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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
The Cooper Health System a New Jersey Non-Profit Corporation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One Cooper Plaza
Suite

City or town, state or province, country, and ZIP or foreign postal code
Camden, NJ 08103

D Employer identification number
21-0634462

E Telephone number
(856) 382-6502

G Gross receipts $ 1,165,726,484

F Name and address of principal officer
Adrienne Kirby PhD
One Cooper Plaza
Camden, NJ 08103

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www Cooperhealth org

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

L Year of formation 1875

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To serve, to heal and to educate Cooper accomplishes its mission through innovative and effective systems of care and by bringing people and resources together, creating value

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	6,666
6	Total number of volunteers (estimate if necessary)	**6**	645
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	20,228,620	48,927,045
9	Program service revenue (Part VIII, line 2g)	878,390,769	933,658,575
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,976,751	13,922,837
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,988,485	5,546,975
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	913,584,625	1,002,055,432
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	368,250	118,788
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	490,646,492	519,167,848
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	380,768,465	402,079,796
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	871,783,207	921,366,432
19	Revenue less expenses Subtract line 18 from line 12	41,801,418	80,689,000

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	827,680,872	909,523,123
21	Total liabilities (Part X, line 26)	485,712,796	514,966,901
22	Net assets or fund balances Subtract line 21 from line 20	341,968,076	394,556,222

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

****** | 2014-11-12
Signature of officer | Date

Douglas Shirley Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Frank Giardini	Preparer's signature	Date	Check ☐ if self-employed; PTIN P00532355
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶
Firm's address ▶ 2001 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103			Phone no (856) 382-6502

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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

COOPER HEALTH SYSTEM IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING THE SOUTHERN NEW JERSEY REGION COOPER HEALTH SYSTEM'S MISSION IS TO SERVE, TO HEAL AND TO EDUCATE COOPER ACCOMPLISHES ITS MISSION THROUGH INNOVATIVE AND EFFECTIVE SYSTEMS TO CARE AND BY BRINGING PEOPLE AND RESOURCES TOGETHER, CREATING VALUE FOR OUR PATIENTS AND THE COMMUNITY COOPER'S VISION IS TO BE THE PREMIER HEALTH CARE PROVIDER IN THE REGION, DRIVEN BY ITS EXCEPTIONAL PEOPLE DELIVERING A WORLD CLASS PATIENT EXPERIENCE, ONE PATIENT AT A TIME, AND THROUGH ITS COMMITMENT TO EDUCATING THE PROVIDERS OF THE FUTURE

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 $ 746,836,086 including grants of $ 118,788) (Revenue $ 933,658,575)

See Schedule O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 746,836,086

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,007		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,666		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ DOUGLAS E SHIRLEY ONE COOPER PLAZA
Camden, NJ 08103 (856) 342-2443

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								14,705,796	0	600,430

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 ▶ 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
P AGNES INC, 2045 W Moyamensing Ave PHILADELPHIA PA 19145	CONSTRUCTION	30,528,324
HSC BUILDERS AND CONSTRUCTION, 304 New Mill Lane EXTON PA 19341	CONSTRUCTION	5,148,300
XEROX CONSULTANT COMPANY INC, 5225 Auto Club Drive DEARBORN MI 48126	information techn	4,592,292
ATLANTIC AMBULANCE CORPORATION, PO Box 35654 NEWARK NJ 07193	TRANSPORTATION	3,266,590
CDW GOVERNMENT CONTRACTS, 230 N Milwaukee Ave VERNON HILLS IL 60061	information techn	3,055,792

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 ▶ 136

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	2,523,755			
	e	Government grants (contributions)	1e	46,391,313			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,977			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		48,927,045			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	879,739,997	879,739,997		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	53,918,578	53,918,578		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		933,658,575			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,676,188			7,676,188
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	102,673					
	b	Less rental expenses						
	c	Rental income or (loss)	102,673	0				
	d	Net rental income or (loss) . . . . . ▶			102,673			102,673

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	169,917,701				
	b	Less cost or other basis and sales expenses	162,674,098	996,954			
	c	Gain or (loss)	7,243,603	-996,954			
	d	Net gain or (loss) . . . . . ▶			6,246,649			6,246,649
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue	Business Code					
	11a	CAFETERIA/KIOSK	900099	2,164,533				2,164,533
	b	GIFT SHOP/COFFEE SHOP	900099	2,070,836				2,070,836
	c	PARKING	812930	843,989				843,989
	d	All other revenue		364,944				364,944
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,444,302				
	12	**Total revenue.** See Instructions . . . . . ▶		1,002,055,432	933,658,575			19,469,812

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 governments and organizations in the United States See Part IV, line 21	118,788	118,788		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,051,217	9,090,837	960,380	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	424,681,728	382,339,753	42,341,975	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,523,379	4,345,649	6,177,730	
9 Other employee benefits	44,243,118	15,088,513	29,154,605	
10 Payroll taxes	29,668,406	10,608,046	19,060,360	
11 Fees for services (non-employees)				
a Management	5,561,201	1,742,540	3,818,661	
b Legal	539,446	59,398	480,048	
c Accounting	834,342	59,000	775,342	
d Lobbying	320,876		320,876	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	315,432		315,432	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,922,799	19,310,462	12,612,337	
12 Advertising and promotion	4,063,707	48,960	4,014,747	
13 Office expenses	144,108,676	143,639,746	468,930	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	30,433,504	21,099,269	9,334,235	
17 Travel	543,886	384,690	159,196	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,144,775	896,151	248,624	
20 Interest	10,018,354		10,018,354	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	34,251,872	34,251,872		
23 Insurance	11,610,379	11,610,379		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT EXPENSE	66,856,816	66,856,816		
b MISCELLANEOUS EXPENSE	59,553,731	25,285,217	34,268,514	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	921,366,432	746,836,086	174,530,346	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		85,491,753	1	81,039,053
	2	Savings and temporary cash investments		11,266,132	2	10,242,233
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		106,150,382	4	108,173,708
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		15,781,400	7	15,781,400
	8	Inventories for sale or use		10,730,667	8	13,093,407
	9	Prepaid expenses and deferred charges		4,732,378	9	5,865,747
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 726,451,517			
	b	Less accumulated depreciation	10b 374,989,696	342,514,747	10c	351,461,821
	11	Investments—publicly traded securities		235,731,176	11	302,959,456
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		4,142,270	14	5,530,830
	15	Other assets See Part IV, line 11		11,139,967	15	15,375,468
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		827,680,872	16	909,523,123
Liabilities	17	Accounts payable and accrued expenses		109,647,279	17	114,526,565
	18	Grants payable		0	18	0
	19	Deferred revenue		23,454,595	19	16,857,203
	20	Tax-exempt bond liabilities		240,606,281	20	286,724,263
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		6,615,273	23	6,944,459
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		105,389,368	25	89,914,411
	26	**Total liabilities.** Add lines 17 through 25		485,712,796	26	514,966,901
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		341,529,076	27	394,117,222
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		439,000	29	439,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		341,968,076	33	394,556,222
	34	Total liabilities and net assets/fund balances		827,680,872	34	909,523,123

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,002,055,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	921,366,432
3	Revenue less expenses Subtract line 2 from line 1	3	80,689,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	341,968,076
5	Net unrealized gains (losses) on investments	5	-2,728,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-25,372,854
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	394,556,222

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 21-0634462

Name: The Cooper Health System a New Jersey Non-Profit Corporation

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George E Norcross Chairman of the Board/Trustee	3 0	X		X				0	0	0
Joan S Davis V Chair/Trustee(Deceased 2013)	3 0	X		X				0	0	0
Adrienne Kirby PhD Pres&CEO-Cooper Univ Hlth/TTEE	55 0	X		X				676,955	0	24,504
John P Sheridan Jr Pres&CEO-Cooper Hlth Sys/TTEE	55 0	X		X				760,831	0	26,517
Peter S Amenta MD PhD Trustee	3 0	X						0	0	0
Leon D Dembo Esq Trustee	3 0	X						0	0	0
Dennis M DiFlorio Trustee	3 0	X						0	0	0
Generosa Grana MD Trustee/ Dir Cooper Cancer Ins	55 0	X						600,825	0	11,751
Ali A Houshmand PhD Trustee	3 0	X						0	0	0
Paul Katz MD Trustee	3 0	X						0	0	0
Duane D Myers Trustee	3 0	X						0	0	0
Michael E Chansky Trustee/Chief, Emergency Med	55 0	X						524,674	0	11,373
Wendell Pritchett PhD Trustee	3 0	X						0	0	0
Annette Reboli MD Trustee	3 0	X						0	0	0
Robert A Saporito DDS Trustee	3 0	X						0	0	0
Roland Schwarting MD Trustee/Chief, Pathology	55 0	X						591,134	0	20,772
William A Schwartz Jr Trustee	3 0	X						0	0	0
John W Shimark Trustee (end May 2013)	3 0	X						0	0	0
Kris Singh MD Trustee	3 0	X						0	0	0
Harvey A Snyder MD Trustee	3 0	X						0	0	0
M Allan Vogelson JSC Ret Trustee	3 0	X						0	0	0
Jospeh C Spagnoletti Trustee	3 0	X						0	0	0
Raymond Baraldi MD Chief- Dept of Radiology	55 0			X				596,657	0	26,073
Carolyn E Bekes MD Chief Academic Affairs	55 0			X				293,397	0	28,428
Gary Lesneski Sr EVP/ General Counsel	55 0			X				674,685	0	26,550

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anthony Mazzarelli MD JD MBE Chief Medical Officer, SVP Ops	55 0			X				372,184	0	36,672
Douglas Shirley Chief Financial Officer	55 0 8 0			X				478,412	0	30,525
Jane M Tubbs Board Secretary	40 0			X				62,660	0	1,317
George Weinroth COO of UP	55 0 6 0			X				365,048	0	31,799
Douglas Allen VP Human Resource	55 0				X			289,721	0	11,308
Jeffrey P Carpenter MD Chief of Surgery	55 0				X			1,053,810	0	36,764
Dianne S Charsha Sr VP Patient Care/ CNO	55 0				X			313,892	0	9,545
Lawrence S Miller Chief, Orthopedic Surgery	55 0 3 0				X			859,667	0	36,506
Robin L Perry MD Chief, Dept of Ob Gyn	55 0 3 0				X			441,741	0	36,638
William G Smith MBA VP Chief Accounting Officer	55 0 8 0				X			256,193	0	31,475
Eli Winkler Sr VP Strategic Plan Bus Dev	55 0				X			363,153	0	37,061
Frank W Bowen III MD Surgeon	55 0					X		1,150,310	0	10,459
H Warren Goldman Dept Chief & Chairman	55 0					X		751,406	0	11,225
Richard Y Highbloom MD Surgeon	55 0					X		994,634	0	29,898
Naomi Lawrence MD Head, Division of Dermatology	55 0					X		842,835	0	36,506
Michael Rosenbloom MD Head, Div of Cardiothoracic Sg	55 0					X		1,390,972	0	36,764

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
The Cooper Health System a New Jersey Non-Profit Corporation	21-0634462

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		264,431
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		69,281
j	Total Add lines 1c through 1i			333,712
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Lines 1G & 1H	During 2013, the Organization incurred the following lobbying expenditures The organization paid independent firms $207,031 to provide lobbying consulting services and to engage in lobbying efforts on behalf of the organization The Organization incurred internal expenses for salaries and benefits of $57,400 where its professionals participated in lobbying efforts The organization was a member of certain industry organizations, all of which engage in lobbying efforts on behalf of their member hospitals The portion of these dues allocated to lobbying expenditures for 2013 is detailed below and in total is $69,281 New Jersey Council of Teaching Hospitals $36,050 New Jersey Hospital Association $27,731 Hospital Alliance of New Jersey $5,500

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	439,000	439,000	439,000	439,000	439,000
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	439,000	439,000	439,000	439,000	439,000

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 ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,798,931		3,798,931
b Buildings		230,043,509	40,774,491	189,269,018
c Leasehold improvements		128,398,711	77,805,071	50,593,640
d Equipment		295,591,892	251,614,906	43,976,986
e Other		68,618,474	4,795,228	63,823,246
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				351,461,821

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SETTLEMENTS-3RD PARTY PAYORS, CURR	7,776,066
SELF-INSURED RESERVES, CURRENT	17,658,008
SELF-INSURED RESERVES, NON-CURRENT	50,995,499
ACCRUED RETIREMENT BENEFITS	1,521,032
SETTLEMENTS-3RD PARTY PAYORS, N/C	10,715,806
DUE TO AFFILIATES	1,248,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	89,914,411

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	948,405,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,728,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-50,607,000		
e	Add lines **2a** through **2d**			2e	-53,335,000
3	Subtract line **2e** from line **1**			3	1,001,740,000
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	315,432		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	315,432
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,002,055,432

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	895,817,000
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	41,622,000		
e	Add lines **2a** through **2d**			2e	41,622,000
3	Subtract line **2e** from line **1**			3	854,195,000
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	315,432		
b	Other (Describe in Part XIII)	4b	66,856,000		
c	Add lines **4a** and **4b**			4c	67,171,432
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	921,366,432

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Question 4	Restricted Funds are used to support the charitable activities and programs of the organization and its affiliates
Schedule D, Part XI, Line 2D	change in fair value of interest rate swap agreements $ 5,475,000 change in pension benefit obligation 5,705,000 Malpractice Actuarial Gain 5,069,000 Re-Class Bad Debt Expense (66,856,000) ---------- TOTAL ($50,607,000) ==========
Schedule D, Part XII, Line 2D	Malpractice Actuarial Gain $ 5,069,000 Net Asset Transfer to Cooper Cancer Center 36,553,000 ---------- Total $41,622,000 ========== Schedule D, Part XII, Line 4b Re-class Bad Debt Expense $66,856,000

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey
Non-Profit Corporation

Employer identification number
21-0634462

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,889	69,485,732	42,179,000	27,306,732	3 200 %
b Medicaid (from Worksheet 3, column a)		7,498	167,243,788	115,990,000	51,253,788	6 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		10,387	236,729,520	158,169,000	78,560,520	9 200 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,522,135	912,253	609,822	0 070 %
f Health professions education (from Worksheet 5)			50,502,496	23,080,378	27,422,118	3 210 %
g Subsidized health services (from Worksheet 6)			11,057		11,057	
h Research (from Worksheet 7)			2,701,939	1,009,800	1,692,139	0 200 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			250,652		250,652	0 030 %
j **Total.** Other Benefits			54,988,279	25,002,431	29,985,788	3 510 %
k **Total.** Add lines 7d and 7j		10,387	291,717,799	183,171,431	108,546,308	12 710 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	4		322,337	155,683	166,654	0 020 %
2	Economic development	1		55,000		55,000	
3	Community support	6	650	460,956	8,654	452,302	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members	1	55	2,120		2,120	
6	Coalition building	5	60	5,478		5,478	
7	Community health improvement advocacy	4	405	4,561		4,561	
8	Workforce development	5	503	75,042		75,042	0 010 %
9	Other						
10	**Total**	26	1,673	925,494	164,337	761,157	0 090 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	66,856,816		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	150,054,280
6	Enter Medicare allowable costs of care relating to payments on line 5	6	171,062,986
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-21,008,706
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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 facility reporting group Cooper Health System

