donee IRS 990's are reviewed to ensure the grants are consistent with exempt organization's mission and operations. All assistance and grants are reviewed and approved by senior management via the accounts payable cycle.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Brian Gragnolati President & CEO	(i)	3,027,508.	2,305,875.	3,039,685.	1,124,068.	13,380.	9,510,516.	2,980,366.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kevin Lenahan EVP, Chief Bus & Strategy	(i)	1,347,725.	992,992.	4,413,798.	393,574.	13,380.	7,161,469.	4,372,618.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) James Wittig, MD Physician-Chair	(i)	2,197,233.	1,629,494.	3,195.	10,349.	9,537.	3,849,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Steven Sheris, MD EVP, Chief Phy Exec	(i)	922,581.	690,603.	204,086.	264,519.	17,881.	2,099,670.	164,570.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Patricia O'Keefe SVP, Pres MMC	(i)	955,756.	637,768.	187,926.	240,910.	9,215.	2,031,575.	159,977.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Sheilah O'Halloran EVP, General Counsel	(i)	839,197.	593,867.	183,283.	259,539.	13,380.	1,889,266.	148,702.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Nichell Sumpter EVP, Chief Admin Officer	(i)	824,559.	598,039.	147,608.	231,147.	12,531.	1,813,884.	126,755.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Tom Thomas Physician	(i)	993,962.	741,502.	743.	12,643.	18,199.	1,767,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Mark Widmann Physician	(i)	1,184,643.	487,608.	2,132.	11,350.	18,203.	1,703,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Scott Leighty EVP, Chief Health Sy Officer	(i)	1,103,492.	359,100.	2,132.	218,606.	17,881.	1,701,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Sean Calhoun Physician	(i)	1,578,376.	50,000.	1,048.	11,851.	18,203.	1,659,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Philippe Genereux, MD Physician	(i)	1,621,136.	0.	485.	14,350.	18,203.	1,654,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Sunil Dadlani EVP, Chief-Inf/Dig Trans Of	(i)	842,694.	546,000.	25,529.	224,987.	13,380.	1,652,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Suja Mathew EVP, Chief Clinical Officer	(i)	895,314.	449,900.	18,822.	205,655.	17,876.	1,587,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Madeline Ferraro VP, Gov't and Public Affair	(i)	435,399.	207,424.	816,181.	101,878.	9,889.	1,570,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Stephanie Schwartz SVP, Pres OMC	(i)	746,218.	462,882.	136,579.	161,932.	17,876.	1,525,487.	113,537.
	(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.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) Christina Johnson, MD PAMG-Trustee	(i)	344,891.	125,585.	322.	11,742.	9,535.	492,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) Navpreet Minhas, MD PAMG-TTE Vice Chair	(i)	325,057.	91,368.	485.	12,172.	18,203.	447,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) Jeanine Bulan, MD PAMG-Trustee	(i)	319,226.	79,498.	1,043.	15,125.	18,203.	433,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) Jessica Petilla-Onorato, MD PAMG-Trustee	(i)	330,581.	41,071.	1,389.	15,750.	9,536.	398,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) David Ferguson, AA Director Trustee-Atlantic Ambulance	(i)	297,180.	52,691.	1,469.	20,538.	13,542.	385,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) Robert Pedowitz, DO PAMG-Trustee	(i)	320,247.	15,421.	1,003.	15,829.	18,199.	370,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) John Calicchio, MD PAMG-Trustee	(i)	249,226.	84,631.	743.	13,503.	18,203.	366,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) Anthony Frisoli, MD PAMG-Trustee	(i)	218,334.	67,241.	1,579.	0.	4,596.	291,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) David Peterson Trustee-Atlantic Ambulance	(i)	170,376.	30,032.	367.	14,355.	17,950.	233,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) Theresa Giannattasio, DO PAMG-Trustee	(i)	201,884.	8,044.	323.	9,989.	9,536.	229,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 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 imputed 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

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.

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 supplemental non-qualified retirement plan (457f plan) known as the Mid-Career Hire Plan (MCHP) for certain officers and key employees. During 2023, the following officer/key employee received vested distributions in this non-qualified retirement plan. Such distributions were included in Box 1, Box 5 and Box 16 of their respective

Form W-2:

Kevin Lenahan	\$4,372,618
---------------	-------------

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.

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 Supplemental Executive 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'Halloran 223,239

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.

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 represent earned credits which have not vested and were 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

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.

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
-------------------	--------

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

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

Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
----------------------------------------------------------------------------	-----------------------------------------------------

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ Healthcare Facilities Series 2008B	22-1987084	64579FWP4	05/14/08	88,555,000.	To redeem revenue bonds		X		X		X
B NJ Healthcare Facilities Series 2008C	22-1987084	64579FWQ2	05/14/08	88,555,000.	To redeem revenue bonds		X		X		X
c NJ Healthcare Facilities Series 2008A	22-1987084	64579FWL3	05/14/08	181,712,419.	To redeem revenue bonds		X		X		X
d NJ Healthcare Facilities Series 2016	22-1987084	645790FA9	10/06/16	252,386,641.	To redeem revenue bonds		X		X		X

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired					179,642,419.		74,733,594.		
2 Amount of bonds legally defeased									
3 Total proceeds of issue	88,555,000.		88,555,000.		177,110,000.		224,800,000.		
4 Gross proceeds in reserve funds	256,240.		256,240.		512,481.		9,739,340.		
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	510,043.		510,043.		1,329,584.		1,782,471.		
8 Credit enhancement from proceeds	65,914.		65,914.						
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds	87,722,803.		87,722,803.		175,267,935.		213,278,189.		
12 Other unspent proceeds									
13 Year of substantial completion	2008		2008		2016		2016		
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X				X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			X
16 Has the final allocation of proceeds been made?	X		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		

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

Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
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?		X		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 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 nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X	X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	N/A		N/A		N/A		N/A	
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
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		X		X
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**Schedule K, Part IV, Arbitrage, Line 2c:**

(a) Issuer Name: NJ Healthcare Facilities Series 2008A

Date the Rebate Computation was Performed: 05/14/2023

(a) Issuer Name: NJ Healthcare Facilities Series 2016

Date the Rebate Computation was Performed: 07/01/2021

Schedule K, Part II, Proceeds - Line 3**Series 2008A - Issue Price and Total Proceeds of Issuance**

Total Proceeds per Bond Issuance	\$177,110,000
Original Issue Premium on Series 2008A Bonds	4,602,419
Total Issue Price per Form 8038, Line 21(b)	\$181,712,419

Schedule K, Part II, Proceeds - Line 3**Series 2016 - Issue Price and Total Proceeds of Issuance**

Total Proceeds per Bond Issuance	\$ 224,800,000
Original Issue Premium on Series 2016 Bonds	27,586,641
Total Issue Price per Form 8038, Line 21(b)	\$252,386,641

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Riley Ferguson	Refer to below	52,210.	Employee Co		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 Ferguson 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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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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

Name of the organization

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divisions. It is a nonprofit corporation and an organization described in Section 501(c)(3) of the Internal Revenue Code.

Originally formed to provide billing and collection services for fees generated by physicians employed by the hospital division, AMG now serves as physician-governed group practice entity with more than 1,100 providers. AMG supports the System by improving consistency, enhancing collaboration among delivering care and optimizing care system operations.

Atlantic Ambulance Corp (the "Company") was established as a not-for-profit organization of August 3, 2001 in the State of New Jersey, exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Company is 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 Atlantic 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.

Name of the organization

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Medical Center Partners, Inc. opened in 2012 with two offices 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

Name of the organization

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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 Corporation is organized and will be operated exclusively to further the charitable 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

Name of the organization

Atlantic Health System Inc Group Return

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conjunction with IRS guidance.