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	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 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 2013			
3	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 Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.cooperhealth.org			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	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)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?	15	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 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?	**21**		No
If "Yes," explain in Part VI			
22 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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	The Community Health Needs Assessment (CHNA) was conducted from September 2012 to June 2013 The purpose of the assessment was to gather information about local health needs and health behaviors The Cooper Board of Trustees met on December 19, 2013 to review the findings of the CHNA and the recommended implementation strategy The board voted to adopt the final summary report and the implementation strategy and provide the necessary resources and support to carry out the initiatives therein Question 3 The Camden, Burlington, and Gloucester County Health Departments participated in the design and completion of Cooper's Community Health Needs Assessment, including meetings to identify and prioritize health needs In addition, Cooper conducted a survey among our "key informants" Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other area authorities An on-line survey tool gathered qualitative feedback from 113 key informants regarding preceptions of community needs and strengths across 3 key domains - key health issues - health care access - challenges and solutions Question 4 The Tri-County (Burlington, Camden, and Gloucester Counties) Health Assessment Collaborative included the following partners Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties Question 7 Rationale for community health needs not specifically addressed Cooper recognizes that partnerships with community agencies have the broadest reach to improve community health issues Cooper will not have a specific focus on the following need Overweight/Obesity Cooper will work to address overweight and obesity through the strategies within access to care and chronic disease management by offering supportive programs promoting nutrition and an increase in physical activity through the hospital and primary care physicians The need is also better addressed by primary care physicians, community organizations and schools and Cooper will support and collaborate with these groups in efforts to address this need

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? **15**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 3C	ELIGIBILITY FOR DISCOUNTED CARE The income based criteria used to determine eligibility is per New Jersey administrative code 10 52 sub chapters 11, 12 and 13, and based upon the 2013 poverty guidelines (Department of Health and Senior Services) Federal Poverty Guidelines ("FPG") are included in the criteria for determining eligibility for charity and discounted care
PART I, LINE 7G	FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSES THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $66,856,816
PART II	COMMUNITY BUILDING ACTIVITIES THE HEALTH OF THE SURROUNDING COMMUNITIES IS OF COOPER'S UTMOST CONCERN FROM HEALTHCARE PROGRAMS FOR THE COMMUNITY TO EDUCATIONAL AND EMPLOYMENT PROGRAMS, COOPER STRIVES TO BE A RESPONSIBLE, INVOLVED COMMUNITY ADVOCATE PLEASE SEE SCHEDULE O FOR THE COMMUNITY BENEFIT STATEMENT

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	BAD DEBT EXPENSE BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES COOPER HEALTH SYSTEM PREPARES AND ISSUES AUDITED FINANCIAL STATEMENTS THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE COOPER HEALTH SYSTEM - OBLIGATED GROUP THE HEALTH SYSTEM PROVIDES CARE TO THOSE WHO MEET THE STATE OF NEW JERSEY PUBLIC LAW 1992 (CHAPTER 160) CHARITY CARE CRITERIA CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED CHARGES THE HEALTH SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THE COST OF SERVICES PROVIDED AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY IS ESTIMATED USING INTERNAL COST DATA AND IS CALCULATED BASED ON THE HEALTH SYSTEMS COST ACCOUNTING SYSTEM THE TOTAL DIRECT AND INDIRECT AMOUNT OF CHARITY CARE PROVIDED, DETERMINED ON THE BASIS OF COST, WAS $62,073,000 AND $58,223,000 FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, RESPECTIVELY THE HEALTH SYSTEM'S PATIENT ACCEPTANCE POLICY IS BASED UPON ITS MISSION STATEMENT AND ITS CHARITABLE PURPOSES ACCORDINGLY, THE HEALTH SYSTEM ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THIS POLICY RESULTS IN THE HEALTH SYSTEM'S ASSUMPTION OF HIGHER-THAN-NORMAL PATIENT RECEIVABLE CREDIT RISKS TO THE EXTENT THAT THE HEALTH SYSTEM REALIZES ADDITIONAL LOSSES RESULTING FROM SUCH HIGHER CREDIT RISKS AND PATIENTS THAT ARE NOT IDENTIFIED OR DO NOT MEET THE HEALTH SYSTEM'S DEFINED CHARITY CARE POLICY, SUCH ADDITIONAL LOSSES ARE INCLUDED IN THE PROVISION FOR BAD DEBTS CHAPTER 160 ESTABLISHED THE CHARITY CARE SUBSIDY FUND AND THE HOSPITAL RELIEF SUBSIDY FUND TO PROVIDE A MECHANISM AND FUNDING SOURCE TO COMPENSATE CERTAIN HOSPITALS FOR CHARITY CARE THE HEALTH SYSTEM RECORDED THE FOLLOWING AMOUNTS FROM THE FUNDS AS NET PATIENT SERVICE REVENUE THE AMOUNTS ARE SUBJECT TO CHANGE FROM YEAR TO YEAR BASED ON AVAILABLE STATE BUDGET AMOUNTS AND ALLOCATION METHODOLOGIES A PROPORTIONATE AMOUNT IS IN PLACE THROUGH JUNE 2014 WHILE AMOUNTS ARE NOT FINALIZED FOR THE STATE OF NEW JERSEY'S FISCAL 2015 BUDGET, IT IS ANTICIPATED THAT FUNDING WILL BE SLIGHTLY REDUCED
PART III, SECTION B, LINE 8	MEDICARE Medicare costs were derived from the 2013 Medicare Cost Report Medicare underpayments (shortfall) and bad debt are community benefit and associated costs, in our opinion, should be includable on the Form 990, Schedule H, Part I As outlined more fully below, the organization believes that these services and related costs promote the health of the community as a whole and are rendered in conjunction with the organization's charitable tax-exempt purposes and mission in providing medically necessary healthcare services to all individual's in a non-discriminatory manner without regard to race, color, creed, sex, national origin, religion or ability to pay and consistent with the community benefit standard promulated by the IRS The community benefit standard is the current standard for a hospital for recognition as a tax-exempt and charitable organization under internal revenue code (IRC) section 501(c)(3) The organization is recognized as a tax-exempt entity and charitable organization under IRC section 501(c)(3) Although there is no definition in the tax code for the term "charitable", a regulation promulgated by the department of the treasury provides some guidance and states that "the term charitable is used in IRC section 501(c)(3) in its generally accepted legal sense," and provides examples of charitable purposes, including the relief of the indigent or unprivileged, the promotion of social welfare, and the advancement of education, religion, and science Note it does not explicitly address the activities of hospitals In the absence of explicit statutory or regulatory requirements applying the term "charitable" to hospitals, it has been left to the IRS to determine the criteria hospitals must meet to qualify as IRC section 501(c)(3) charitable organizations The original standard was known as the charity care standard This standard was replaced by the IRS with the community benefit standard which is the current standard

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	COLLECTION PRACTICES THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED OUR POLICY IS TO COMPLY WITH THE REQUIREMENTS OF THE AFFORDABLE CARE ACT AS WELL AS IRC SECTION 501(R) EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX, OR ABILITY TO PAY PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS
PART VI, QUESTION 2	NEEDS ASSESSMENT Cooper Health System (CHS) conducts a review of key factor information annually which includes a review of healthcare utilization of its service area population by services (urology, cardiology, obstetrics, etc) For determining increased or decreased health needs, healthcare service estimates and forecasts (both inpatient and outpatient), assessments of local demographic and socioeconomic information, review of health status/needs assessments and studies conducted by external parties, including not limited to a community health needs assessment completed and approved by Cooper Health System in December 2013 as required by IRC Section 501(r) CHS is in a diverse suburban location serving diverse communities ranging from inner city communities in Camden to more affluent suburban areas CHS is located in Camden, Camden County Camden County is the fifth most populous county in the state with 37 municipalities CHS is committed to service for its communities and serves both inner city and suburban areas About 40 percent of its inpatients are of minority race/ethnicity In addition, approximately 10 percent of its patients are of underinsured and uninsured payer categories

Form and Line Reference	Explanation
PART VI, QUESTION 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE It is the policy of Cooper University Hospital to assist uninsured and underinsured patients with hospital and physician bills by providing discounts and payment plan options when eligibility for Medicaid or Charity Care have been exhausted due to excess income or resources 1 Patients are screened for all potential third party liability resources, including Cooper related grants 2 Referrals directed to uninsured patient coordinator originate from accounts receivable management and data services, physician offices, clinics and any other Cooper Hospital, off campus, facilities and can be made prior to or after a specified date of service(s) 3 Uninsured patient coordinator contacts physician departments to inform them of patient need for discount, secures discounted rates, and forwards to patient 4 Patients are quoted prices by the uninsured patient coordinator that corresponds to Medicare expected reimbursement rates for outpatient procedures and Medicare base diagnosis-related group rate for inpatient hospitalizations 5 All discounted rates are presented to the patient as well as payment plan options using the pricing estimate software tool that stores and prints standard estimates for patients 6 Uninsured discount plan insurance and adjustments are posted to HealthQuest when appropriate 7 The uninsured patient coordinator determines and distributes patient payments amongst all hospital and physician departments
PART VI, QUESTION 4	community information THE ORGANIZATION IS IN A DIVERSE URBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN CAMDEN TO MORE AFFLUENT SUBURBAN AREAS THIS ORGANIZATION IS LOCATED IN CAMDEN, IN CAMDEN COUNTY CAMDEN COUNTY IS THE EIGHTH MOST POPULOUS COUNTY IN THE STATE WITH 37 MUNICIPALITIES THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS CAMDEN COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS ABOUT 47 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY IN ADDITION, APPROXIMATELY 10 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES

Form and Line Reference	Explanation
PART VI, QUESTION 5	PROMOTION OF COMMUNITY HEALTH This organization operates consistently with the following criteria outlined in IRS Revenue Ruling 69-545 1 The organization provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients, 2 The organization operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3 The organization maintains an open medical staff, with privileges available to all qualified physicians, 4 Control of the organization rests with its Board of Trustees, which is comprised of independent civic leaders and other prominent members of the community, and 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities
PART VI, QUESTION 6	AFFILIATED HEALTH CARE SYSTEM Cooper Health System (CHS) is committed to enhancing the overall health status of the community by providing the highest quality healthcare and related services CHS strives to exceed the patients' expectations emphasizing commitment, competence, collaboration, communication, and compassion The respective roles of CHS and its affiliates in promoting the health of the communities served is as follows - Cooper Medical Services, Inc is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code Section 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code Section 509(a)(3) The organization supports the charitable purposes, programs and services of the Cooper Health System - The Cooper Foundation is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code Section 501(C)(3) and as a non-private foundation pursuant to Internal Revenue Code Section 509(A)(1) The organization receives charitable contributions and grants from various sources and disburses grants to primarily Cooper Health System for its mission and programs, but also to other Internal Revenue Code Section 501(c)(3) organizations - The Cooper Health System Worker's Compensation Trust is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code Section 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code Section 509(a)(3) The organization provides worker's compensation insurance coverage to employees of the Cooper Health System - C & H Collection Services, Inc is a for-profit entity whose sole shareholder is CHS The organization is located in Cherry Hill, Camden County, New Jersey The organization provides collection services for Cooper Health System and other companies - Cooper Custom Packs, Inc was dissolved on July 19, 2013 - Cooper Data Services, Inc was dissolved on July 11, 2013 - Cooper Healthcare Management, Inc is an inactive for-profit entity whose sole shareholder is CHS The organization was located in Cherry Hill, Camden County, New Jersey Cooper Healthcare Management, Inc was dissolved on April 15, 2014 - Cooper Healthcare Properties, Inc is a for-profit entity whose sole shareholder is CHS The organization is located in Cherry Hill, Camden County, New Jersey The organization provides healthcare services - Cooper Healthcare Services is a for-profit entity whose sole shareholder is CHS The organization is located in Cherry Hill, Camden County, New Jersey

Form and Line Reference	Explanation
PART VI, QUESTION 7	STATE FILING OF COMMUNITY BENEFIT REPORT NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW JERSEY AS IT IS NOT A STATE REQUIREMENT

Additional Data

Software ID:
Software Version:
EIN: 21-0634462
Name: The Cooper Health System a New Jersey Non-Profit Corporation

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

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

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

	Name and address	Type of Facility (describe)
1	Cooper Cancer Inst - HematologyOncology 900 Centennial Boulevard Suite M Voorhees, NJ 08043	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
2	Cooper Imaging Center at Vorhees 900 Centennial Boulevard Suite B Voorhees, NJ 08043	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
3	Cooper Surgery Center 900 Centennial Boulevard Suite F Voorhees, NJ 08043	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
4	Cooper Cancer Inst - HematologyOncology 900 Centennial Boulevard Suite F Voorhees, NJ 08043	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
5	Cooper Digestive Health Inst Endoscopy 501 Fellowship Road Mt Laurel, NJ 08054	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
6	Cooper Cyber Knife Center 715 Fellowship Road Mt Laurel, NJ 08054	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
7	Cooper Cancer Inst - HematologyOncology 1000 Salem Road Suite C Willingboro, NJ 08046	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
8	Dept of Radiation Oncology - Voorhees 900 Centennial Boulevard Suite D Vorhees, NJ 08043	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
9	Pulmonary and Family Sleep Center 900 Centennial Boulevard Suite JK Voorhees, NJ 08043	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
10	Cooper Univ Hospital Rancocas Endoscopy 218 Sunset Road Willingboro, NJ 08046	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
11	Women's Care Center 3 Cooper Plaza Suite 301 Camden, NJ 08103	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
12	Cooper Gamma Knife and Diagnostic Cntr 3 Cooper Plaza Suite 100 Camden, NJ 08103	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
13	Early Intervention Program 3 Cooper Plaza Suite 513 Camden, NJ 08103	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
14	CHS Regional Cleft-Craniofacial Program 110 Marter Avenue Suite 402 Moorestown, NJ 08057	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
15	Cooper University Hospital Urgent Care Rte 70 Cherry Hill, NJ 08003	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

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 Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Susan G Komen Breast Cancer Foundation 125 South 9th Street Philadelphia, PA 19107	75-2949264	501(c)(3)	17,500				Sponsorship
(2) Juvenile Diabetes Research Foundation 26 Broadway 14th Floor New York, NY 10004	23-1907729	501(c)(3)	8,500				Sponsorship
(3) International Healthcare Volunteers PO Box 8231 Trenton, NJ 08650	72-1530030	501(c)(3)	8,600				Sponsorship
(4) NJAFPNJ EMS Conference 224 West State Street Trenton, NJ 08608	22-6063156	501(c)(3)	25,000				Sponsorship
(5) Jewish Federation of Southern New Jersey 1301 Springdale Rd Cherry Hill, NJ 08033	21-0634489	501(c)(3)	8,820				Sponsorship
(6) National Brain Tumor Society 55 Chapel St Ste 200 Newton, MA 02458	04-3068130	501(c)(3)	10,000				Sponsorship