2. Atlantic Ambulance Corp

This organization is comprised primarily of ambulance transportation for emergency medical services. Due to the rather small operations, five (5) of its six (6) voting trustees represent management employees 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 Medical Group)

This organization consists of a physician group providing physician programs. Fourteen (14) out of the entire fourteen (14) voting trustees are physicians and are generally affiliated with Atlantic Health System, Inc. through employment. As a result, none of the voting trustees are deemed to be independent.

4. Hackettstown Regional Medical Center Emergency Medical Services, Inc -

Due to a 4/1/16 merger with Atlantic Health System, trustees consist of those from Atlantic Health System at 12/31/23.

5. Medical Center Partners, Inc. - Due to a 4/1/16 merger with Atlantic

Health System, trustees consist of those from Atlantic Health 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 Community Health Serv Inc, (C) Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice Services Inc, (D) Visting Nurse Association of Somerset Hills, 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 conjunction 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 charitable

Name of the organization

Atlantic Health System Inc Group Return

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purposes of Atlantic Health System, Inc. and AHS Hospital Corp. The Director being Steven Sheris, MD, in care of Atlantic Health System. As a result, the trustees consist of those from Atlantic Health System at 12/31/23.

8. Eye Care of Practice Associates PA - Incorporated 3/31/2022 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 Health System. As a result, the trustees consist of those from Atlantic Health 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

Name of the organization

Atlantic Health System Inc Group Return

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Trustees for their review. Any comments were addressed 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

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, Talent 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

Name of the organization

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Employer identification number

65-1301877

positions in like organizations.

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 Reporting. Public disclosure of these Form 990's can be made at any time through 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 policies are not currently made available to the public.

65-1301877

Investment in Non Controlling Interest	-395,495.
Change in funded status of benefit plans	35,312,256.
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 Assets Distribution for Capital	-8,094,472.
MMC Foundation Offset - Restricted Activity	-14,169,515.
Forgiveness of Intercompany Advances	36,307,723.
Total to Form 990, Part XI, Line 9	60,908,672.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number
65-1301877

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AMBULATORY SURGICAL CENTER AT MMC HEALTH PAVILION LLC - 84-4303225, 475 South Street, Morristown, NJ 07960	To own and operate an ambulatory surgical center	New Jersey	24,568,488.	7,185.	AHS Hospital Corp
Healthcare Quality Partners LLC - 82-1547892 475 South Street Morristown, NJ 07960	Accountable Care Organization (ACO) Services	New Jersey	0.	0.	AHS Hospital Corp
Atlantic Alliance LLC 475 South Street Morristown, NJ 07960	Accountable Care Organization (ACO) Services	New Jersey	0.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Atlantic Health System, Inc. - 22-3380375 475 South Street Morristown, NJ 07960	Human Health through AHS 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 07960	Fundraising for Morristown Medical Center.	New Jersey	501(c)(3)	7	Atlantic Health System	X	
Newton Medical Center Foundation - 22-2618102, 175 High Street, Newton, NJ 07860	Administers donations, grants and bequests and performs fundraising	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
Prime Care, Inc. - 22-2759566 175 High Street Newton, NJ 07860	Provides home health and other healthcare services	New Jersey	501(c)(3)	Line 11	Atlantic Health System	X	

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

Schedule R (Form 990) 2023

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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
North Jersey Health Care Properties, Inc. - 22-3519709, 175 High Street, Newton, NJ 07860	Own commercial buildings and conducts leasing activities	New Jersey	501(c)(2)		Atlantic Health System	X	
Chilton Medical Center Foundation, Inc. - 22-3084817, 97 West Parkway, Pompton Plains, NJ 07444	Support Charitable Exempt Programs and Services of Medical Hospital.	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
Chilton Medical Center Auxilliary, Inc. - 22-2883605, 97 West Parkway, Pompton Plains, NJ 07444	Support Charitable Exempt Programs and Services of Medical Hospital.	New Jersey	501(c)(3)	Line 12b, II	Atlantic Health System	X	
Chilton Realty Holding, Inc. - 22-3067739 97 West Parkway Pompton Plains, NJ 07444	Real estate and leasing activities for benefit of exempt organization.	New Jersey	501(c)(2)		Atlantic Health System	X	
Foundation for Hackettstown Medical Center - 22-2333410, 651 Willow Grove Street, Hackettstown, NJ 07840	Fundraising for Hackettstown Medical Center.	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
Center for Aging, Inc - 22-2575377 901 West Main Street Freehold, NJ 07728	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health System	X	
CentraState Assisted Living, Inc - 22-3520730, 901 West Main Street, Freehold, NJ 07728	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health System	X	
Healthcare Affiliates, Inc - 52-1594300 901 West Main Street Freehold, NJ 07728	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health System	X	
CentraState Healthcare System, Inc - 22-2482803, 901 West Main Street, Freehold, NJ 07728	Management	New Jersey	501(c)(3)	Line 12a, I	Atlantic Health System	X	
CentraState Healthcare Foundation, Inc - 27-2383065, 901 West Main Street, Freehold, NJ 07728	Fundraising	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
CentraState Medical Center - 22-1750190 901 West Main Street Freehold, NJ 07728	Healthcare Services	New Jersey	501(c)(3)	Line 3	Atlantic Health System	X	
Chambers Center for Well-Being LLC - 83-2620066, 475 South Street, Morristown, NJ 07960	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Morristown Medical Investors - 65-0840535, 200 American Road, Morris Plains, NJ 07950	Real Estate	NJ						X	N/A		X	
Primary Care Partners LLC - 27-4980253, 475 South Street, Morristown, NJ 07960	Physician Services	NJ						X	N/A		X	
Atlantic Rehabilitation Institute, LLC - 81-4711074, 680 South Fourth Street, Louisville, KY 40202	Rehabilitation Facility	KY						X	N/A		X	
Atlantic Health Partners LLC - 82-4198770, 475 SOUTH STREET, Morristown, NJ 07960	Physician Services	NJ						X	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Atlantic Health Management Corp and Subsidiaries - 22-3538027, 200 American Road, Morris Plains, NJ 07950	Healthcare Related 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 100 Madison Ave Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
Non-Invasive Diagnostics PA - 20-2027439 100 Madison Ave Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
Speciality Care of Practice Associates, PA - 03-0376428, 100 Madison Ave, Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Maternal Fetal Medicine of Practice Associates PA - 03-0376421, 100 Madison Ave, Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
Madison Pediatrics PA - 22-3645007 100 Madison Ave									
Morris Plains, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
AHS ACO LLC - 27-3800813 475 South Street									
Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
The Northwest New Jersey Medical/Surgical Alliance P.C - 45-0577942, 175 High Street, Newton, NJ 07860									
The Northwest New Jersey Urgent Care Alliance, P.C. - 83-0492357, 175 High 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									
Atlantic Advanced Urgent Care, LLC - 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									