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Return Reference	Explanation
Grant Fund Monitoring	Grants are monitored by the organization's finance personnel through the utilization of cost centers and other information, including written documentation and receipts

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4a	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN 2013 THESE AMOUNTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION AND FORM 990, PART VII, COLUMN D Dianne S Charsha - SR VP Patient Care/ CNO $147,500

Additional Data

Software ID:
Software Version:
EIN: 21-0634462
Name: The Cooper Health System a New Jersey Non-Profit Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Adrienne Kirby PhD Pres&CEO-Cooper Univ Hlth/TTEE	(I) (II)	663,117 0	0 0	13,838 0	8,925 0	15,579 0	701,459 0	0 0
John P Sheridan Jr Pres&CEO-Cooper Hlth Sys/TTEE	(I) (II)	624,205 0	65,296 0	71,330 0	8,925 0	17,592 0	787,348 0	0 0
Generosa Grana MD Trustee/ Dir Cooper Cancer Ins	(I) (II)	581,807 0	0 0	19,018 0	8,925 0	2,826 0	612,576 0	0 0
Michael E Chansky Trustee/Chief, Emergency Med	(I) (II)	505,056 0	0 0	19,618 0	8,925 0	2,448 0	536,047 0	0 0
Roland Schwarting MD Trustee/Chief, Pathology	(I) (II)	588,487 0	0 0	2,647 0	8,925 0	11,847 0	611,906 0	0 0
Raymond Baraldi MD Cheif- Dept of Radiology	(I) (II)	575,016 0	0 0	21,641 0	8,925 0	17,148 0	622,730 0	0 0
Carolyn E Bekes MD Chief Academic Affairs	(I) (II)	215,680 0	27,700 0	50,017 0	16,575 0	11,853 0	321,825 0	0 0
Gary Lesneski Sr EVP/ General Counsel	(I) (II)	539,734 0	120,143 0	14,808 0	8,925 0	17,625 0	701,235 0	0 0
Anthony Mazzarelli MD JD MBE Chief Medical Officer, SVP Ops	(I) (II)	371,914 0	0 0	270 0	8,925 0	27,747 0	408,856 0	0 0
Douglas Shirley Chief Financial Officer	(I) (II)	439,621 0	0 0	38,791 0	8,925 0	21,600 0	508,937 0	0 0
George Weinroth COO of UP	(I) (II)	361,765 0	0 0	3,283 0	8,925 0	22,874 0	396,847 0	0 0
Douglas Allen VP Human Resource	(I) (II)	266,792 0	0 0	22,929 0	8,925 0	2,383 0	301,029 0	0 0
Jeffrey P Carpenter MD Chief of Surgery	(I) (II)	802,292 0	250,000 0	1,518 0	8,925 0	27,839 0	1,090,574 0	0 0
Dianne S Charsha Sr VP Patient Care/ CNO	(I) (II)	137,709 0	0 0	176,183 0	3,404 0	6,141 0	323,437 0	0 0
Lawrence S Miller Chief, Orthopedic Surgery	(I) (II)	837,869 0	0 0	21,798 0	8,925 0	27,581 0	896,173 0	0 0
Robin L Perry MD Chief, Dept of Ob Gyn	(I) (II)	440,634 0	0 0	1,107 0	8,925 0	27,713 0	478,379 0	0 0
William G Smith MBA VP Chief Accounting Officer	(I) (II)	223,240 0	0 0	32,953 0	8,925 0	22,550 0	287,668 0	0 0
Eli Winkler Sr VP Strategic Plan Bus Dev	(I) (II)	362,831 0	0 0	322 0	8,925 0	28,136 0	400,214 0	0 0
Frank W Bowen III MD Surgeon	(I) (II)	1,132,150 0	0 0	18,160 0	8,925 0	1,534 0	1,160,769 0	0 0
H Warren Goldman Dept Chief & Chairman	(I) (II)	721,407 0	0 0	29,999 0	8,925 0	2,300 0	762,631 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Y Highbloom MD Surgeon	(I)	993,116	0	1,518	8,925	20,973	1,024,532	0
	(II)	0	0	0	0	0	0	0
Naomi Lawrence MD Head, Division of Dermatology	(I)	841,317	0	1,518	8,925	27,581	879,341	0
	(II)	0	0	0	0	0	0	0
Michael Rosenbloom MD Head, Div of Cardiothoracic Sg	(I)	1,388,134	0	2,838	8,925	27,839	1,427,736	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CAMDEN COUNTY IMPROVEMENT AUTHORITY	22-2681222	13281QAY1	08-01-2013	53,048,439	Various Capital Projects		X		X		X
B	New Jersey Economic Development Authority	22-2045817		11-09-2009	10,000,000	Construction-Bldg,Refund Bank Loan		X		X		X
C	Camden County Improvement Authority	22-2681222	645918TV5	11-04-2008	50,000,000	Construction-Bldg, Renovations		X		X		X
D	Camden County Improvement Authority	22-2681222	13281QAX3	12-15-2005	136,046,550	Construction/refd issue 2/27/1997		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	3,004,382	0	21,115,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	53,049,829	10,000,000	50,000,000	145,925,088
4	Gross proceeds in reserve funds	0	0	0	10,598,046
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,050,969	190,000	1,000,000	1,829,501
8	Credit enhancement from proceeds	0	0	208,947	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	1,417,556	5,771,076	48,791,053	73,909,777
11	Other spent proceeds	0	4,038,924	0	59,587,764
12	Other unspent proceeds	50,581,304	0	0	0
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		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 you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part II, Line 3, Column A	The difference in the issue price and the total proceeds is the investment earnings earned as of 12/31/2013
Part II, Line 3, Column D	The difference in the issue price and the total proceeds is the total investment earnings earned to date and $3,452,000 of proceeds transferred from the 1997 reserve fund This amount is also included in the proceeds in the reserve fund on Part II, Column D, Line 4
Part II, Line 11, Columns B & D	The other spent proceeds relate to the refunding proceeds of the respective issue
Part IV, Question 2(C), Column C	The rebate calculation was performed on 11/4/2013
Part IV, Question 2(C), Column D	The rebate calculation was performed on 12/15/2010

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Camden County Improvement Authority	22-2681222	13281QAA3	08-26-2004	69,996,908	construction-bldg & various costs		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,650,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	75,693,394			
4	Gross proceeds in reserve funds	3,276,508			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	1,399,938			
8	Credit enhancement from proceeds	504,932			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	70,512,016			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part II, Line 3	The total proceeds exceeds the issue price by the investment earnings earned to date
Part IV, Line 2(c)	A rebate calculation was performed on 8/25/2009

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CONNER STRONG BUCKELEW	TRUSTEE - NORCROSS	473,669	SEE PART V, FOOTNOTE #1		No
(2) BONNIE J MANNINO	FAMILY MEMBER - PERRY	92,910	EMPLOYEE		No
(3) TINA CRESSMAN	FAMILY MEMBER - WEINROTH	89,475	EMPLOYEE		No
(4) PARKER MCCAY PA	FAM MEMBER CO - NORCROSS	713,234	SEE PART V, FOOTNOTE #2		No
(5) CARDIOVASCULAR ASSOC OF DE VALLEY	TRUSTEE - SNYDER	63,544	SEE PART V, FOOTNOTE #3		No
(6) JOANNE MAZZARELLI	FAMILY MEMBER-MAZZARELLI	229,758	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	With regard to conflicts of members of the board of trustees, the board policy on duality and conflict of interest requires trustees to disclose all relationships that may cause a conflict The audit and ethics committee of the board of trustees reviews transactions that may involve a conflict of interest of an officer, director, trustee or key employee These procedures are designed to provide for independent review of the transaction, determination of the availability of alternative transactions that do not pose a conflict of interest, and preservation of the organization's best interests in transactions where non-conflicting alternatives are not reasonably attainable The audit and ethics committee makes a recommendation to the board of trustees with regard to such transactions, which then makes a determination whether the transaction is in the organization's best interest, whether the transaction is fair and reasonable and whether there is a legitimate business interest for such transaction Any trustee with a conflict of interest with regard to such matter may not vote on such transaction
Schedule L, Part IV	Footnote # 1 The amount noted in Part IV, Column (c) $473,669 represents the amount paid by Cooper Health System to Conner Strong & Buckelew for insurance brokerage, consulting, risk manager and safety services It should be additionally noted that Cooper's relationship with Conner Strong & Buckelew and its predecessors extends back approximately twenty five years and predates Mr Norcross' board membership Mr Norcross is not personally involved either in the procurement, performance or supervision of any services rendered by Conner Strong & Buckelew to Cooper The Conner Strong & Buckelew relationship has been annually reviewed by Cooper's independent audit/ethics committee and consulting and brokerage services have been periodically subjected to a competitive bidding process
Schedule L, Part IV	Footnote #2 Parker McCay PA (Parker) has been providing legal services to Cooper for more than twenty five years, predating George Norcross' membership on the Cooper Health System Board of Trustees Mr Norcross' brother, Philip, is a shareholder and a managing officer of Parker, but did not become such until well after the firm began providing legal services to Cooper Parker's primary function as outside counsel is representing the Cooper Health System and its employees in defense of professional liability claims Philip Norcross is not involved in the assignment, performance, or supervision of that work
Schedule L, Part IV	Footnote #3 Cardiovascular Associates of the Delaware Valley (CADV), a professional association, provides interventional and other cardiology services to patients CHS, under an agreement for professional services (leased physicians), provides cardiothoracic surgical physicians' services on a part-time basis to CADV Harvey A Snyder, CHS Trustee, is a greater than 5% owner of CADV During the tax year, CHS paid CADV $15,910 for services related to billings/collections and office space and associated support CADV paid CHS $47,634 for the leased physicians arrangement The figure reflected in Schedule L is the addition of $15,910 and $47,634 or $63,544

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey Non-Profit Corporation

Employer identification number
21-0634462

Return Reference	Explanation
Form 990, Part III, Lines 4a-c	Statement of Program Service Accomplishments The Cooper Health System, A New Jersey Non-Profit Corporation (CHS) is a New Jersey Not-For-Profit Organization CHS is comprised of three divisions The Cooper University Hospital (CUH), Cooper University Physicians (CUP) and MD Anderson Cooper Cancer Center The CUH includes the operations of Cooper Hospital/University Medical Center and the Children's Regional Hospital at Cooper, as well as programs focusing on ambulatory diagnostic and treatment services, wellness and prevention, and many other health services The CUP consists primarily of the employed medical staff MD Anderson Cooper Cancer Center provides cancer patients with the most advanced diagnostic and treatment technologies available For the year ended December 31, 2013, CHS provides the following statistics Total inpatient admissions including births and NICU/trans births 26,624 patients Total outpatient volume not including emergency room cases that were admitted 266,670 patients Total patient days 139,891 Total bed days 182,267 Total inpatient surgical volume 16,494

Return Reference	Explanation
Form 990, Part VI, Line 11b	Form 990 Review Process As part of the tax return preparation process, the organization hired a professional CPA firm with experience and expertise in both healthcare and not-for-profit tax return preparation to prepare the Federal Form 990 The CPA firm's tax professionals worked closely with the organization's finance personnel and other senior management members of the organization and the system to obtain the information needed in order to prepare a complete and accurate tax return The CPA firm prepared a draft Federal Form 990 and furnished it to the organization's finance personnel and other senior management members for their review The organization's finance personnel and other senior management members reviewed the draft Federal Form 990 and discussed questions and comments with the CPA firm Revisions were made to the draft Federal Form 990 where necessary and a final draft was furnished by the CPA firm to the organization's finance personnel and other senior management members for further review and approval The Form 990 is then presented to and reviewed by the members of the Cooper Health System Ethics Committee of the Board of Trustees The Bylaws of the Board of Trustees provide that this Committee of the Board review the annual Federal Tax Return prior to its filing Once that Committee's review and approval process is complete, the completed Form 990 is shared with the entire Board prior to its filing with the IRS

Return Reference	Explanation
Form 990, Part VI, Line 12c	Conflict of Interest Policy THE FILING ORGANIZATION IS THE PARENT ENTITY IN THE COOPER HEALTH SYSTEM THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE CHIEF COMPLIANCE OFFICER AND REVIEWED WITH INTERNAL AUDIT, THE FINANCE DEPARTMENT, AND GENERAL COUNSEL. BOTH DATA AND A SUMMARY ARE PRESENTED TO THE COOPER HEALTH SYSTEMS AUDIT COMMITTEE FOR THEIR REVIEW AND DISCUSSION. THE ORGANIZATIONS COMPLIANCE AND LEGAL DEPARTMENTS HAVE DEVELOPED PROCESSES TO REVIEW AND PRESENT POTENTIAL CONFLICTS TO THE AUDIT COMMITTEE.