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

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
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	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
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 transaction.
(2) At Home Medical	P	169,582.	Actual amount of transaction.
(3) At Home Medical	P	191,027.	Actual amount of transaction.
(4) Morristown Medical Investors (MMI)	K	5,684,787.	Actual amount of transaction.
(5) AHS Investment Corp	K	498,596.	Actual amount of transaction.
(6) AHS Investment Corp	K	2,062,810.	Actual amount of transaction.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	K	100,613.	Actual amount of transacation.
(8)AHS Investment Corp	K	83,138.	Actual amount of transacation.
(9)AHS Investment Corp	K	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	K	1,653,698.	Actual amount of transacation.
(18)AHS Investment Corp	K	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.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(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	K	33,000.	Actual amount of transacation.
(10)AHS Investment Corp	K	27,057.	Actual amount of transacation.
(11)AHS Investment Corp	K	37,500.	Actual amount of transacation.
(12)AHS Investment Corp	K	100,613.	Actual amount of transacation.
(13)AHS Investment Corp	Q	642,236.	Actual amount of transacation.
(14)AHS Investment Corp	K	17,888.	Actual amount of transacation.
(15)AHS Investment Corp	K	49,858.	Actual amount of transacation.
(16)AHS Investment Corp	Q	428,502.	Actual amount of transacation.
(17)AHS Investment Corp	K	129,801.	Actual amount of transacation.
(18)AHS Investment Corp	Q	12,865,771.	Actual amount of transacation.
(19)AHS Investment Corp	K	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.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(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	K	343,340.	Actual amount of transacation
(10)AHS Investment Corp	K	43,200.	Actual amount of transacation
(11)AHP	K	1,436,521.	Actual amount of transacation
(12)AHP	K	332,686.	Actual amount of transacation
(13)PCP	K	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	C	10,120,148.	Actual amount of transacation
(17)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	C	8,094,472.	Actual amount of transacation
(18)NEWTON MEDICAL CENTER FOUNDATION	C	100,000.	Actual amount of transacation
(19)ATLANTIC AMBULANCE	Q	22,100,889.	Actual amount of transacation
(20)CHILTON MEDICAL CENTER FOUNDATION, INC	C	314,166.	Actual amount of transacation
(21)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	C	30,236,473.	Actual amount of transacation
(22)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	C	15,369,635.	Actual amount of transacation
(23)FOUNDATION FOR HACKETTSTOWN MEDICAL CENTER	C	7,044.	Actual amount of transacation
(24)ATLANTIC HEALTH SYSTEM (PARENT)	C	5,901,389.	Actual amount of transacation

Part V

Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

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

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

[illegible]

Part VII Supplemental Information

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

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Atlantic Health System Inc Group Return

Doing business as

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

475 South Street, ACCTG #920

Room/suite

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

Morristown, NJ 07960

F Name and address of principal officer: Michael Walter

same as C above

D Employer identification number

65-1301877

E Telephone number

973-660-3100

G Gross receipts \$ 4,971,477,302.**H(a)** Is this a group return Stmt 1for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number 9704**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: www.atlantichealth.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1996 **M** State of legal domicile: NJ**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	Refer to Schedule O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	41
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23126
	6	Total number of volunteers (estimate if necessary)	6	1257
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,215,591.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	71,105,177.	122,508,809.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,719,286,268.	4,018,853,750.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,709,329.	70,634,864.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,256,259.	26,575,531.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,872,357,033.	4,238,572,954.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,297,896.	1,266,526.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,019,935,499.	2,245,822,557.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,430,879.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,657,300,429.	1,767,762,441.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,678,533,824.	4,014,851,524.
	20	Total assets (Part X, line 16)	193,823,209.	223,721,430.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	5,605,741,294.	6,064,671,986.
			2,779,737,762.	2,664,289,882.
			2,826,003,532.	3,400,382,104.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Michael Walter, SVP, Chief Financial Officer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Nicole Sokolowski	Nicole Sokolowski			P01683199
Firm's name	Ernst & Young U.S. LLP	Firm's EIN	34-6565596		
	Firm's address	1 Manhattan West	Phone no.	212-773-3000	
	New York, NY 10001				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

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

Designing and delivering high quality, innovative and personalized health care, to build healthier communities and improve lives for patients, consumers, and caregivers.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,359,944,993. including grants of \$ 1,266,526.) (Revenue \$ 4,017,070,715.)

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.).

Continued on Schedule O

AHS Hospital Corp.(the "Hospital") is comprised of five hospitals, the

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,359,944,993.

Form 990 (2023)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	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 Schedule K. If "No," go to line 25a	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		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? If "Yes," complete Schedule N, Part II		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c 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		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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	X	
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.			

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

☒**Section A. Governing Body and Management**

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
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	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
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		X
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brian Gagnolati President & CEO	55.00	X		X				8,373,068.	0.	1,137,448.
(2) Kevin Lenahan EVP, Chief Bus & Strategy	55.00	X		X				6,754,515.	0.	406,954.
(3) James Wittig, MD Physician-Chair	55.00				X			3,829,922.	0.	19,886.
(4) Steven Sheris, MD EVP, Chief Phy Exec	55.00	X		X				1,817,270.	0.	282,400.
(5) Patricia O'Keefe SVP, Pres MMC	55.00			X				1,781,450.	0.	250,125.
(6) Sheilah O'Halloran EVP, General Counsel	55.00	X		X				1,616,347.	0.	272,919.
(7) Nichell Sumpter EVP, Chief Admin Officer	55.00			X				1,570,206.	0.	243,678.
(8) Tom Thomas Physician	55.00				X			1,736,207.	0.	30,842.
(9) Mark Widmann Physician	55.00				X			1,674,383.	0.	29,553.
(10) Scott Leighty EVP, Chief Health Sy Officer	55.00	X		X				1,464,724.	0.	236,487.
(11) Sean Calhoun Physician	55.00				X			1,629,424.	0.	30,054.
(12) Philippe Genereux, MD Physician	55.00				X			1,621,621.	0.	32,553.
(13) Sunil Dadlani EVP, Chief-Inf/Dig Trans Of	55.00			X				1,414,223.	0.	238,367.
(14) Suja Mathew EVP, Chief Clinical Officer	55.00			X				1,364,036.	0.	223,531.
(15) Madeline Ferraro VP, Gov't and Public Affair	55.00				X			1,459,004.	0.	111,767.
(16) Stephanie Schwartz SVP, Pres OMC	55.00			X				1,345,679.	0.	179,808.
(17) Jeffrey Leary Physician	55.00				X			1,408,581.	0.	28,357.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Lee Starker, MD PAMG-Trustee	55.00	X						1,362,459.	0.	29,365.
(19) Robert Adams Jr SVP, Pres West Region	55.00			X				1,088,433.	0.	146,989.
(20) Eric Whitman, MD Physician	55.00				X			1,070,539.	0.	50,002.
(21) Michael Walter SVP, Chief Financial Office	55.00	X		X				971,184.	0.	137,577.
(22) Maureen Schneider SVP, Pres CMC	55.00			X				949,148.	0.	121,265.
(23) Rolando Rolandelli, MD Chairman-Dep of Surgery	55.00				X			1,002,452.	0.	50,002.
(24) Jason Smith, MD PAMG-Trustee	55.00	X						994,359.	0.	29,427.
(25) Katharine Driebe VP of Finance	55.00	X		X				787,518.	0.	119,910.
(26) Christopher Herzog PAMG, VP & COO	55.00			X				736,807.	0.	95,317.
1b Subtotal								49,823,559.	0.	4,534,583.
c Total from continuation sheets to Part VII, 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 not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5,775

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RIGHTSOURCING LLC PO BOX 515743, LOS ANGELES, CA 90051	CONTRACT EMPLOYMENT	73,838,735.
TORCON INC 328 NEWMAN SPRINGS ROAD, RED BANK, NJ 07701	CONSTRUCTION MANAGEMENT SERVICES	62,595,630.
GIFTED NURSES LLC PO BOX 205426, DALLAS, TX 75320	CONTRACT EMPLOYMENT	36,300,695.
ZOTEC PARTNERS LLC PO BOX 2288, INDIANAPOLIS, IN 46206	PATIENT BILLING	20,000,569.
DELOITTE PO BOX 844717, DALLAS, TX 75284	CONSULTING	19,179,762.