Return Reference	Explanation	
	Form 990, Part VI, Line 15a & 15b	Process for determining compensation THE ORGANIZATIONS BOARD OF TRUSTEES HAS AN EXECUTIVE COMMITTEE AND AN INDEPENDENT AUDIT AND ETHICS COMMITTEE THAT ARE TOGETHER CHARGED BY THE BOARD OF TRUSTEES WITH REVIEWING EXECUTIVE COMPENSATION AND OBTAINING AN INDEPENDENT COMPE NSATION SURVEY AND REASONABLENESS OPINION FOR COMPARISON, RESPECTIVELY THE EXECUTIVE COMM ITTEE, IN ACCORDANCE WITH COOPERS BY LAWS, BENEFITS, POLICIES, AND PLANS, EVALUATES AND APP ROVES COMPENSATION AND BENEFITS OF THE ORGANIZATIONS SENIOR MANAGEMENT INCLUDING THE PRESI DENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE EXE CUTIVE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED A ND NON-QUALIFIED THE EXECUTIVE COMMITTEES REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONAB LE WE BELIEVE THAT THE ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE IN CONJUNCTION WITH THE A UDIT AND ETHICS COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOT AL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/ CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE THREE FA CTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLE NESS ARE THE FOLLOWING 1 The Compensation arrangement is approved in advance by an "auth orized body" of the applicable tax-exempt organization w hich is composed entirely of indiv iduals w ho do not have a "conflict of interest" w ith respect to the compensation arrangeme nt, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE AUDIT AND ET HICS COMMITTEE IS COMPRISED ENTIRELY OF MEMBERS WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICT OF INTEREST THE AUDIT AND ETHICS COMMITTEE RETAINS AN INDEPENDENT COMPENSATION S URVEY FIRM TO PROVIDE A WRITTEN COMPENSATION STUDY OF RANGES OF EXECUTIVE SALARIES BASED O N COMPARABLE HEALTHCARE ORGANIZATIONS THE AUDIT AND ETHICS COMMITTEE ENSURES THE INDEPEND ENCE OF THE SURVEY FIRM AND ITS REPORT, REVIEWS THE REPORT, WHICH INCLUDES THE RANGES RECO MMENDED BY THE INDEPENDENT FIRM BASED UPON MARKET DATA, AND FOLLOWING THIS REVIEW, THE AUD IT AND ETHICS COMMITTEE, AS APPROPRIATE, RECOMMENDS TO THE EXECUTIVE COMMITTEE THAT THE SA LARY RANGES DOCUMENTED BY THE INDEPENDENT COMPENSATION SURVEY FIRM BE USED AS RANGES TO DE TERMINE ACTUAL COMPENSATION TO SENIOR MANAGEMENT THE EXECUTIVE COMMITTEE EVALUATES PERFOR MANCE OF EXECUTIVES, INCLUDING PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATION OFFICER AND CHIEF FINANCIAL OFFICER THE EXECUTIVE COMMITTEE RELIES UPON THE APPROPRIATE COMPARABL E DATA AS ACCEPTED BY THE AUDIT AND ETHICS COMMITTEE, WHICH IS A WRITTEN COMPENSATION STUD Y AND REASONABLENESS OPINION FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING O F HOSPITAL AND HEALTH CARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITE D STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA, INCLUDING, BU T NOT LIMITED TO, SIMILAR SIZED HOSPITALS, number OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE EXECUTIVE COMMITTEE ADEQUATELY DOCUMENTS ITS BASIS FOR ITS EXECUTIVE COMPENS ATION DETERMINATIONS THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE EXECUTIVE CO MMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUB SEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE EXECUTIVE COMMITTEE AND THE AUDIT AND ETHICS COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REA SONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITE D TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFI CER AND OTHER EMPLOYEES WHO REPORT DIRECTLY TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMPENSATION AND BENEFITS FOR CHIEFS OF DEPARTMENTS MAY NOT EXCEED THE 75TH PERCENTILE OF AAMC BENCHMARK DATA WITHOUT SPECIFIC APPROVAL BY THE FINANCE COMMITTEE OF THE BOARD OF TRU STEES EMPLOYED PHYSICIAN SALARIES MAY NOT EXCEED THE 75TH PERCENTILE OF A BLENDED FORMULA OF 25% ACADEMIC AND 75% PRIVATE PRACTICE OF MGMA BENCHMARK DATA WITHOUT APPROVAL OF THE F INANCE COMMITTEE OF THE BOARD OF TRUSTEES THE COMPENSATION AND BENEFITS OF ANY OTHER INDI VIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE O FFICER, WITH ASSISTANCE FROM THE ORGANIZATIONS HUMAN RESOURCES DEPARTMENT, IN CONJUNCTION WITH THE INDIVIDUALS JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FAC TORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR M

Return Reference	Explanation	
	Form 990, Part VI, Line 15a & 15b	ARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARK ET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEW S, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

Return Reference	Explanation
Form 990, Part VI, Line 19	Document availability to the public The organization has issued tax-exempt bonds to finance various capital improvement projects, renovations and equipment In conjunction with the issuance of these tax-exempt bonds, the organization's financial statements were included with the tax-exempt bond prospectus which was made available to the general public for review In addition, the organization's filed certificate of incorporation and any amendments, BYLAWS AND conflict of interest policy can be viewed on the organization's website

Return Reference	Explanation
Form 990, Part VII	Part VII The Cooper Health System also has two Trustee Emeritus, non-voting members Peter E. Driscoll, Esq. and Raymond Meillier Part VII reflects certain board trustees or board officers receiving compensation and benefits from the organization including Adrienne Kirby, Ph.D. (Trustee & Officer) John P. Sheridan, Jr. (Trustee & Officer) Generosa Grana, M.D. (Trustee) Michael E. Chansky, M.D., Ph.D. (Trustee) Roland Schwarting, M.D. (Trustee) Raymond Baraldi, M.D. (Officer) Carolyn E. Bekes, M.D. (Officer) Gary Lesneski (Officer) Anthony Mazzarelli (Officer) Douglas Shirley (Officer) Jane M. Tubbs (Officer) George Weinroth (Officer) Please note that remuneration was for services rendered as full-time employees of the organization, not for services rendered as a voting trustee or officer of the organization's board of trustees

Return Reference	Explanation
Form 990, Part XI, Line 9	Reconciliation of Net Assets change in fair value of interest rate swap agreements $ 5,475,000 change in pension benefit obligation 5,705,000 Net Asset Transfer to Cooper Cancer Center (36,553,000) Miscellaneous Rounding (146) ---------- Total $ (25,372,854) ========== Community Benefit Statement Index References lower right-hand corner page number 1 Background, Page 86 2 Charitable purposes, charity care and community activites, Page 88 3 Vision and Mission of the Cooper Health System, Page 90 4 Signature Programs, Page 91 Cooper Heart Institute, Page 91 Cooper Bone & Joint Institute, Page 91 MD Anderson Cancer Center at Cooper, Page 92 Center for Critical Care Services, Page 93 Cooper Level One Trauma Center, Page 94 Cooper Neurological Institute, Page 95 Children's Regional Hospital at Cooper, Page 97 5 Other Medical Specialties, Page 99 6 Cooper Community Benefit Programs, Page 99 Community Hlth, Hlth Education, Clinical Services Community Health Outreach, Page 100 Classes/Suppt Grps/Comm Prgrms/Screenings/Actvts, Page 100 The Cooper Learning Center, Page 102 Trauma Education, Page 103 Safe Kids Southern New Jersey Coalition, Page 104 Life Supoprt Training Center, Page 104 Health Professional Education, Page 105 Continuing Medical Education, Page 105 Graduate Medical Education, Page 106 Training for Camcare (Local FQHC) Physicians, Page 106 Allied Health Prof Clinical/Didactic Educ/Train, Page 106 Simulation Lab, Page 107 EMS Training, Page 107 Subsidized Health Services, Page 107 Emergency Services for Community Events, Page 107 Early Intervention Program, Page 107 Disaster Preparedness and Medical Coordination Center, Page 108 Support Groups, Page 110 Translation Services for Patients, Page 111 Camden Coalition of Healthcare Providers, page 111 Camden Citywide Care Management Project, Page 111 Practice Capacity Building Project, Page 112 Expansion of Access to Mental Health Care, Page 112 Palliative Care Program, Page 113 Research-clinical and Community Health, Page 113 Cash-in-kind Contributions to Community Groups, Page 113 Community Building, Page 114 Physical Improvements, page 114 Economic Development, Page 115 Community Support, Page 117 Environmental Improvements, Page 118 Leadership Development/Training for Community Members, Page 118 Coalition Building, Page 118 Workforce Development, Page 119

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT	1) Background Cooper University Hospital, founded in 1887, is the clinical campus of Cooper Medical School of Rowan University, and the leading provider of health services to southern New Jersey Cooper has been a vital institution in Camden for 127 years In the past decade, Cooper has greatly expanded its facilities and services in Camden and throughout South Jersey The Cooper network currently serves more than half a million patients a year Cooper's main hospital campus is located on the Health Sciences Campus in Camden, New Jersey Adjacent to the Cooper Plaza/Lanning Square neighborhood, Cooper has a long history of outreach and service efforts to its local community Some of these initiatives include health and wellness programs for the neighborhood, development of three neighborhood parks and playground, and outreach to programs in local schools Cooper has also expanded its footprint in the city with the construction of a state-of-the-art medical tower and a new Cancer Center, creation of a new medical school, and efforts to rehabilitate nearby residential properties Cooper University Hospital has over 6,600 employees and a medical staff of over 700 physicians in over 75 specialties The health system has been the clinical campus of the University of Medicine and Dentistry of New Jersey - Robert Wood Johnson Medical School at Camden since 1978 and is now training the next generation of physicians at our new Cooper Medical School of Rowan University Cooper offers training programs for medical students, residents, fellows, nurses and allied health professionals in a variety of specialties Cooper University Hospital offers a network of comprehensive services that include prevention and wellness, primary and specialty physician services, hospital care, ambulatory diagnostic and treatment services, and education and support services within southern New Jersey and the entire Delaware Valley Coupled with its educational goals, Cooper offers a broad agenda in the field of research Cooper physicians are involved in ongoing research and development as they keep abreast of changing modalities of medical care As an academic medical center, Cooper continuously attempts to improve patient's quality of life through the research efforts of its medical staff Cooper University Health Care takes pride in its ability to offer a comprehensive array of diagnostic and treatment services The hospital serves as southern New Jersey's major tertiary-care referral hospital for specialized services These signature programs include Level I Southern New Jersey Regional Trauma Center, the MD Anderson Cancer Center at Cooper, the Cooper Heart Institute, the Cooper Bone & Joint Institute, the Cooper Neurological Institute and Critical Care Cooper is also home to The Children's Regional Hospital, the only state-designated children's hospital in South Jersey The MD Anderson Cancer Center at Cooper opened in 2013 at the corner of Haddon Avenue and Martin Luther King Boulevard This freestanding 103,000 square foot facility provides integrated diagnosis, treatment and cancer care Cooper entered into an affiliation with MD Anderson to offer the most advanced cancer care to patients in South Jersey and the Delaware Valley 2) Charitable Purposes, Charity Care and Community Activities Cooper is recognized by the IRS as an internal revenue code section 501(c) (3) tax-exempt organization Moreover, Cooper operates consistently with the following criteria outlined in IRS revenue ruling 69-545 a) Cooper provides medically necessary health care services to all individuals regardless of ability to pay - including charity care, self-pay, Medicare and Medicaid patients b) Cooper operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year c) Cooper maintains an open medical staff, with privileges in most services available to all qualified physicians d) Cooper is governed by its Board of Trustees which is comprised of independent civic leaders and other prominent members of the community As demonstrated by the above IRS criteria, as well as other information contained herein, the use and control of Cooper is for the benefit of the public and no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally Cooper is guided by the belief that it is dedicated to the health care needs of the communities that it serves That level of determination and commitment is the very soul of Cooper Cooper provides health care services to all persons in a non-discriminatory manner regardless of race, color, creed, sex, national origins or ability to pay Moreover, Cooper provides health care services to patients who meet certain criteria under its charity care policy in compliance with the New Jersey state attorney general without charge or at amounts less than established rates Coope

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT	r maintains records to identify and monitor the amount of charity care it provides These records include the amount of charges foregone for services and supplies furnished under its charity care policy Additionally, as outlined herein, Cooper sponsors other charitable programs, which provide substantial benefit to the broader community Such programs include services to the needy and elderly population that require special support, various clinical outreach programs as well as health promotion and education for the general community welfare

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	3) Vision and Mission of The Cooper Health System Vision Statement Cooper University Healt h Care will be the premier health care provider in the region, driven by our exceptional p eople delivering a w orld-class patient experience, one patient at a time, and through our commitment to educating the providers of the future Mission Statement Our mission is to s erve, to heal and to educate We accomplish our mission through innovative and effective s ystems of care and by bringing people and resources together, creating value for our patie nts and the community 4) Signature Programs - Cooper Heart Institute The Cooper Heart Ins titute is the most comprehensive cardiovascular program in southern New Jersey At Cooper, cardiac patients have access to a w orld-renow ned team of cardiovascular experts, the most advanced technology and the best care options Cooper provides the full spectrum of heart care from prevention and diagnosis, to the most innovative non-surgical techniques and su rgical treatments-from special stenting procedures to opening blocked heart arteries to be ating heart surgery and complex heart valve surgery Cooper conducts cutting-edge clinical research in areas such as interventional cardiology, electrophysiology and arrhythmias, t he treatment of cardiogenic shock. The Cooper Heart Institute is the region's expert in tr eatment of acute myocardial infarction, and receives urgent transfers of seriously ill car diac patients round-the-clock. - Cooper Bone & Joint Institute The Cooper Bone & Joint Ins titute is staffed by orthopedic physicians w ho provide comprehensive surgical and non-surg ical services for disorders of the musculoskeletal system As part of the Level I Trauma C enter in southern New Jersey, they are an integral part of the trauma team that handles th e most complex orthopedic injuries Cooper's orthopedic surgeons are experts w ho are devel oping innovative techniques in arthroscopic surgery, joint replacement of the shoulder, hi p, and knee, ankle, elbow , and spine surgery, as w ell as hand and upper extremity surgery and re-plantation and orthopedic reconstruction The Cooper Bone and Joint Institute also provide a collaborative multidisciplinary concussion program and orthopaedic rehabilitatio n The Cooper Bone & Joint Institute offers over 27 comprehensive programs offering a uniq ue treatment continuum of care w ithin a highly integrated health care delivery netw ork. Th e goal of the Cooper Bone & Joint Institute is simple to return its patients to normal fu nction as quickly and safely as possible To reach this goal, the medical professionals at the Cooper Bone & Joint Institute enlist a comprehensive, leading edge approach to the pr evention, assessment, treatment and rehabilitation of musculoskeletal injuries The Cooper Bone & Joint Institute's highly trained team of surgeons, nurses, physician assistants, r ehabilitation specialists and various medical support personnel w orks w ith each patient an d their primary care physician to develop a treatment plan specifically for that patient By combining extensive clinical expertise w ith a compassionate, caring, treatment philosop hy, the Cooper Bone & Joint Institute has created a program know n for its quality of care - MD Anderson Cancer Center at Cooper Within MD Anderson Cancer Center at Cooper, multidi sciplinary disease-site specific teams, consisting of physicians (medical, gynecologic, ra diation and surgical oncologists), nurses and other clinical specialists, w ork together to provide cancer patients w ith the most advanced diagnostic and treatment technologies avai lable - from cutting edge radiation oncology technologies such as the CyberKnife, to advan ced chemotherapy regimens to innovative surgical techniques including minimally invasive a nd robotic surgeries - as w ell as access to groundbreaking clinical trials and dynamic pat ient-physician relationships A full complement of support services including nutritional counseling, genetic testing and counseling, social w ork services, complementary medicine t herapies and behavioral health support services provides complete, compassionate care for all patients - Center for Critical Care Services Cooper has earned the distinguished repu tation as the critical care provider to the region's most seriously ill The opening of a state-of-the-art intensive care unit and the development of an acclaimed clinical research program have catapulted critical care at Cooper to a new level of clinical and academic e xcellence More than 40 percent of inter-hospital transfers from South Jersey are directed to Cooper's critical care service since the implementation of the Cooper Transfer Center Critical care physicians at Cooper are among the w orld's experts in the treatment, and re search of sepsis and septic shock. Cooper is also the region's leading provider of therape utic hypothermia, and has established the Cooper Resuscitation Center to handle the transf er and care of patient after cardiac arrest When

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	a child has a serious illness or has suffered serious trauma, Cooper directs the highest c aliber of attention to the child's critical care needs Cooper's pediatric intensive care service, which admits nearly 1,200 children each year, is staffed by pediatric critical ca re specialists who have the most sophisticated medical equipment at their disposal Inter- hospital transfers from South Jersey are directed to Cooper's pediatric transfer center When patients must be transported here from area hospitals, an experienced team of critical care transport specialists provide ongoing monitoring during the ground or air transport