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

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See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Frederico Cerrone, MD PAMG-Chair	55.00			X				759,425.	0.	26,446.
(28) Christopher Zipp, MD PAMG-Physician	55.00			X				608,497.	0.	41,303.
(29) Seth Stoller, MD PAMG-Trustee	55.00	X						612,663.	0.	29,980.
(30) Domenick Randazzo, MD PAMG-Trustee	55.00	X						572,245.	0.	33,775.
(31) Peter Bolo, MD PAMG-Trustee	55.00	X						508,257.	0.	50,000.
(32) Shai Gavi, MD PAMG-Trustee	55.00	X						474,887.	0.	29,446.
(33) Christina Johnson, MD PAMG-Trustee	55.00	X						470,798.	0.	21,277.
(34) Navpreet Minhas, MD PAMG-TTE Vice Chair	55.00	X		X				416,910.	0.	30,375.
(35) Jeanine Bulan, MD PAMG-Trustee	55.00	X						399,767.	0.	33,328.
(36) Jessica Petilla-Onorato, MD PAMG-Trustee	55.00	X						373,041.	0.	25,286.
(37) David Ferguson, AA Director Trustee-Atlantic Ambulance	55.00	X						351,340.	0.	34,080.
(38) Robert Pedowitz, DO PAMG-Trustee	55.00	X						336,671.	0.	34,028.
(39) John Calicchio, MD PAMG-Trustee	55.00	X						334,600.	0.	31,706.
(40) Anthony Frisoli, MD PAMG-Trustee	55.00	X						287,154.	0.	4,596.
(41) David Peterson Trustee-Atlantic Ambulance	2.00	X						200,775.	0.	32,305.
(42) Theresa Giannattasio, DO PAMG-Trustee	55.00	X						210,251.	0.	19,525.
(43) Samantha Pozner, MD Trustee-AHS	2.00	X						96,155.	0.	0.
(44) Albert Ritter, MD Trustee-Atlantic Ambulance	2.00	X						0.	0.	0.
(45) Dennis Wilson Trustee-AHS	2.00	X						0.	0.	0.
(46) Jeanine Liburd Trustee-AHS	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,507,873.				
	d	Related organizations	1d	22,007,718.				
	e	Government grants (contributions)	1e	93,024,029.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,969,189.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		122,508,809.				
Program Service Revenue	2 a	PATIENT SERVICE REV	Business Code	621990	1,980,314,473.	1,980,314,473.		
	b	MEDICARE-MEDICAID		621990	1,515,471,188.	1,515,471,188.		
	c	PHYSICIAN SERVICES		621110	520,862,013.	520,862,013.		
	d	LAB SPEC PROCESSING		621500	2,206,076.		2,206,076.	
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			4,018,853,750.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			61,172,823.		2,720,064.	58,452,759.
4		Income from investment of tax-exempt bond proceeds			423,041.	423,041.		
5		Royalties						
6 a		Gross rents	(i) Real	(ii) Personal				
6a			2,206,939.					
b		Less: rental expenses		0.				
6b								
c		Rental income or (loss)		2,206,939.				
6c								
d		Net rental income or (loss)			2,206,939.		2,206,939.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
7a			741,631,898.					
b		Less: cost or other basis and sales expenses						
7b			732,592,898.					
7c		Gain or (loss)		9,039,000.				
d		Net gain or (loss)			9,039,000.		9,039,000.	
8 a	Gross income from fundraising events (not including \$ 1,507,873. of contributions reported on line 1c). See Part IV, line 18							
8a			0.					
b	Less: direct expenses			311,450.				
8b								
c	Net income or (loss) from fundraising events			-311,450.		-311,450.		
9 a	Gross income from gaming activities. See Part IV, line 19							
9a								
b	Less: direct expenses							
9b								
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
10a								
b	Less: cost of goods sold							
10b								
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Cafeteria	Business Code	722514	7,335,817.		7,335,817.	
	b	Corporate Health		621610	6,277,272.		6,277,272.	
	c	Parking		812930	2,988,286.		2,988,286.	
	d	All other revenue		900099	8,078,667.		12,179.	8,066,488.
	e	Total. Add lines 11a-11d			24,680,042.			
	12	Total revenue. See instructions			4,238,572,954.	4,017,070,715.	11,215,591.	87,777,839.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,266,526.	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, trustees, and key employees	68,591,916.		68,591,916.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,808,855,005.	1,500,454,154.	306,217,063.	2,183,788.
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	175,284,565.	145,399,412.	29,680,892.	204,261.
10 Payroll taxes	111,470,139.	92,465,031.	18,867,060.	138,048.
11 Fees for services (nonemployees):				
a Management	69,744,338.		69,744,338.	
b Legal	3,761,296.		3,761,296.	
c Accounting	1,687,898.		1,687,898.	
d Lobbying	323,500.		323,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	128,096,222.	128,096,222.		
12 Advertising and promotion	25,367,138.		25,367,138.	
13 Office expenses	106,073,004.	87,047,169.	18,895,875.	129,960.
14 Information technology	11,187,063.	9,279,724.	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				
19 Conferences, conventions, and meetings	15,674,978.	13,002,471.	2,653,114.	19,393.
20 Interest	54,151,707.	44,919,108.	9,165,817.	66,782.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,435,320.	150,922,719.	30,290,965.	221,636.
23 Insurance	73,481,996.	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 O.)				
a MEDICAL EXPENSES	880,868,147.	880,868,147.		
b REPAIRS & MAINTENANCE	72,760,268.	60,355,001.	12,315,641.	89,626.
c EQUIPMENT AND RENTAL	6,661,030.	5,525,357.	1,130,444.	5,229.
d DUES	2,628,875.	2,182,781.	442,854.	3,240.
e All other expenses	29,315,531.	24,317,377.	4,962,356.	35,798.
25 Total functional expenses. Add lines 1 through 24e	4,014,851,524.	3,359,944,993.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	24,827.
	2 Savings and temporary cash investments	689,045,249.	2	526,209,951.
	3 Pledges and grants receivable, net	6,583,394.	3	24,096,398.
	4 Accounts receivable, net	384,485,779.	4	381,082,151.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	40,967,741.	8	42,163,199.
	9 Prepaid expenses and deferred charges	63,201,207.	9	159,594,672.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,206,889,021.		
	b Less: accumulated depreciation	10b 2,466,812,550.		
		1,658,886,931.	10c	1,740,076,471.
	11 Investments - publicly traded securities	2,425,457,902.	11	2,768,995,744.
	12 Investments - other securities. See Part IV, line 11	3,599,813.	12	3,497,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	333,513,278.	15	418,931,573.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,605,741,294.	16	6,064,671,986.	
Liabilities	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 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% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	925,000,000.	23	925,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	736,608,065.	25	679,207,625.
	26 Total liabilities. Add lines 17 through 25	2,779,737,762.	26	2,664,289,882.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,622,107,208.	27	3,189,410,768.
	28 Net assets with donor restrictions	203,896,324.	28	210,971,336.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	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.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,238,572,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,014,851,524.
3	Revenue less expenses. Subtract line 2 from line 1	3	223,721,430.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,826,003,532.
5	Net unrealized gains (losses) on investments	5	289,748,468.
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	60,908,672.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,400,382,102.

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	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 _____	X	

Form 990 (2023)

Form 990	Line H(b) - List of Affiliated Organizations Included in Group Return	Statement	1
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<u>Name of Organization</u>	<u>Organization's Address</u>	<u>Employer ID</u>
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 A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 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))	14	%
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 and 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 box 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2023

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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.			
2a			
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.			
2b			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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 (<i>explain in detail in Part VI</i>):			
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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			
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: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

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

Visiting Nurse Assoc. of Somerset Hills Community Health Serv Inc

22-3413041

Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice

22-1487373

Visiting 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

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(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 (i) above. (iii) 35% controlled entity of a person in (i) or (ii) above. This organization's supported organization (AHS Hospital Corp) 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

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.

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

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.

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

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%

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.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		323,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			323,500.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The organization compensated four different consultants primarily for their services and time in participating in conference telephone calls, attending meetings and conferences, providing communication emails and correspondence and travel expenses for the following:

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

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.	Keyword Strategies	58,500

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	203,896,324.	215,821,109.	181,506,836.	167,116,847.	149,622,240.
b Contributions	33,838,255.	33,869,600.	57,379,727.	40,804,893.	52,656,881.
c Net investment earnings, gains, and losses	6,786,637.	-7,047,457.	5,719,346.	5,073,267.	5,050,049.
d Grants or scholarships					
e Other expenditures for facilities and programs	33,549,880.	-38,746,939.	28,784,800.	31,488,171.	40,212,323.
f Administrative expenses					
g End of year balance	210,971,336.	203,896,324.	215,821,109.	181,506,836.	167,116,847.

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

a Board designated or quasi-endowment _____ %

b Permanent endowment 25.0000 %

c Term endowment 75.0000 %

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

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		74,772,350.		74,772,350.
b Buildings		2,169,298,798.	1,748,821,070.	420,477,728.
c Leasehold improvements		123,857,669.	11,571,502.	112,286,167.
d Equipment		1,838,960,204.	706,419,978.	1,132,540,226.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,740,076,471.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) 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.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,387,786,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	289,748,468.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	15,283,419.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	155,818,690.
c	Add lines 4a and 4b	4c	155,818,690.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,238,572,954.

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

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

1	Total expenses and losses per audited financial statements	1	3,928,375,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	86,475,911.
c	Add lines 4a and 4b	4c	86,475,911.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,014,851,524.

Part XIII Supplemental Information

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

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

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.
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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

Atlantic Health System Inc Group Return

65-1301877

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean -	1	0	Asset Investment	Insurance	39,821,272.
3 a Subtotal	1	0			39,821,272.
b Total from continuation sheets to Part I	0	0			0.
c 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

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

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

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

3 Enter total number of other organizations or entities

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	(c) Number of recipients	(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)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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, line 6a.

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

Name of the organization

Atlantic Health System Inc Group Return

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.

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

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

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.

(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) organization
		Yes	No			
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.

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 (add col. (a) through col. (c))
		Spring Rummage Sale (event type)	Fall Rummage Sale (event type)	None (total number)	
Revenue	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)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	89,585.	89,585.		179,170.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	66,140.	66,140.		132,280.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				311,450.
11 Net income summary. Subtract line 10 from line 3, column (d)				-311,450.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party:

Name

Address

- 16** Gaming manager information:

Name

Gaming manager compensation \$ _____

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE H
(Form 990)**Department of the Treasury
Internal Revenue Service**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			45,424,777.	13,294,818.	32,129,959.	.80%
b Medicaid (from Worksheet 3, column a)			368,265,604.	252,997,358.	115,268,246.	2.87%
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%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			21,737,820.	636,841.	21,100,979.	.53%
f Health professions education (from Worksheet 5)			71,369,754.	19,197,283.	52,172,471.	1.30%
g Subsidized health services (from Worksheet 6)			246,387,730.	12,394,925.	233,992,805.	5.83%
h Research (from Worksheet 7)			4,323,577.	1,823,750.	2,499,827.	.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,266,526.	0.	1,266,526.	.03%
j Total. Other Benefits			345,085,407.	34,052,799.	311,032,608.	7.75%
k Total. Add lines 7d and 7j			758,775,788.	300,344,975.	458,430,813.	11.42%

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

	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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital 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 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2023

Part 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: Morristown Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2023

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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name 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 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: Overlook Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name 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 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: Newton 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
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.	24	X

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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: Chilton Medical CenterLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: Chilton Medical Center**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**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 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Atlantic Rehabilitation Institute

	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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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
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	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>www.njhealthmatters.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>Refer to Sch H, Part VI for the full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Hackettstown 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?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		X
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part 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: 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 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

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

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.

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

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.

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,

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.

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

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.

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 it relates to Stroke)

Diabetes

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

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.

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

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.

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

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:

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.

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

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.

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 through its Community Health 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.

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.

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

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.

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

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.

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

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.

representatives, Hackettstown 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).

Morristown Medical Center:

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

Overlook Medical Center:

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

Newton Medical Center:

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 organizations other than hospital

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

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>

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>

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

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

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

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.

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.

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, 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

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.

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

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.

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.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
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 Milford, PA 18337	Home Health Agency, Hospice Care Program
4 Atlantic Home Care and Hospice 465 South Street Morristown, NJ 07960	Hospice Care Program and Home Health Agency
5 Atlantic Maternal Fetal Med @Bridgew 784-792 Chimney Rock Road Martinsville, NJ 08886	Off-Site Ambulatory Care Facility
6 Atlantic Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
7 Atlantic Health Sleep Centers 95 Mt. Kemble Avenue Morristown, NJ 07962	Off-Site Ambulatory Care Facility
8 Chilton Health Network at Pike Drive 1 Pike Drive Wayne, NJ 07470	Off-Site Ambulatory Care Facility
9 Chilton Health Network at 242 West P 242 West Parkway Pompton Plains, NJ 07444	Off-Site Ambulatory Care Facility
10 Morristown Medical Center Care Now 57 US Highway Route 46 Hackettstown, NJ 07840	Off-Site Ambulatory Care 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? 134

Name 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 Florham Park, NJ 07932	Off-Site Ambulatory Care Facility
13 Cardiac Imaging at 435 South Street 435 South Street-First Floor Morristown, NJ 07962	Off-Site Ambulatory Care Facility
14 Morristown Surgical Center at Madison 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
15 MMC Radiology at 111 Madison Avenue 111 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
16 MMC Internal Medicine Faculty Associ 435 South Street - Suite 360 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
17 The Wound Care Center at MMC 435 South Street - Suite 320 Morristown, NJ 07962	Off-Site Ambulatory Care Facility
18 The Medical Institute of New Jersey 11 Saddle Road Cedar Knolls, NJ 07927	Off-Site Ambulatory Care Facility
19 Morristown Outpatient Radiology 310 Madison Avenue Morristown, NJ 07960	Off-Site Ambulatory Care Facility
20 Overlook Hospital Satellite ED 1000 Galloping Hill Road Union, NJ 07083	Off-Site Ambulatory Care 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? 134

Name and address	Type of facility (describe)
21 Overlook Health Services 1 Springfield Avenue Summit, NJ 07901	Off-Site Ambulatory Care Facility
22 Cardiac Imaging CT 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 Cardiac Image 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	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 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? 134

Name 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 Maternal Fetal Medicine 435 South Street - Suite 380 Morristown, NJ 07960	Physician Practice
34 Metabolic Medicine 435 South Street - Suite 330 Morristown, NJ 07960	Physician Practice
35 CTR Rheumatic Disease 435 South Street - Suite 220A Morristown, NJ 07962	Physician Practice
36 Assoc Rehab ARI 95 Mt. Kemble Avenue Morristown, NJ 07962	Rehab Services
37 Ped family Practice @ 200 South ST 200 South Street Morristown, NJ 07962	Pediatric Physician Practice
38 Ryan White HIV Clinic 200 South Street Morristown, NJ 07962	Physician Clinic
39 MMC Wound Care 435 South Street - Suite 320 Morristown, NJ 07962	Wound Care
40 MMC Imaging Center 111 Madison Avenue - 4th Floor Morristown, NJ 07962	Imaging Services

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
51 Adult Family Practice 435 South Street -S 3rd Floor Morristown, NJ 07962	Physician Practice
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
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 Whippany, NJ 07981	Oncology Group