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	- Cooper Level One Trauma Center Each year, nearly 3,000 critically injured patients are transported to Cooper's Level I Trauma Center, South Jersey's only Level I trauma service Whether they arrive by helicopter or ambulance, the mission of the trauma team remains the same resuscitate, evaluate and treat the patient's injuries as quickly as possible Cooper's Trauma Center is known and respected throughout the region and is the most active trauma center in the entire Delaware Valley Cooper's trauma teams have saved tens of thousands of lives The Trauma Center at Cooper was established in 1982 and is one of only three New Jersey state-designated Level I trauma centers Cooper serves as the regional trauma center for southern New Jersey including Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem Counties, and as a resource for the Level II Trauma Centers in our region A Level I trauma center cares for severely injured patients including persons involved in motor vehicle accidents, falls, and assaults with guns, knives, or other blunt objects The Level I Trauma Center at Cooper has also been recognized and verified by the American College of Surgeons as a Level I Trauma Center with Pediatric Commitment Cooper's trauma center is part of a statewide network of trauma centers These centers participate in multiple national research studies to advance treatments for brain damage, spinal cord injuries and shock management Cooper's nationally recognized Traumatic Injury Prevention Programs are geared for teens, education professionals and senior citizens with 300 programs reaching over 12,800 individuals last year, and since the inception of the program, the team has reached over 145,000 individuals Additional classes are held through Cooper's participation with Safe Kids of Southern New Jersey - Cooper Neurological Institute Cooper has one of the most progressive patient and family-centered neurological centers in the region - offering the most advanced system on the East Coast for noninvasive treatment for brain disorders The Cooper Neurological Institute (CNI) is located in an 11,500 square-foot facility in Three Cooper Plaza on the Cooper Health Sciences Campus The CNI is dedicated to providing exceptional, compassionate and easy-to-access care to patients with neurological diseases and disorders - and applying innovative and promising solutions, from surgery and minimally invasive procedures of the brain and spine, to radiosurgery and magnetic guidance systems The medical staff at the CNI includes renowned neurologists, neurosurgeons and many other subspecialists Cooper University Hospital's neurological institute is the only one in central and southern New Jersey, and one of the first hospitals in the US, to offer patients the Leksell Gamma Knife (federally registered trademark symbol) Perfexion (unregistered trademark symbol) Gamma Knife Perfexion radiosurgery is available for the treatment of patients with brain disorders such as cancers and tumors, vascular abnormalities, functional disorders, and ocular disorders The Gamma Knife surgical technology provides brain surgery without any incisions, and is as precise as a pinpoint A patient can normally return home the same day The CNI also treats patients for Parkinson's Disease, tremors and dystonia CNI provides deep brain stimulation (DBS) which involves the implantation in the brain of a thin electrode which is connected to a neurostimulator the size of a pacemaker Once in place, patients can experience relieved or decreased symptoms of tremor, rigidity, slowness of movement, stiffness, and balance CNI also provides help for patients with gait or balance dysfunction The Fall Prevention Program offers expert diagnosis and treatment in a multidisciplinary environment to identify any treatable underlying causes of the patient's balance dysfunction The CNI provides a full range of services - from sophisticated diagnostics to advanced rehabilitation resources-and offers the most progressive medical and surgical treatments in virtually every neurological field - Children's Regional Hospital at Cooper A "hospital-within-our-hospital," the Children's Regional Hospital (CRH) provides the finest pediatric services available to the children of southern New Jersey Designated by the State Department of Health as a specialty, acute care children's hospital, Cooper is uniquely equipped and carefully staffed to treat the region's most critically ill and seriously injured children, from newborns to adolescents Physicians and surgeons were recruited from the best children's hospitals in the nation And because they are experts in their field, they are also faculty members at Cooper Medical School of Rowan University Cooper has the only pediatric trauma program in South Jersey, and the highest level Newborn Intensive Care Unit which was awarded NIDCAP Nursery Certification, only the second hospital in the wor

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	ld to receive this certification Cooper also has a Regional Cleft-Palate Craniofacial Pro gram In addition to its facilities and staff, the CRH membership in the National Associat ion of Children's Hospitals and Related Institutions (NACHRI) ensures access to the most c urrent standards of pediatric care in practice in the U S CRH's participation in international, national, and statewide research collaboratives like the CRH's cancer group, AIDS c linical trials group and UMDNJ-New Jersey Medical School Asthma and Allergy Study Group al so allow the CRH to offer patients access to the latest treatment modalities Each year, a bout 5,000 children are admitted to the Children's Regional Hospital at Cooper for special ized care Another 15,000 children are treated each year in its pediatric emergency room In addition, there are more than 60,000 outpatient visits each year to the pediatric medic ine and surgical specialists of the CRH The CRH provides a wide range of pediatric servic es for infants, children and adolescents from southern New Jersey, Philadelphia and throug hout the Delaware Valley The CRH's services are comprehensive with the clinical staff and medical technology to diagnose the most complex pediatric diseases in an environment w her e the focus is on the child and the family In addition to its highly skilled physicians, the CRH is staffed with nurses, clinical specialists, therapists, nutritionists, social w o rkers and technicians w ho are dedicated to providing the highest caliber of care in each o f their respective professions Their excellent training is complemented by their dedicati on to serving the special needs of children 5) Other Medical Specialties Cooper offers a variety of innovative prevention programs, state-of-the-art diagnostic and treatment techn iques, and a dedicated team of physicians, nurses and other medical professionals From it s signature programs in cancer, cardiology, critical care, neurology, orthopaedics and tra uma to its innovative programs in radiology, oncology and pediatrics, Cooper offers a full range of care and services for adults and children By examining Cooper's specialties, it is clear w hy the name Cooper is synonymous with World Class Care and leading edge facilit ies and services throughout the Delaware Valley

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	COMMUNITY BENEFIT STATEMENT (CONTINUED)	6) Cooper Community Benefit Programs The health of its surrounding communities is of Coope r's utmost concern From health care programs for the community to educational and employm ent programs, Cooper strives to be a responsible, involved community advocate Many, but n ot all, of Cooper's community benefit activities are outlined below Cooper's Community Be nefit Activities Community health, health education, clinical services and fundraising/gr ant w riting for community benefit programs 1 Community Health Outreach - Classes and Heal th screenings for the community A) Classes for Parents - Classes and support groups offer ed by Cooper include, but are not limited to, the follow ing - Breastfeeding An Introduct ion - Examines the benefits of breastfeeding and discusses how to get started, positioning techniques and community resources - Childbirth Preparation / Education Classes - Obstet rical Unit Tours - Infant/Child CPR Class-certification - CPR - Non-certified Training - P renatal Yoga - Early Pregnancy Consultation - Breathing and Relaxation Class - Breastfeedi ng Support Group - Baby 101 Newborn Care and Characteristics - Child and Infant Car Seat Safety Workshop B) Community programs, screenings and activities, most of w hich are free o f charge Includes events and educational classes such as (not an all-inclusive list) - D iabetes Support Group - Health Screenings i Stroke ii Cholesterol iii Glucose iv Bloo d Pressure v Peripheral Vascular Disease - Zumba - The Healthy Weigh Weight Management P rogram - The Diabetes Weigh Personalized Diabetes Management Program - Chair Yoga - Yoga for Women - RIPA Center Healthy Living Seminars - Core and More - Tai Chi - Flip Fitness - Viva Mat Pilates - Breast Health Education - OB/Gyn Clinic - Flu Vaccine - Community Base d diabetes self-management education classes - Health Conferences and health fairs - Healt h and w ellness-Nutrition Program - Healthy Living Free Seminars - eHealth Connection Newsl etters - Health eTalk Web Chat - Teachers and Coaches Seminars - Cooper in Schools - Healt h education for school professionals, parents and students - Concussion and sports related injuries education and outreach - MD Anderson Cancer Center at Cooper Dr Diane Barton Co mplementary Medicine Program i Restorative Yoga ii Qi Gong iii Mindful Meditation iv Live, Lunch and Learn v Annual Survivors Day vi Bonnie's Book Club vii Other prog rams The Cooper Learning Center - The Cooper Learning Center offers the follow ing programs and services - Educational assessments - Reading enrichment programs - Comprehensive ADD & ADHD assessments - Fast forw ard language programs - Writing and language programs - Mat h programs - Anger management - Social skills - Study skills - Parenting sessions - Therap eutic Services - Psychological Services - Services and Programs for Teachers and Schools - Summer Reading Camp - The Rookie Reader Program 2 Trauma Education - The Trauma Outreach Program is a combination of 16 educational and interventional classes that focus on injur y/trauma prevention For the past 15 years the Trauma Outreach Programs has been committed to reducing the incidence of trauma injuries in southern New Jersey by delivering compreh ensive trauma/injury intervention programs Programs and classes include such topics as A lcohol Abuse and Outcomes, Don't fall for Us, Drivers Education, Prom Program, Risk Taking , Teen Drug Use and Outcomes, Youth Gang Violence, Tours of the trauma facilities for scho ols and students, and Safe Kids Walk to School Day The Department also provides courses, programs and education sessions for local EMS organizations 3 Safe Kids Southern New Jer sey Coalition - This local coalition covers the Camden, Gloucester, and Burlington county area and is one of over 300 groups across the country and around the w orld organized by th e National SAFE KIDS Campaign Cooper University Hospital serves as the lead organization for the coalition of hospitals, public safety departments, non-profits, businesses, and co ncerned parents The mission of the coalition is to reduce accidental injuries and deaths of children ages 14 and under through education in schools Safe Kids Southern New Jersey draw s on the strength of its grassroots participation and brings together a cross-section of community leadership including Law enforcement, Firefighters and paramedics, Medical an d health professionals, Educators, Parents, Businesses, Public policymakers, and Media Cu rrent programs also include classes on car seat safety, bike helmet safety, summer safety and home safety 4 Life Support Training Center - Basic Life Support (BLS) Training teach es the process of supplying rescue breaths and chest compressions to individuals experienc ing cardiac arrest The BLS training program has existed internally for over a decade In the past tw o years the Life Support Training Center has expanded the program, and now offe rs classes to other organizations and community me

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	mbers The purpose of expanding the program is to educate and empower the community about Basic Life Support There are two basic program activities that are offered through the Life Support Training Center Healthcare Provider BLS for health professional and HeartSaver AED for community members

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	Health professional education, physicians, medical students, nurses, etc , scholarship 1 Continuing Medical Education -In July 2012, Cooper received a six-year accreditation with commendation (until July 2018) Cooper is the only hospital or health system in southern N ew Jersey with national accreditation Moreover, only an average of 7 percent of all natio nal CME providers receives a six-year accreditation with commendation (approximately 49 pr oviders) All CME activities target primary care physicians and physicians from all specia lties Other allied health professionals including fellow s, residents, advanced practice n urses, physician assistants, nurses, technicians, and medical students also attend This y ear's topics included anesthesiology, various cancers, gynecologic oncology, cancer surviv orship, orthopaedics, hypnosis, cardiovascular disease, rheumatology, pediatric emergencie s, and clinical research All areas of interest are covered in our in-house series and joi nt-sponsorship series 2 Graduate Medical Education - Cooper's GME programs train approxi mately 260 residents and fellow s per year Cooper Medical School of Row an University In Oc tober 2009, Cooper and Row an University announced a landmark partnership to establish a me dical school - the first four-year allopathic medical school ever in Southern New Jersey a nd the first new medical school in 35 years in the state Key to the partnership has been the collaboration betw een the institutions Representatives from both Row an and Cooper w or ked together to forge a founding philosophy for the school, explore partnerships in resear ch areas, and create committees to w ork tow ard Liaison Committee on Medical Education (LCM E) accreditation of the school Cooper Medical School of Row an University is located in Ca mden, NJ, at Broadw ay and Benson Streets The six-floor, 200,000 square-foot school w elcom ed its inaugural class of 50 students in August 2012 3 Training for CAMcare (local FQHC) physicians - Cooper provides continuing medical education programs to physicians employed w ith the local FQHC 4 Allied Health Professional Clinical and Didactic Education/Traini ng - Cooper University Hospital provided education to, approximately, 74 allied health pro fessional students in three different fields w ithin the Center for Allied Health Education School of Cardiovascular Perfusion, School of Diagnostic Imaging, and the School of Radi ation Therapy 5 Simulation Lab - The Cooper University Hospital Simulation Laboratory is dedicated to advancing patient safety and healthcare provider education at all clinical l evels We aim to be a resource to our Cooper Departments and to other hospitals and health care providers in our community and region One-to-one and small group instruction utilizi ng lifelike mannequins is conducted by facilitators trained in the use of computer driven simulation adjuncts Attention is focused on maintaining a non-threatening learning enviro nment, providing adequate mechanisms for positive feedback and developing a supportive stu dent-facilitator relationship This includes training for medical students 6 EMS Trainin g - Cooper provides medical director services and training for numerous local EMS services Subsidized health services, ER and trauma, hospital outpatient, behavioral health, palli ative care 1 Emergency services for Community Events - Cooper provides emergency services for local community events 2 Early Intervention Program - The Cooper University Hospita l EIP/Family HIV Treatment Center w as established in 1990, to serve a four county area of southern New Jersey consisting of Camden, Burlington, Gloucester, and Salem counties It i s a regional, multidisciplinary outpatient center that has provided a full range of servic es to over 1400 patients The primary mission of the EIP/HIV Family Treatment Center at Co oper is to provide comprehensive medical and supportive services to HIV infected individua ls regardless of their ability to pay The center also frequently serves as a port of entr y for many HIV infected Camden residents into any type of medical care 3 Disaster Prepar edness and Medical Coordination Center - The mission of the Division of EMS and Disaster M edicine is to maintain the integrity of the health care continuum as it relates to the res ponse for a mass casualty incident involving chemical, biological, radiological, nuclear, traumatic, and natural events through clinical care, education, training, and research Th e goals for the Division are to provide subject matter expertise related to disaster medic ine (emergency medical services, emergency medicine, trauma, toxicology, pediatrics, infec tious diseases, environmental safety, radiation safety, and industrial hygiene), to provid e education and training for all audiences involved in disaster preparedness through the N ational Disaster Life Support Regional Training Center, to participate in research initiat ives to maintain the highest level of preparedness

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	and pre-hospital care through evidence based medicine, to support a highly trained medical strike team that can respond to large chemical, biological, radiological, nuclear, and traumatic mass casualty events, and to collaborate with local, state, regional, and federal partners to assist in effective disaster planning