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
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	Imaging 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 Cardiovascular Imaging at Barone-Cat 89 Mountain Boulevard - Suite 200 Watchung, NJ 07069	Cardiovascular Iamging Center
68 Respiratory Services @ MMC Health Pa 333 Mount Hope Ave 220 Rockaway, NJ 07866	Pulmonary Therapy
69 Associates in Cardiovascular Disease 211 Mountain Ave 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 Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
71 Cardiac Imaging at Union -Suburban G 1000 Galloping Hill Road Union, NJ 07083	Cardiac Imaging
72 Clark Multicare - Radiolgy 100 Commerce Place Clark, NJ 07066	Radiology Services
73 Cardiac Imaging at MDA Cardiology 215 North Ave Westfield, NJ 07090	Cardiac Imaging
74 Cardiac Imaging at MDA Cardiology 99 Beauvoir Avenue - Mac II Summit, NJ 07901	Cardiac Imaging
75 Advanced Care Oncology & Hematology 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 Overlook -Developmnetal Disabilities 1000 Galloping Hill Road Union, NJ 07083	Development Disabilities 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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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
81 Overlook-Wound Healing Ctr-Union 1000 Galloping Hill Road Union, NJ 07083	Wound Care
82 Atlantic Rehabilitation 1000 Galloping Hill Road Union, NJ 07083	Rehab Services
83 Atlantic Behavioral Services 46-48 Beauvior Avenue Summit, NJ 07901	Behavioral Health Services
84 Pulmonary Allergy Associates 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 Newton, NJ 07860	Supportive Living Group Arrangement

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name and address	Type of facility (describe)
91 PALS House 272 Andover Sparta Road Newton, NJ 07860	Supportive Living Group 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 Cardiology 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? 134

Name 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 Pompton Plains, NJ 07080	Off-Site Ambulatory Care 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 Morristown, NJ 07960	Off-Site Ambulatory Care Facility
106 Atlantic Health Sports Phy Therapy-R 333 Mount Hope Ave Rockaway, NJ 07866	Rehab Services
107 PT NEW PROV AQUATIC 629 Central Avenue New Providence, NJ 07974	Rehab Services
108 Newton Infusion Sparta Health & Well 89 Sparta Avenue - Suite 207A Sparta, NJ 07871	Wellness Center
109 Infusion Ctr @ Rockaway 333 Mount Hope Ave Suite 210A Rockaway, NJ 07866	Infusion Center

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

Name 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 Health 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 Pompton Plains, NJ 07844	Ambulatory Surgery Center
120 Infusion Center 1125 Route 22 Suite 265 Bridgewater, NJ 08807	Infusion Center
121 OMC CV Imaging MDA WF 1511 Park Avenue - 2nd Floor South Plainfield, NJ 07080	Imaging Services

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 134

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

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Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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:

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.

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, hospitals 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

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 notification period in which no ECAs may be initiated against the patient (the "120-day notification period").

B. When a patient is delinquent 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

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 patients;

(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 provided);

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.

Part VI Supplemental Information (Continuation)

E. Once it has been confirmed that reasonable efforts have been taken to determine whether a patient is eligible for financial assistance under the FAP, Third Parties may initiate the following ECAs against a patient to obtain payment for care:

Actions that require a legal or judicial process, including but not limited to:

- a. Placing a lien on a patient's property, except as otherwise provided in I.R.C. Section 501(r);
- b. Attaching or seizing a patient's bank account;
- c. Commencing a civil action against a patient;
- d. Causing a patient 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;

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

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

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 permitting 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

Part VI Supplemental Information (Continuation)

PLS are available in English and in the primary language of populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 50/o 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.

Part VI Supplemental Information (Continuation)

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 financial 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

Part VI Supplemental Information (Continuation)

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 Jersey State Programs:**1. Charity Care:****2. Eligibility 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

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

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

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,

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 receiving food stamps/SNAP benefits which was lower than the state 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

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.

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>

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

The URL for the full CHNA is:

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

Cilton 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **Atlantic Health System Inc Group Return** Employer identification number **65-1301877**

Part I General Information on Grants and Assistance

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

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

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) and government organizations listed in the line 1 table **54.**

3 Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) 2023

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
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.	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

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
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.	0.			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

Schedule I (Form 990)

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
Grace 13 De Bary Pl Summit, NJ 07901	85-1144186	501(c)(3)	24,000.	0.			General Support
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
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
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.	0.			GENERAL SUPPORT

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
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
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
PETER COOPER ELEMENTARY SCHOOL 54 ROGER COURT RINGWOOD, NJ 07456	22-2952161		7,667.	0.			GENERAL SUPPORT

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
RAISERIGHT PO BOX 8158 KENTWOCK, 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
ROOTS AND WINGS 75 BLOOMFIELD AVE - SUITE 303 DENVER, 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
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.	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

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
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.	0.			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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Schedule I - Part I, Line #2

The organization uses due diligence for reviewing and selecting grant recipients and is comfortable that the grants are used for their intended purpose within the US. The donee IRS 990's are reviewed to ensure the grants are consistent with exempt organization's mission and operations. All assistance and grants are reviewed and approved by senior management via the accounts payable cycle.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Brian Gragnolati President & CEO	(i)	3,027,508.	2,305,875.	3,039,685.	1,124,068.	13,380.	9,510,516.	2,980,366.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kevin Lenahan EVP, Chief Bus & Strategy	(i)	1,347,725.	992,992.	4,413,798.	393,574.	13,380.	7,161,469.	4,372,618.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) James Wittig, MD Physician-Chair	(i)	2,197,233.	1,629,494.	3,195.	10,349.	9,537.	3,849,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Steven Sheris, MD EVP, Chief Phy Exec	(i)	922,581.	690,603.	204,086.	264,519.	17,881.	2,099,670.	164,570.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Patricia O'Keefe SVP, Pres MMC	(i)	955,756.	637,768.	187,926.	240,910.	9,215.	2,031,575.	159,977.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Sheilah O'Halloran EVP, General Counsel	(i)	839,197.	593,867.	183,283.	259,539.	13,380.	1,889,266.	148,702.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Nichell Sumpter EVP, Chief Admin Officer	(i)	824,559.	598,039.	147,608.	231,147.	12,531.	1,813,884.	126,755.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Tom Thomas Physician	(i)	993,962.	741,502.	743.	12,643.	18,199.	1,767,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Mark Widmann Physician	(i)	1,184,643.	487,608.	2,132.	11,350.	18,203.	1,703,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Scott Leighty EVP, Chief Health Sy Officer	(i)	1,103,492.	359,100.	2,132.	218,606.	17,881.	1,701,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Sean Calhoun Physician	(i)	1,578,376.	50,000.	1,048.	11,851.	18,203.	1,659,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Philippe Genereux, MD Physician	(i)	1,621,136.	0.	485.	14,350.	18,203.	1,654,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Sunil Dadlani EVP, Chief-Inf/Dig Trans Of	(i)	842,694.	546,000.	25,529.	224,987.	13,380.	1,652,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Suja Mathew EVP, Chief Clinical Officer	(i)	895,314.	449,900.	18,822.	205,655.	17,876.	1,587,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Madeline Ferraro VP, Gov't and Public Affair	(i)	435,399.	207,424.	816,181.	101,878.	9,889.	1,570,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Stephanie Schwartz SVP, Pres OMC	(i)	746,218.	462,882.	136,579.	161,932.	17,876.	1,525,487.	113,537.
	(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.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) Christina Johnson, MD PAMG-Trustee	(i)	344,891.	125,585.	322.	11,742.	9,535.	492,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) Navpreet Minhas, MD PAMG-TTE Vice Chair	(i)	325,057.	91,368.	485.	12,172.	18,203.	447,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) Jeanine Bulan, MD PAMG-Trustee	(i)	319,226.	79,498.	1,043.	15,125.	18,203.	433,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) Jessica Petilla-Onorato, MD PAMG-Trustee	(i)	330,581.	41,071.	1,389.	15,750.	9,536.	398,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) David Ferguson, AA Director Trustee-Atlantic Ambulance	(i)	297,180.	52,691.	1,469.	20,538.	13,542.	385,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) Robert Pedowitz, DO PAMG-Trustee	(i)	320,247.	15,421.	1,003.	15,829.	18,199.	370,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) John Calicchio, MD PAMG-Trustee	(i)	249,226.	84,631.	743.	13,503.	18,203.	366,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) Anthony Frisoli, MD PAMG-Trustee	(i)	218,334.	67,241.	1,579.	0.	4,596.	291,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) David Peterson Trustee-Atlantic Ambulance	(i)	170,376.	30,032.	367.	14,355.	17,950.	233,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) Theresa Giannattasio, DO PAMG-Trustee	(i)	201,884.	8,044.	323.	9,989.	9,536.	229,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 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 imputed 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

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.

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 supplemental non-qualified retirement plan (457f plan) known as the Mid-Career Hire Plan (MCHP) for certain officers and key employees. During 2023, the following officer/key employee received vested distributions in this non-qualified retirement plan. Such distributions were included in Box 1, Box 5 and Box 16 of their respective

Form W-2:

Kevin Lenahan \$4,372,618

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.

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 Supplemental Executive 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'Halloran 223,239

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.

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 represent earned credits which have not vested and were 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

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.

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
-------------------	--------

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

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

Name of the organization Atlantic Health System Inc Group Return	Employer identification number 65-1301877
----------------------------------------------------------------------------	-----------------------------------------------------

Part I	Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
NJ Healthcare Facilities A Series 2008B	22-1987084	64579FWP4	05/14/08	88,555,000.	To redeem revenue bonds		X		X		X
NJ Healthcare Facilities B Series 2008C	22-1987084	64579FWQ2	05/14/08	88,555,000.	To redeem revenue bonds		X		X		X
NJ Healthcare Facilities c Series 2008A	22-1987084	64579FWL3	05/14/08	181,712,419.	To redeem revenue bonds		X		X		X
NJ Healthcare Facilities p Series 2016	22-1987084	645790FA9	10/06/16	252,386,641.	To redeem revenue bonds		X		X		X

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired					179,642,419.		74,733,594.		
2 Amount of bonds legally defeased									
3 Total proceeds of issue	88,555,000.		88,555,000.		177,110,000.		224,800,000.		
4 Gross proceeds in reserve funds	256,240.		256,240.		512,481.		9,739,340.		
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	510,043.		510,043.		1,329,584.		1,782,471.		
8 Credit enhancement from proceeds	65,914.		65,914.						
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds	87,722,803.		87,722,803.		175,267,935.		213,278,189.		
12 Other unspent proceeds									
13 Year of substantial completion	2008		2008		2016		2016		
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X				X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			X
16 Has the final allocation of proceeds been made?	X		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		

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

Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
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?		X		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 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 nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X	X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	N/A		N/A		N/A		N/A	
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
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		X		X
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**Schedule K, Part IV, Arbitrage, Line 2c:**

(a) Issuer Name: NJ Healthcare Facilities Series 2008A

Date the Rebate Computation was Performed: 05/14/2023

(a) Issuer Name: NJ Healthcare Facilities Series 2016

Date the Rebate Computation was Performed: 07/01/2021

Schedule K, Part II, Proceeds - Line 3**Series 2008A - Issue Price and Total Proceeds of Issuance**

Total Proceeds per Bond Issuance	\$177,110,000
Original Issue Premium on Series 2008A Bonds	4,602,419
Total Issue Price per Form 8038, Line 21(b)	\$181,712,419

Schedule K, Part II, Proceeds - Line 3**Series 2016 - Issue Price and Total Proceeds of Issuance**

Total Proceeds per Bond Issuance	\$ 224,800,000
Original Issue Premium on Series 2016 Bonds	27,586,641
Total Issue Price per Form 8038, Line 21(b)	\$252,386,641

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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Name of the organization

Atlantic Health System Inc Group Return

Employer identification number

65-1301877

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Riley Ferguson	Refer to below	52,210.	Employee Co		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 Ferguson 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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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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

Name of the organization

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divisions. It is a nonprofit corporation and an organization described in Section 501(c)(3) of the Internal Revenue Code.

Originally formed to provide billing and collection services for fees generated by physicians employed by the hospital division, AMG now serves as physician-governed group practice entity with more than 1,100 providers. AMG supports the System by improving consistency, enhancing collaboration among delivering care and optimizing care system operations.

Atlantic Ambulance Corp (the "Company") was established as a not-for-profit organization of August 3, 2001 in the State of New Jersey, exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Company is 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 Atlantic 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.

Name of the organization

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Medical Center Partners, Inc. opened in 2012 with two offices 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

Name of the organization

Atlantic Health System Inc Group Return

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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 Corporation is organized and will be operated exclusively to further the charitable 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

Name of the organization

Atlantic Health System Inc Group Return

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conjunction with IRS guidance.

2. Atlantic Ambulance Corp

This organization is comprised primarily of ambulance transportation for emergency medical services. Due to the rather small operations, five (5) of its six (6) voting trustees represent management employees 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 Medical Group)

This organization consists of a physician group providing physician programs. Fourteen (14) out of the entire fourteen (14) voting trustees are physicians and are generally affiliated with Atlantic Health System, Inc. through employment. As a result, none of the voting trustees are deemed to be independent.

4. Hackettstown Regional Medical Center Emergency Medical Services, Inc -

Due to a 4/1/16 merger with Atlantic Health System, trustees consist of those from Atlantic Health System at 12/31/23.

5. Medical Center Partners, Inc. - Due to a 4/1/16 merger with Atlantic

Health System, trustees consist of those from Atlantic Health 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 Community Health Serv Inc, (C) Visiting Nurse Assoc. of Somerset Hills Home Health and Hospice Services Inc, (D) Visting Nurse Association of Somerset Hills, 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 conjunction 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 charitable

Name of the organization

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purposes of Atlantic Health System, Inc. and AHS Hospital Corp. The Director being Steven Sheris, MD, in care of Atlantic Health System. As a result, the trustees consist of those from Atlantic Health System at 12/31/23.

8. Eye Care of Practice Associates PA - Incorporated 3/31/2022 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 Health System. As a result, the trustees consist of those from Atlantic Health 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

Name of the organization

Atlantic Health System Inc Group Return

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Trustees for their review. Any comments were addressed 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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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, Talent 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

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positions in like organizations.

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 Reporting. Public disclosure of these Form 990's can be made at any time through 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 policies are not currently made available to the public.