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	COMMUNITY BENEFIT STATEMENT (CONTINUED)	The Medical Coordination Center (MCC) serves as the regional hub for healthcare related emergency planning, training and response The MCC located at CUH provides situational awareness, resource management, and information management for the healthcare continuum as it relates to emergency preparedness, response, mitigation and recovery The primary area of responsibility for the CUH MCC is the entire Southern Region of New Jersey which consists of the 7 Southern most counties as well as integration with Southeastern Pennsylvania (including the City of Philadelphia) and the State of Delaware (including the City of Wilmington) The MCC utilizes the expertise provided by the Division of EMS and Disaster Medicine, regional law enforcement, fire departments, emergency medical services, CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) teams, technical rescue teams, etc , to assist the healthcare continuum in meeting their mission In January, 2010, Cooper sent a medical team to Haiti after the devastating earthquake injured thousands of Haitians The team spent two weeks treating patients and helping coordinate an effort to set up hospitals and clinics for the injured 4 Support groups - Cancer Support Groups There are times when the support of friends and family isn't enough Spending time with others who have a shared or similar experience and sharing experiences helps with depression and anxiety, and is the key to recovery Cooper's support groups, activities and social events encourage fitness and the maintenance of a healthy body and mind Groups included but are not limited to - Prostate Support Group & Lecture Series - The Cooper Cancer Institute is proud to present the Prostate Support Group, the only such support group in southwestern New Jersey This is a joint venture of leaders in the care and treatment of prostate diseases and the Cooper Prostate Center The meetings are intended to allow survivors of prostate diseases and their families to become well informed, give and receive the support of others, ask questions, and express their concerns - Sister Will You Help Me? - A breast cancer support group for women of color and faith - the group's mission is to empower through knowledge, encourage through sisterhood, enlighten through faith and to bond through love - Smoking Cessation Group - Whether you have been smoking for 3 years or 30 years, it is not too late to quit and improve health The program is based on empirically supported therapies that have been found to help people quit smoking - Latino Cancer Survivors - My Genes, My Risk - Young Women with Breast Cancer Support Group 5 Translation services for patients - Cooper provides translation services for patients whose first language is not English 6 Camden Coalition of Healthcare Providers - Cooper provides significant support to this organization which was created as an opportunity for providers to network and discuss the common issues they face in running medical practices in Camden and providing care in a poor, urban environment Camden Citywide Care Management Project In September 2007, the Coalition began implementation of a Citywide Care Management Project to reach out to high utilizers of city emergency rooms and hospitals A part-time nurse practitioner, community health worker, and a full-time social worker staff the project Patients are enrolled to the project by referral from emergency department physicians, inpatient physicians, and social workers The project provides "transitional" primary care with a goal of moving the patients into a primary care setting that can meet their needs With over sixty patients enrolled in our project, we are visiting them in homeless shelters, abandoned homes, hospital rooms, ED gurneys, and street corners Practice Capacity Building Project The Coalition's philosophy is that by increasing capacity within local primary care offices we can help them achieve higher patient satisfaction, improved economic viability, and better health outcomes Monthly roundtable meetings and seminars have been held for local office managers and providers to encourage peer-to-peer linkages, increase skills and knowledge of modern medical office management techniques and educate in specific practice management topics Participation in this group leads to on-site consultation for individual offices, focusing on process flows, operations management, analyzing cycle times, and information management Expansion of Access to Mental Health Care Psychiatry services are extremely difficult to access in underserved communities The Coalition is developing a system of joint primary care/psychiatry appointments to increase a primary care provider's capacity to provide mental health care The psychiatrist will provide mentoring, coaching and consultation to the primary provider Palliative Care Program The Palliative Care Program is designed to be integrated as part of a patient's care plan at any time, to m

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	anage symptoms related to treatment such as chemotherapy, or for symptoms that linger or a ppear after treatment is complete Palliative care is the comprehensive treatment of the d iscomfort, symptoms and stress of serious illness It does not replace a patient's primary treatment, but w orks together w ith treatment at any point in a patient's care Palliative care also addresses psychological, social and spiritual concerns - all to achieve the bes t quality of life possible for each patient At Cooper, the Palliative Care Program can he lp patients manage the common side effects of illness such as pain, fatigue, nausea, cons tipation, diarrhea, depression and anxiety, difficulty breathing, loss of appetite and w ei ght loss, w eakness, sleep problems, confusion and end-of-life care Research-clinical and community health The Cooper Research Institute, established in January 2003, coordinates c linical trials and supports researchers at Cooper Through basic and clinical research, fa culty at Cooper is bringing scientific discoveries to life and providing thousands of pati ents in South Jersey w ith access to cutting-edge treatments in fields such as cancer, card iology, critical care, diabetes, and gene therapy Cooper faculty members currently conduc t approximately 340 NIH and industry-sponsored clinical trials each year Many of these st udies are only available in South Jersey at Cooper By participating in a clinical trial, an individual may have the first chance to benefit from improved treatment methods and the opportunity to make an important contribution to medical science Past research by Cooper faculty has led to new standards of care and novel therapies in fields such as cancer, ca rdiology, surgery, and orthopedics For example, Cooper faculty members have conducted stu dies that led to new cancer treatments such as Rituxan for lymphoma, Iressa for advanced non-small cell lung cancer, Tamoxifen to prevent breast cancer, and Cisplatin plus radiati on therapy for cervical cancer Among other medical advances credited to the Cooper Resear ch Institute are Cash in kind contributions to community groups Cooper sponsors various n on-profit organizations to promote and build a healthy community

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	Cooper's Community Building activities include but are not limited to 1) Physical improve ments and housing revitalization projects - Neighborhood Revitalization Tax Credit Projec t - Cooper University Hospital has served as the lead and is partnering with Metro Camden Habitat for Humanity, Saint Joseph's Carpenter Society, Center for Family Services, Camden Special Services District, The Cooper Lanning Civic Association and additional community partners on nearly $3 million in funding from the Neighborhood Revitalization Tax Credit (NRTC) program through the N J Department of Community Affairs to improve housing and comm unity conditions in the Cooper Plaza Neighborhood Cooper University Hospital has served a s the lead in writing and administering the grant on behalf of the community partners Thi s includes three phases of NRTC projects - New Parks and Park Maintenance - Cooper has pa rtnered with Camden City, Camden County and community groups on the construction of three new neighborhood parks Cooper has taken the responsibility for the ongoing maintenance an d upkeep of the three parks Cooper has been a partner with Camden County and community or ganizations for the ongoing streetscape and landscape improvements in the Cooper Plaza Nei ghborhood funded through the County Cooper has facilitated meetings to coordinate the pro ject with the County and community organizations and address community questions or concer ns - Housing Rehabilitation - Cooper partners with non-profits to advance efforts to impr ove housing in the Cooper Plaza neighborhood This includes partnerships with Saint Joseph 's Carpenter Society, Camden County Habitat for Humanity and other housing partners to on projects g for the acquisition and rehabilitation of homes in the Cooper Plaza neighborhoo d - Homeow nership Partnerships - Cooper has partnered with non-profit organizations such as Saint Joseph's Carpenter Society and Camden County Habitat for Humanity to promote home ow nership opportunities in the Cooper Plaza Neighborhood to further stabilize the communi ty with occupied housing 2) Economic Development - assisting business development, creati ng new employment opportunities - Cooper's Ferry Partnership - Cooper is a member of the Cooper's Ferry Partnership Cooper actively w orks with the organization on community issue s and additional projects to improve the neighborhoods in Camden and foster economic devel opment opportunities This includes collaboration and partnerships on initiatives and oppo rtunities to facilitate the revival of the City of Camden as a place w here people choose t o live, w ork, visit, and invest - Camden Special Services District - Cooper is a partner for the Camden Special Services District that provides maintenance and a human presence th rough "Ambassadors" in Camden's Dow ntown, University District, and Broadw ay Corridor to re move graffiti, clean streets, pickup liter and debris, additional maintenance services and serve as a daily presence on these corridors 3) Community Support - mentoring, neighborh ood support, disaster readiness, - Cooper Lanning Civic Association and Lanning Square Wes t Association - Participation in association meetings, project coordination, events and ad ministrative support - Neighborhood Concert Series - In 2013, Cooper University Hospital continued the series w ith four free community concerts in Cooper Commons Park and the Lann ing Square Park during the summer - Cooper Plaza Neighborhood Watch - Cooper supports the Cooper Plaza neighborhood and the Cooper Lanning Civic Association during the community's neighborhood w atch initiative by providing space and food for the effort - Promise Neigh borhood Initiative - Cooper University Hospital has been an active partner w ith the City o f Camden, Center for Family Services and other community groups on the planning effort and the Promise Neighborhood Initiative to develop a comprehensive approach to social service s for children and families living in the Cooper Lanning neighborhood 4) Environmental im provements - Clean and Safe Cooper Plaza Program - Partnership w ith the Camden Special Se rvices District to provide maintenance services in the Cooper Plaza Neighborhood to improv e the physical appearance and upkeep of the neighborhood in order to provide an enhanced s ense of safety and a maintained neighborhood for residents and visitors - Streetscaping, landscaping and park maintenance in community 5) Leadership development/training for comm unity members Cooper provides development and training to include but not limited to - Ch ild passenger safety technician classes - Child passenger safety training - booster seat p rogram - Fire safety teacher in service sessions 6) Coalition building and collaborative e fforts to address health and safety issues - Camden City Cancer Initiative, member, surve y development - Camden Higher Education and Health Care Task Force - Cooper is a founding member and active participant in the Camden Higher

Return Reference	Explanation	
	COMMUNITY BENEFIT STATEMENT (CONTINUED)	Education and Health Care Task Force ("Eds and Meds") - Housing Implementation Task Force - Cooper convenes meetings with non-profits, community organizations, and government agencies to discuss opportunities to improve housing options in the City of Camden 7) Workforce Development - Career fairs and education - STRIVE, Woodland Community Development Corporation, Camden County and Camden One Stop - Youth Summer Employment Program - Cooper's Summer Youth Employment Program provides opportunities for Camden residents that are in high school to work in paid internship positions for six weeks in the summer at various departments at Cooper - Cooper participates and serves in a collaborative effort with organizations like the Camden County Workforce Investment Board in the development and retention of workforce opportunities in Camden County and works with the Board on literacy programs and initiatives to prepare individuals to gain employment

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
The Cooper Health System a New Jersey
Non-Profit Corporation

Employer identification number
21-0634462

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Cooper Medical Sevices Inc One Cooper Plaza Camden, NJ 08103 22-3832149	Health Svcs	NJ	501(c)(3)	11-I	CH System	Yes	
(2) The Cooper Foundation One Cooper Plaza Camden, NJ 08103 22-2213715	Support CHS	NJ	501(c)(3)	7	na		No
(3) The Cooper HLTH SYS - Wrkrs Comp Trust One Cooper Plaza Camden, NJ 08103 22-6409235	Support CHS	NJ	501(c)(3)	11-I	CH System	Yes	
(4) Cooper Cancer Center Inc Three Cooper Plaza Camden, NJ 08103 46-0943572	Health Svcs	NJ	501(c)(3)	11-I	CH System	Yes	

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

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

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	(i) No
(1) C & H Collection SVS Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2603503	Collection	NJ	CH Services	C Corp					
(2) Cooper Custom Packs Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-3236745	Medical Suppl	NJ	CH Services	C Corp					
(3) Cooper Data Services Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-3192943	Data Services	NJ	CH Services	C Corp					
(4) Cooper Healthcare Management Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2599494	Management	NJ	CH Services	C Corp					
(5) Cooper Healthcare Properties Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2567105	Real Estate M	NJ	CH Services	C Corp					
(6) Cooper Healthcare Services RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2567106	Health Svcs	NJ	CH System	C Corp			100 000 %		

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

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

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
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

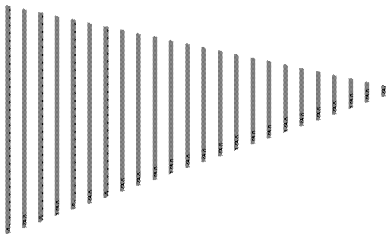
Software ID:
Software Version:
EIN: 21-0634462
Name: The Cooper Health System a New Jersey Non-Profit Corporation

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Cooper Healthcare Properties Inc	L	111,151	Cash-FMV
The Cooper Foundation	C	2,523,755	Cash-FMV
Cooper Medical Services	L	507,244	Cash-FMV
Cooper Healthcare Properties Inc	Q	153,948	Cash-FMV
C & H Collection Services Inc	L	163,287	Cash-FMV
Cooper Healthcare Properties Inc	K	473,771	Cash-FMV
Cooper Medical Services	K	4,449,236	Cash-FMV
C & H Collection Services Inc	O	65,461	Cash-FMV
Cooper Medical Services	O	187,944	Cash-FMV
C & H Collection Services Inc	L	612,658	Cash-FMV
Cooper Medical Services	K	284,913	Cash-FMV
Cooper Medical Services	P	297,086	Cash-FMV

SPECIAL-PURPOSE FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

The Cooper Health System—Obligated Group
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors



Building a better working world

The Cooper Health System—Obligated Group

Special-Purpose Financial Statements
and Supplementary Information

Years Ended December 31, 2013 and 2012

Contents

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Building a better working world

Report of Independent Auditors

Board of Trustees
The Cooper Health System

We have audited the accompanying special-purpose financial statements of The Cooper Health System—Obligated Group, which comprise the special-purpose balance sheets as of December 31, 2013 and 2012, and the related special-purpose statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the special-purpose financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements on the basis of the financial reporting provisions of the Master Trust Indenture between the Obligated Group and the Bank of New York Mellon dated February 15, 1997 described in Note 2, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these special-purpose financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets and liabilities of the Obligated Group as of December 31, 2013 and 2012, and results of its operations and its cash flows on the basis of accounting described in Note 2

Supplementary Information

Our audit was performed for the purpose of forming an opinion on the special-purpose financial statements as a whole The accompanying consolidating special-purpose balance sheet as of December 31, 2013, and consolidating special-purpose statement of operations and changes in net assets for the year then ended, are presented for purposes of additional analysis and are not a required part of the special-purpose financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Contractual Basis of Accounting

As described in Note 2 to the special-purpose financial statements, the financial statements have been prepared by the Obligated Group on the basis of the financial reporting provisions of the Master Trust Indenture between the Bank of New York-Mellon and the Obligated Group, which is a basis of accounting other than U S generally accepted accounting principles, to comply with the financial reporting provisions of the Master Trust Indenture referred to above Our opinion is not modified with respect to this matter

Restriction on Use

Our report is intended solely for the information and use of management and the Board of Trustees of the Obligated Group, the trustee under the Master Trust Indenture, rating agencies and bondholders and is not intended to be and should not be used by anyone other than these specified parties

Ernst + Young LLP

April 30, 2014

The Cooper Health System—Obligated Group

Special-Purpose Balance Sheets
(In Thousands)

	December 31	
	2013	**2012**
Assets		
Current assets		
Cash and cash equivalents	**$ 94,787**	$ 100,323
Current portion of assets limited as to use – externally designated	**22,895**	18,804
Patient accounts receivable, net of allowance for doubtful accounts of $23,971 in 2013 and $22,127 in 2012	**108,173**	106,150
Prepaid expenses and other current assets	**35,036**	28,104
Due from affiliate, net	**521**	–
Total current assets	**261,412**	253,381
Assets limited as to use		
Internally designated by Board of Trustees	**175,492**	155,297
Externally designated under debt agreements, net of current portion	**64,390**	13,875
Externally designated under self-insurance programs, net of current portion	**40,181**	47,755
	280,063	216,927
Property, plant, and equipment, net	**403,569**	358,263
Other assets, net	**7,397**	5,971
Note receivable	**15,781**	15,781
Total assets	**$ 968,222**	$ 850,323

	December 31	
	2013	**2012**
Liabilities and net assets		
Current liabilities		
Accounts payable	**$ 25,516**	$ 16,118
Accrued expenses	**89,012**	93,531
Current portion of estimated settlements due to third-party payors	**7,776**	4,699
Current portion of self-insured reserves	**17,658**	14,483
Current portion of long-term debt	**6,944**	6,615
Due to affiliates	**–**	2,706
Total current liabilities	**146,906**	138,152
Estimated settlements due to third-party payors, net of current portion	**10,716**	18,050
Accrued retirement benefits	**1,521**	8,145
Self-insured reserves, net of current portion	**50,995**	57,372
Notes payable	**22,296**	22,296
Long-term debt, net of current portion	**286,724**	240,606
Deferred revenue and other liabilities	**16,857**	23,455
Total liabilities	**536,015**	508,076
Net assets		
Unrestricted	**431,768**	341,808
Permanently restricted	**439**	439
Total net assets	**432,207**	342,247
Total liabilities and net assets	**$ 968,222**	$ 850,323

See accompanying notes.