65-1301877

Investment in Non Controlling Interest	-395,495.
Change in funded status of benefit plans	35,312,256.
Contributions - Temp Restricted Net Assets	33,837,255.
Investment Income - Donor Restricted	1,643,596.
Equity Transfers to Restricted Parties	-28,675,717.
Change in Unrealized Gains-Donor Restricted	5,143,041.
Unrestricted Net Asets Distribution for Capital	-8,094,472.
MMC Foundation Offset - Restricted Activity	-14,169,515.
Forgiveness of Intercompany Advances	36,307,723.
Total to Form 990, Part XI, Line 9	60,908,672.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

Atlantic Health System Inc Group Return

Employer identification number
65-1301877**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AMBULATORY SURGICAL CENTER AT MMC HEALTH PAVILION LLC - 84-4303225, 475 South Street, Morristown, NJ 07960	To own and operate an ambulatory surgical center	New Jersey	24,568,488.	7,185.	AHS Hospital Corp
Healthcare Quality Partners LLC - 82-1547892 475 South Street Morristown, NJ 07960	Accountable Care Organization (ACO) Services	New Jersey	0.	0.	AHS Hospital Corp
Atlantic Alliance LLC 475 South Street Morristown, NJ 07960	Accountable Care Organization (ACO) Services	New Jersey	0.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Atlantic Health System, Inc. - 22-3380375 475 South Street Morristown, NJ 07960	Human Health through AHS 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 07960	Fundraising for Morristown Medical Center.	New Jersey	501(c)(3)	7	Atlantic Health System	X	
Newton Medical Center Foundation - 22-2618102, 175 High Street, Newton, NJ 07860	Administers donations, grants and bequests and performs fundraising	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
Prime Care, Inc. - 22-2759566 175 High Street Newton, NJ 07860	Provides home health and other healthcare services	New Jersey	501(c)(3)	Line 11	Atlantic Health System	X	

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

Schedule R (Form 990) 2023

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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
North Jersey Health Care Properties, Inc. - 22-3519709, 175 High Street, Newton, NJ 07860	Own commercial buildings and conducts leasing activities	New Jersey	501(c)(2)		Atlantic Health System	X	
Chilton Medical Center Foundation, Inc. - 22-3084817, 97 West Parkway, Pompton Plains, NJ 07444	Support Charitable Exempt Programs and Services of Medical Hospital.	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
Chilton Medical Center Auxilliary, Inc. - 22-2883605, 97 West Parkway, Pompton Plains, NJ 07444	Support Charitable Exempt Programs and Services of Medical Hospital.	New Jersey	501(c)(3)	Line 12b, II	Atlantic Health System	X	
Chilton Realty Holding, Inc. - 22-3067739 97 West Parkway Pompton Plains, NJ 07444	Real estate and leasing activities for benefit of exempt organization.	New Jersey	501(c)(2)		Atlantic Health System	X	
Foundation for Hackettstown Medical Center - 22-2333410, 651 Willow Grove Street, Hackettstown, NJ 07840	Fundraising for Hackettstown Medical Center.	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
Center for Aging, Inc - 22-2575377 901 West Main Street Freehold, NJ 07728	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health System	X	
CentraState Assisted Living, Inc - 22-3520730, 901 West Main Street, Freehold, NJ 07728	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health System	X	
Healthcare Affiliates, Inc - 52-1594300 901 West Main Street Freehold, NJ 07728	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health System	X	
CentraState Healthcare System, Inc - 22-2482803, 901 West Main Street, Freehold, NJ 07728	Management	New Jersey	501(c)(3)	Line 12a, I	Atlantic Health System	X	
CentraState Healthcare Foundation, Inc - 27-2383065, 901 West Main Street, Freehold, NJ 07728	Fundraising	New Jersey	501(c)(3)	Line 7	Atlantic Health System	X	
CentraState Medical Center - 22-1750190 901 West Main Street Freehold, NJ 07728	Healthcare Services	New Jersey	501(c)(3)	Line 3	Atlantic Health System	X	
Chambers Center for Well-Being LLC - 83-2620066, 475 South Street, Morristown, NJ 07960	Health Services	New Jersey	501(c)(3)	Line 10	Atlantic Health 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Morristown Medical Investors - 65-0840535, 200 American Road, Morris Plains, NJ 07950	Real Estate	NJ						X	N/A		X	
Primary Care Partners LLC - 27-4980253, 475 South Street, Morristown, NJ 07960	Physician Services	NJ						X	N/A		X	
Atlantic Rehabilitation Institute, LLC - 81-4711074, 680 South Fourth Street, Louisville, KY 40202	Rehabilitation Facility	KY						X	N/A		X	
Atlantic Health Partners LLC - 82-4198770, 475 SOUTH STREET, Morristown, NJ 07960	Physician Services	NJ						X	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Atlantic Health Management Corp and Subsidiaries - 22-3538027, 200 American Road, Morris Plains, NJ 07950	Healthcare Related 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 100 Madison Ave Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
Non-Invasive Diagnostics PA - 20-2027439 100 Madison Ave Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
Speciality Care of Practice Associates, PA - 03-0376428, 100 Madison Ave, Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Maternal Fetal Medicine of Practice Associates PA - 03-0376421, 100 Madison Ave, Morristown, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
Madison Pediatrics PA - 22-3645007 100 Madison Ave Morris Plains, NJ 07960	Healthcare	NJ	Atlantic Health System, Inc	C CORP			100.00%	X	
AHS ACO LLC - 27-3800813 475 South Street Morristown, NJ 07960	Physician Practice	NJ		C CORP					X
The Northwest New Jersey Medical/Surgical Alliance P.C - 45-0577942, 175 High Street, Newton, NJ 07860	Healthcare Services	NJ		C CORP					X
The Northwest New Jersey Urgent Care Alliance, P.C. - 83-0492357, 175 High 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 - 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

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
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	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
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 transaction.
(2) At Home Medical	P	169,582.	Actual amount of transaction.
(3) At Home Medical	P	191,027.	Actual amount of transaction.
(4) Morristown Medical Investors (MMI)	K	5,684,787.	Actual amount of transaction.
(5) AHS Investment Corp	K	498,596.	Actual amount of transaction.
(6) AHS Investment Corp	K	2,062,810.	Actual amount of transaction.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)AHS Investment Corp	K	100,613.	Actual amount of transacation.
(8)AHS Investment Corp	K	83,138.	Actual amount of transacation.
(9)AHS Investment Corp	K	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	K	1,653,698.	Actual amount of transacation.
(18)AHS Investment Corp	K	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.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(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	K	33,000.	Actual amount of transacation.
(10)AHS Investment Corp	K	27,057.	Actual amount of transacation.
(11)AHS Investment Corp	K	37,500.	Actual amount of transacation.
(12)AHS Investment Corp	K	100,613.	Actual amount of transacation.
(13)AHS Investment Corp	Q	642,236.	Actual amount of transacation.
(14)AHS Investment Corp	K	17,888.	Actual amount of transacation.
(15)AHS Investment Corp	K	49,858.	Actual amount of transacation.
(16)AHS Investment Corp	Q	428,502.	Actual amount of transacation.
(17)AHS Investment Corp	K	129,801.	Actual amount of transacation.
(18)AHS Investment Corp	Q	12,865,771.	Actual amount of transacation.
(19)AHS Investment Corp	K	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.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(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	K	343,340.	Actual amount of transacation
(10)AHS Investment Corp	K	43,200.	Actual amount of transacation
(11)AHP	K	1,436,521.	Actual amount of transacation
(12)AHP	K	332,686.	Actual amount of transacation
(13)PCP	K	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	C	10,120,148.	Actual amount of transacation
(17)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	C	8,094,472.	Actual amount of transacation
(18)NEWTON MEDICAL CENTER FOUNDATION	C	100,000.	Actual amount of transacation
(19)ATLANTIC AMBULANCE	Q	22,100,889.	Actual amount of transacation
(20)CHILTON MEDICAL CENTER FOUNDATION, INC	C	314,166.	Actual amount of transacation
(21)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	C	30,236,473.	Actual amount of transacation
(22)FOUNDATION FOR MORRISTOWN MEDICAL CENTER	C	15,369,635.	Actual amount of transacation
(23)FOUNDATION FOR HACKETTSTOWN MEDICAL CENTER	C	7,044.	Actual amount of transacation
(24)ATLANTIC HEALTH SYSTEM (PARENT)	C	5,901,389.	Actual amount of transacation

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

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

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.

[illegible]

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