The Cooper Health System—Obligated Group

Special-Purpose Statements of Operations and Changes in Net Assets

(In Thousands)

	Year Ended December 31	
	2013	**2012**
Unrestricted net assets		
Revenue		
Net patient service revenue	**$ 879,740**	$ 821,717
Provision for bad debts	**(66,856)**	(62,058)
Net patient service revenue less provision for bad debts	**812,884**	759,659
Other revenue	**61,752**	63,660
Total revenue	**874,636**	823,319
Expenses		
Salaries, wages and fringe benefits	**520,950**	491,969
Supplies and other	**277,077**	260,561
Malpractice	**15,408**	18,546
Depreciation and amortization	**34,454**	35,052
Interest	**10,556**	9,987
Total expenses	**858,445**	816,115
Operating income before malpractice actuarial gain	**16,191**	7,204
Malpractice actuarial gain	**5,069**	6,613
Operating income	**21,260**	13,817
Nonoperating gains and losses		
Investment income	**14,841**	9,504
Net change in unrealized gains and losses on trading securities	**(2,057)**	103
Loss on disposal of fixed assets	**(997)**	–
Change in fair value of interest rate swap agreements	**5,475**	(262)
Excess of revenue over expenses	**38,522**	23,162
Other changes in unrestricted net assets		
Change in pension benefit obligation	**5,705**	847
Contributions for capital acquisitions	**46,404**	18,761
Net change in net unrealized gains and losses on investments	**(671)**	(324)
Net asset transfer from affiliate	**–**	15,000
Increase in unrestricted net assets	**89,960**	57,446
Increase in net assets	**89,960**	57,446
Net assets, at beginning of year	**342,247**	284,801
Net assets, at end of year	**$ 432,207**	$ 342,247

See accompanying notes.

The Cooper Health System—Obligated Group

Special-Purpose Statements of Cash Flows
(In Thousands)

	Year Ended December 31 2013	2012
Operating activities		
Increase in net assets	$ 89,960	$ 57,446
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Change in pension benefit obligation	(5,705)	(847)
Net asset transfer from affiliate	–	(15,000)
Change in fair value of interest rate swap agreements	(5,475)	262
Depreciation and amortization	34,454	35,052
Loss on disposal of property, plant, and equipment	997	–
Provision for bad debts	66,856	62,058
Contributions for capital acquisitions	(46,404)	(18,761)
Net realized and unrealized gains on investments	(4,516)	(2,158)
Changes in certain assets and liabilities		
Patient accounts receivable	(68,879)	(76,524)
Prepaid expenses and other assets	(7,058)	4,786
Accounts payable and accrued expenses	4,642	21,314
Self-insured reserves and accrued retirement benefits	(4,121)	(9,419)
Estimated settlements due to third-party payors	(4,257)	1,420
Due from/to affiliates	(3,227)	3,919
Deferred revenue and other liabilities	(106)	282
Net cash provided by operating activities	47,161	63,830
Investing activities		
(Purchases) sales of assets limited as to use, net	(62,711)	4,053
Capital expenditures	(81,551)	(42,867)
Net cash used in investing activities	(144,262)	(38,814)
Financing activities		
Net asset transfer from affiliate	–	15,000
Repayments of long-term debt	(8,456)	(6,182)
Financing fees incurred	(1,298)	(857)
Issuance of note receivable	–	(15,781)
Proceeds from issuance of long-term debt	54,915	–
Proceeds from notes payable	–	22,296
Contributions for capital acquisitions	46,404	18,761
Net cash provided by financing activities	91,565	33,237
Net (decrease) increase in cash and cash equivalents	(5,536)	58,253
Cash and cash equivalents at beginning of year	100,323	42,070
Cash and cash equivalents at end of year	$ 94,787	$ 100,323
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 10,617	$ 10,432
Assets acquired under capital lease	$ –	$ 997

See accompanying notes

The Cooper Health System—Obligated Group

Notes to Special-Purpose Financial Statements
(In Thousands)

December 31, 2013

1. Organization

The Cooper Health System (Health System) is a New Jersey not-for-profit organization The Health System is comprised of two divisions The Cooper University Hospital (CUH) and Cooper University Physicians (UP) The CUH includes the operations of Cooper Hospital/University Medical Center and The Children's Regional Hospital at Cooper, as well as programs focusing on ambulatory diagnostic and treatment services, wellness and prevention, and many other health services The UP consists primarily of the employed medical staff In 2012, the Cooper Cancer Center was formed as a New Jersey not-for-profit organization and will operate the Cancer Building and primarily lease space to CUH The Health System and the Cooper Cancer Center are the only members of the Obligated Group

The Health System also controls certain other entities which are not members of the Obligated Group and are not included in the accompanying financial statements Such entities include Cooper HealthCare Services, Inc (CHCS), Cooper Medical Services, Inc (CMS), and The Cooper Foundation (Foundation) CHCS is a holding company, and the sole shareholder of Cooper HealthCare Properties, Inc (CHCP) and C&H Collections Services (C&H) CHCP manages a number of medical office buildings for the Health System, and C&H provides collection services primarily to the Health System CMS owns and manages a medical office building on the campus of the Health System The Health System appoints all of the Board of Trustees and exercises certain control over the Foundation, which promotes the charitable, scientific and educational programs and policies of the Health System

2. Summary of Significant Accounting Policies

Special-Purpose Financial Statements

These special-purpose financial statements were prepared to comply with the requirements of The Cooper Health System Obligated Group Master Trust Indenture (the Indenture) The Indenture serves as the governing agreement for the tax-exempt Revenue Bonds of which $288,277 are outstanding at December 31, 2013 The indenture requires that The Cooper Health System prepare financial statements including only members of the Obligated Group CHCS, CMS, the Foundation and entities owned or controlled by them are not part of this obligation All significant interdivision and intercompany accounts and transactions between the members of the Obligated Group have been eliminated Under U S generally accepted accounting principles, all subsidiaries of The Cooper Health System should be presented on a consolidated basis These

2. Summary of Significant Accounting Policies (continued)

special-purpose financial statements are not presented in conformity with U S generally accepted accounting principles because they do not include controlled affiliates of the Health System that are not members of the Obligated Group

Use of Estimates

The preparation of these special-purpose financial statements has required management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the special-purpose financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Charity Care

The Health System has a policy of providing charity care to patients who are unable to pay based on federal poverty income guidelines All charity care patients are separately identified and related charges are reduced based on financial information obtained from the patient Since management does not expect payment for charity care, the charges are excluded from net patient service revenue

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are recorded on an estimated basis in the period that the related services are rendered, and adjusted in future periods as final settlements are determined The method for making these estimates and establishing the resulting reserves are continually reviewed and updated, with any resulting adjustments reflected in operating income currently In 2013, the special-purpose financial statements include revenue of $3,989 related to favorable adjustments of prior-year cost reports In 2012, the special-purpose financial statements included revenue of $6,423 related to favorable adjustments of prior-year cost reports, of which $4,497 was related to the rural floor wage index settlement

2. Summary of Significant Accounting Policies (continued)

Other Revenue

Other revenue is comprised of grant revenue, incentive payments related to the implementation and meaningful use of certified electronic health records, salary reimbursement from affiliated parties, cafeteria revenue, support from the Foundation for operating purposes, parking and other miscellaneous items

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments for eligible hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology For Medicare and Medicaid EHR incentive payments, the Health System utilizes a grant accounting model to recognize revenue Under this accounting policy, EHR incentive payments were recognized as revenue when attestation that the EHR meaningful use criteria for the required period of time was demonstrated Accordingly, the Health System recognized approximately $3,073 and $5,259 of EHR revenue for the years ended December 31, 2013 and 2012, respectively These amounts comprised $589 and $2,789 of Medicaid revenue and $2,484 and $2,470 of Medicare revenue for the years ended December 31, 2013 and 2012, respectively These amounts are included in other revenue on the special-purpose statements of operations and changes in net assets

The Health System's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated

Advertising Costs

The Health System expenses advertising cost as incurred In 2013 and 2012, the Health System incurred advertising expenses of $4,049 and $4,662, respectively, which are included in supplies and other on the special-purpose statements of operations and changes in net assets

Cash and Cash Equivalents

Cash and cash equivalents include various checking and savings accounts and all short-term funds, with initial maturity dates of three months or less, held on deposit with various lending institutions, excluding those classified as assets limited as to use

2. Summary of Significant Accounting Policies (continued)

Allowance for Doubtful Accounts

The Health System provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness of patients to make payments for services The allowance is determined by analyzing historical data and trends Accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Health System ceases collection efforts

Supplies

Supplies are stated at the lower of cost or market, determined by the first-in, first-out (FIFO) valuation method and are included in other current assets

Derivative Financial Instruments

The Health System maintains interest rate swap agreements to mitigate the Health System's cash flow risk relating to changes in the variable interest rates of its Series 2008A and 2009A Bonds Under the swap agreements, the Health System pays interest at fixed rates and receives interest at variable rates All swap agreements are reflected at fair value on the special-purpose balance sheets The net changes in the fair value of these swap agreements are recorded in nonoperating gains and losses, on the special-purpose statements of operations and changes in net assets, and the net monthly cash exchange under the contract is reflected within interest expense The mark-to-market position of interest rate swap arrangements is included within deferred revenue and other liabilities and other assets on the special-purpose balance sheets

Fair Value of Financial Instruments

Financial instruments consist of cash equivalents, patient accounts receivable, assets limited as to use, notes receivable, accounts payable and accrued expenses, interest-rate swaps, long-term debt and notes payable The carrying amounts reported in the special-purpose balance sheets for cash equivalents, patient accounts receivable, notes receivable, accounts payable and accrued expenses, and notes payable approximate fair value Management's estimate of the fair value of other financial instruments is described elsewhere in the notes to the special-purpose financial statements

2. Summary of Significant Accounting Policies (continued)

Assets Limited as to Use and Investment Income

Assets limited as to use are measured at fair value in the special-purpose balance sheets Assets limited as to use include internally designated assets set aside by the Board of Trustees (the Board), externally designated assets held by trustees under debt agreements (includes debt service interest, principal, and reserve funds and funds for future capital expenditures), for self-insurance programs (includes trusts for workers' compensation and for medical professional and general liability), and funds designated as such for donor restrictions Amounts set aside by the Board are designated for operations, future capital improvements, and other contingencies, as needed

The Board retains control over the internally designated assets and may, at its discretion, subsequently use the assets for other purposes Amounts internally designated by Board are classified as trading securities and all other assets limited as to use are deemed to be other-than-trading Amounts required to meet current liabilities of the Health System have been classified as current assets in the special-purpose financial statements

Investment income and realized gains and losses, net of amounts capitalized from assets limited as to use and the change in unrealized gains and losses from trading securities are recorded as nonoperating gains and losses

Property, Plant, and Equipment

Property, plant, and equipment are recorded at cost or fair value at the date of donation Depreciation is provided over the estimated useful lives of the assets of each class of depreciable asset and is computed using the straight-line method Equipment under capital lease obligations is amortized by the straight-line method over the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the special-purpose financial statements Interest costs incurred on borrowed funds, net of related income, during the period of construction of capital assets is capitalized as a component of acquiring the assets The Health System capitalized interest expense of $1,290 and $1 of interest revenue resulting in net capitalized interest expense of $1,289 for the year ended December 31, 2013 No amounts related to interest were capitalized for the year ended December 31, 2012

2. Summary of Significant Accounting Policies (continued)

Gifts or grants for the purchase of long-lived assets such as land, buildings, or equipment are excluded from the excess of revenue over expenses Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

The Health System continually evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets may warrant revision or that the remaining balance may not be recoverable When factors indicate that long-lived assets should be evaluated for possible impairment, the Health System uses an estimate of the related undiscounted operating income over the remaining life of the long-lived asset, or determines the fair market value of the long-lived asset in measuring whether the long-lived asset is recoverable Management believes that no revision to the remaining useful lives or write-down of long-lived assets was required as of December 31, 2013 and 2012

Other Assets

Other assets includes (1) intangible assets, net which is associated with physician practice acquisitions, which are being amortized on a straight-line basis over a period of 10 years and (2) deferred financing costs which are being amortized utilizing the effective interest method over the life of the related indebtedness

Self-Insured Reserves

The Health System is self-insured for the majority of its medical malpractice, employee health, general liability and the first layer of workers' compensation risks A portion of the losses are covered with high-deductible commercial insurance policies and through trust funds The Health System accrued liabilities which include estimates of the ultimate costs, net of insurance for both reported claims and claims incurred but not reported for each of their risks

Excess of Revenue Over Expenses

The special-purpose statements of operations and changes in net assets include the excess of revenue over expenses Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, include net change in net unrealized gains and losses on investments designated as other-than-trading securities, to the extent such losses are considered temporary,

2. Summary of Significant Accounting Policies (continued)

changes in pension benefit obligation, contributions for capital acquisitions (including assets acquired using donor-restricted contributions or grant funds that were to be used for the purposes of acquiring such assets) and permanent transfers from affiliates for other than goods or services

Permanently Restricted Net Assets

Permanently restricted net assets have been restricted by donors to be maintained by the Health System in perpetuity As specified by donor, the income earned on these investments is expendable to support patient care services

Income Taxes

The Health System is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal and state income taxes pursuant to Section 501(a) of the Code and the laws of the State of New Jersey

Recent Accounting Pronouncements

In December 2011, the Financial Accounting Standards Board (FASB) issued ASU 2011-11, *Disclosures about Offsetting Assets and Liabilities*, to address certain comparability issues between financial statements prepared in accordance with GAAP and those prepared in accordance with IFRS In January 2013, the FASB issued ASU 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*, to provide information regarding the scope of the disclosures required by ASU 2011-11 to the financial instruments and derivatives reported in an entity's financial statements ASU 2011-11 requires an entity to provide enhanced disclosures about certain financial instruments and derivatives, as defined in ASU 2013-01, to enable users of its financial statements to understand the effect of offsetting in the financial statements as well as the effect of master netting arrangements on an entity's financial condition This new guidance is effective for annual reporting periods beginning on or after January 1, 2013, and interim periods within those annual periods An entity should provide the disclosures required by those amendments retrospectively for all comparative periods presented The Health System adopted these provisions for the year ended December 31, 2013 The adoption did not have a material impact on the special-purpose financial statements

2. Summary of Significant Accounting Policies (continued)

In October 2012, the FASB issued ASU 2012-05, *Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*, which requires a not-for-profit entity to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any imposed limitations for sale and were converted nearly immediately into cash Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities This guidance is effective prospectively for fiscal years beginning after June 15, 2013 with retrospective application to all prior periods presented permitted The Health System expects to adopt these provisions for the year ended December 31, 2014 The adoption will not impact the Health System's results of operations or financial position, however, it may change the classifications on the special-purpose statement of cash flows

Reclassifications

Certain reclassifications have been made to the special-purpose financial statements of the prior year to conform to the current-year presentation

3. Net Patient Service Revenue

The Health System's service area is Southern New Jersey The Health System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements

The Health System has agreements with third-party payors that provide for payments at amounts different from established charges The CUH's inpatient acute care services and the UP's professional services for Medicare and Medicaid program beneficiaries and the CUH's outpatient services for Medicare program beneficiaries are paid at prospectively determined rates per discharge or visit or fee schedule These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors The Health System is reimbursed for cost reimbursable and other pass-through items, such as bad debts and paramedical

3. Net Patient Service Revenue (continued)

education, from Medicare at a tentative rate with final settlements determined after submission of annual cost reports by the Health System and audits thereof by the programs' fiscal intermediaries Provisions for estimated adjustments resulting from audit and final settlements have been recorded The Health System's cost report for fiscal years 2005 and 2009 have been audited but not final settled as of yet In the opinion of management, adequate provision has been made for any adjustment, which may result from the final settlement of these reports or appeal items Differences between the estimated adjustments and the amounts settled are recorded in the year of settlement

Collectively, net revenues from the Medicare and Medicaid programs constitute approximately 41% and 42% of the Health System's net patient service revenue for the years ended December 31, 2013 and 2012, respectively

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation, and noncompliance could subject the Health System to significant regulatory action, including fines and penalties As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The Health System believes that it is in compliance with applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing Compliance with such laws and regulations can be subject to future government review and interpretations as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs The Health System has a Corporate Compliance Program to monitor compliance with Medicare and Medicaid laws and regulations

The Health System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations The basis for payment to the Health System under these agreements includes prospectively determined rates per discharge or visit, discounts from established charges, and prospectively determined daily rates These agreements have retrospective audit clauses allowing the payor to review and adjust claims subsequent to initial payment

3. Net Patient Service Revenue (continued)

Accounts receivable are reduced by an allowance for doubtful accounts The Health System's allowance for doubtful accounts totaled approximately $23,971 and $22,127 at December 31, 2013 and 2012, respectively In evaluating the collectibility of accounts receivable, the Health System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party payor coverage, the Health System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients, the Health System records a significant provision for bad debts on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Health System recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of the contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Health System recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) On the basis of historical experience, a significant portion of the Health System's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Health System records a significant provision for bad debts related to uninsured patients

(In Thousands)

3. Net Patient Service Revenue (continued)

Patient service revenue for the years ended December 31, 2013 and 2012, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows

	Year Ended December 31	
	2013	**2012**
Third-party payors	**$ 849,857**	$ 803,392
Self-pay	**29,883**	18,325
Patient service revenue (net of contractual allowances and discounts)	**$ 879,740**	$ 821,717

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patients' responsibility and the Health System considers these amounts in its determination of the provision for bad debts based on collection experience

The mix of accounts receivable from patients and third-party payors was as follows

	December 31	
	2013	**2012**
Commercial	**27%**	26%
HMO	**34**	38
Medicare	**19**	18
Blue Cross	**13**	11
Self-pay (including accounts which may ultimately be charity care)	**3**	4
Medicaid	**4**	3
	100%	100%

(In Thousands)

4. Charity Care and State Subsidies

The Health System provides care to those who meet the State of New Jersey Public Law 1992 (Chapter 160) charity care criteria Charity care is provided without charge or at amounts less than its established charges The Health System maintains records to identify and monitor the level of charity care it provides The cost of services provided and supplies furnished under its charity care policy is estimated using internal cost data and is calculated based on the Health System's cost accounting system The total direct and indirect amount of charity care provided, determined on the basis of cost, was $62,073 and $58,223 for the years ended December 31, 2013 and 2012, respectively

The Health System's patient acceptance policy is based upon its mission statement and its charitable purposes Accordingly, the Health System accepts all patients regardless of their ability to pay This policy results in the Health System's assumption of higher-than-normal patient receivable credit risks To the extent that the Health System realizes additional losses resulting from such higher credit risks and patients that are not identified or do not meet the Health System's defined charity care policy, such additional losses are included in the provision for bad debts

Chapter 160 established the Charity Care Subsidy Fund and the Hospital Relief Subsidy Fund to provide a mechanism and funding source to compensate certain hospitals for charity care The Health System recorded the following amounts from the funds as net patient service revenue These amounts are subject to change from year to year based on available state budget amounts and allocation methodologies

	Year Ended December 31	
	2013	**2012**
Charity Care Subsidy Fund	**$ 36,020**	$ 35,832
Hospital Relief Subsidy Fund	**6,212**	6,214
	$ 42,232	$ 42,046

(In Thousands)

4. Charity Care and State Subsidies (continued)

Effective January 1, 2014, the State replaced the Hospital Relief Subsidy Fund with a new payment mechanism referred to as the Delivery System Reform Incentive Payment Pool (the Pool) The Pool will be available to certain hospitals that are able to establish performance improvement activities in one of eight specified clinical improvement areas CUH qualified under the Diabetes Long-term Complications Admission Rate metric The Pool will cover the period of July 1 – June 30 of each prospective Fiscal Year CUH will continue to receive funding through June 30, 2014 It is unknown what the Pool will be after June 30, 2014

5. Assets Limited as to Use and Investment Income

	December 31	
	2013	**2012**
Internally designated by Board of Trustees and for donor purposes		
Cash and cash equivalents	**$ 10,206**	$ 3,939
Equity securities		
U S companies	**54,043**	30,651
International companies	**660**	61
Mutual funds	**–**	16
U S treasury securities	**37,638**	44,907
Governmental asset-backed securities	**8,073**	12,597
Corporate bonds	**64,872**	63,126
	$ 175,492	$ 155,297
Externally designated – under debt agreements		
Cash and cash equivalents	**$ 68,685**	$ 9,076
U S treasury securities	**3,696**	5,073
Governmental asset-backed securities	**1,670**	7,837
	74,051	21,986
Less current portion	**9,661**	8,111
	$ 64,390	$ 13,875

(In Thousands)

5. Assets Limited as to Use and Investment Income (continued)

	December 31 2013	2012
Assets held by trustees externally designated – under debt agreements are maintained for the following purposes		
Debt service interest funds	**$ 4,586**	$ 3,259
Debt service principal funds	**5,075**	4,852
Debt service reserve funds	**13,809**	13,875
Capital addition funds	**50,581**	–
	$ 74,051	$ 21,986
Externally designated – under self-insurance programs		
Cash and cash equivalents	**$ 1,291**	$ 5,115
Equity securities		
U S companies	**9,715**	8,540
International companies	**985**	2,006
Governmental asset-backed securities	**1,749**	2,264
Corporate bonds	**39,675**	40,523
	53,415	58,448
Less current portion	**13,234**	10,693
	$ 40,181	$ 47,755

Investment income, net of amounts capitalized, and net unrealized gains and losses on trading securities are included in nonoperating revenues and are comprised of the following

	Year Ended December 31 2013	2012
Nonoperating revenues		
Interest and dividend income	**$ 7,597**	$ 7,125
Net realized gains on sales of securities	**7,244**	2,379
Investment income	**14,841**	9,504
Change in net unrealized gains and losses on trading securities	**(2,057)**	103
	$ 12,784	$ 9,607
Change in net unrealized gains and losses on investments	**$ (671)**	$ (324)

(In Thousands)

5. Assets Limited as to Use and Investment Income (continued)

The fair value framework establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value These tiers include Level 1 – defined as observable inputs such as quoted prices in active markets, Level 2 – defined as inputs other than quoted prices in active markets that are either directly or indirectly observable, and Level 3 – defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions

In determining fair value, the Health System uses the market approach This utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities

The following table presents the fair value hierarchy for the Health System's financial assets measured at fair value on a recurring basis which include cash and cash equivalents, assets limited as to use, and the mark-to-market asset position of interest rate swap arrangements

	Total	Level 1	Level 2	Level 3
December 31, 2013				
Assets				
Cash and cash equivalents	$ 174,969	$ 174,969	$ –	$ –
Equity securities				
U S companies	63,758	63,758	–	–
International companies	1,645	1,645	–	–
U S treasury securities	41,334	41,334	–	–
Governmental asset-backed securities	11,492	–	11,492	–
Interest rate swap	210	–	210	–
Corporate bonds	104,547	–	104,547	–
Total assets	$ 397,955	$ 281,706	$ 116,249	$ –
Liabilities				
Interest rate swaps	$ 545	$ –	$ 545	$ –
Total liabilities	$ 545	$ –	$ 545	$ –

(In Thousands)

5. Assets Limited as to Use and Investment Income (continued)

	Total	Level 1	Level 2	Level 3
December 31, 2012				
Assets				
Cash and cash equivalents	$ 118,453	$ 118,453	$ –	$ –
Equity securities				
U S companies	39,191	39,191	–	–
International companies	2,067	2,067	–	–
Mutual funds	16	16	–	–
U S treasury securities	49,980	49,980	–	–
Governmental asset-backed securities	22,698	–	22,698	–
Corporate bonds	103,649	–	103,649	–
Total assets	$ 336,054	$ 209,707	$ 126,347	$
Liabilities				
Interest rate swaps	$ 5,809	$ –	$ 5,809	$ –
Total liabilities	$ 5,809	$ –	$ 5,809	$ –

The Health System's Level 1 securities primarily consist of U S Treasury securities, equity securities, mutual funds, and cash and cash equivalents The Health System determines the estimated fair value for its Level 1 securities using quoted (unadjusted) prices for identical assets or liabilities in active markets

The Health System's Level 2 securities primarily consist of corporate debt, governmental asset-based securities, and interest rate swaps The Health System determines the estimated fair value for its Level 2 securities using the following methods quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time), inputs other than quoted prices that are observable for the asset/liability (e g , interest rates, yield curves volatilities, default rates, etc), and inputs that are derived principally from or corroborated by other observable market data

(In Thousands)

6. Property, Plant, and Equipment

	December 31 2013	December 31 2012	Depreciable Life
Land	**$ 2,528**	$ 2,528	
Land improvements	**1,271**	1,226	5–25 years
Buildings and building improvements	**439,678**	359,617	10–40 years
Fixed equipment	**39,190**	28,264	10–20 years
Major movable equipment	**281,884**	255,833	5–20 years
	764,551	647,468	
Less accumulated depreciation	**(375,185)**	(341,374)	
	389,366	306,094	
Construction in progress	**14,203**	52,169	
	$ 403,569	$ 358,263	

Depreciation expense for the years ended December 31, 2013 and 2012 amounted to $34,136 and $34,785, respectively Property, plant, and equipment, net included $799 and $1,034 of assets held under capitalized leases at December 31, 2013 and 2012, respectively

The Health System disposed of a certain property, plant, and equipment resulting in a loss of disposal of $997 for the year ended December 31, 2013 There was no disposal of property, plant, and equipment for the year ended December 31, 2012

(In Thousands)

7. Long-Term Debt

	December 31 2013	2012
2005A Camden County Improvement Authority (CCIA) Revenue Bonds, including unamortized original issue discount of $554 and $580 at December 31, 2013 and 2012, respectively, with principal payments ranging from $1,550 to $4,950 due annually on February 15th through 2035 with interest rates ranging from 5 0% to 5 25%, due February 15th and August 15th of each year	**$ 67,076**	$ 68,680
2005B CCIA Revenue Bonds, including unamortized original issue premium of $718 and $773 at December 31, 2013 and 2012, respectively, with principal payments ranging from $2,120 to $4,590 due annually on February 15th through 2027, with interest rates ranging from 4 0% to 5 25%, due February 15th and August 15th of each year	**47,628**	49,893
2004A CCIA Revenue Bonds, including unamortized original issue discount of $264 and $277 at December 31, 2013 and 2012, respectively, with principal payments ranging from $3,630 to $5,120 due annually beginning on February 15, 2028 through 2034 with an interest rate of 5 75%, due February 15th and August 15th of each year	**30,116**	30,103
2004B CCIA Variable Rate Demand Revenue Bonds, with principal payments ranging from $1,030 to $2,565 due annually on August 1st through 2032, with monthly interest payments, adjusted to a weekly rate determined by the remarketing agent, not to exceed 10% (0 19% and 0 60% at December 31, 2013 and 2012, respectively)	**33,385**	34,465
2008A New Jersey Economic Development Authority (NJEDA) Variable Rate Demand Revenue Bonds, with principal payments ranging from $1,800 to $13,500 due annually beginning on November 1, 2033 through 2038, with monthly interest payments, adjusted to a weekly rate determined by the remarketing agent, not to exceed 12% (0 19% and 0 60% at December 31, 2013 and 2012, respectively)	**50,000**	50,000

(In Thousands)

7. Long-Term Debt (continued)

	December 31	
	2013	**2012**
2009A CCIA Variable Rate Revenue Bonds, with principal payments ranging from $67 to $71 due monthly on March 15th through February 15, 2021, with monthly interest payments based on 67% of LIBOR, plus 168 basis points	**$ 6,996**	$ 7,824
2013A CCIA Revenue Bonds, including unamortized original issue discount of $1,839 at December 31, 2013, with principal payments ranging from $595 to $15,200 due annually beginning on November 1, 2035 through 2042 with interest rates ranging from 5 0% to 5 25%, due February 15th and August 15th of each year	**53,076**	–
$2,496 Equipment loan, with principal and interest payments due monthly through 2017 Principal payments ranging from $25 to $35 plus a fixed interest rate of 5 13%	**1,416**	1,758
$997 Capital Lease, with principal and interest payments due monthly through 2018 Principal payments ranging from $12 to $16 plus a fixed interest rate of 5 3%	**836**	997
New Jersey Health Care Facilities Financing Authority Capital Asset Program, Series 2007A Capital Asset Program Loan, with monthly principal payments of $30 through October 1, 2017, with monthly interest payments based on variable rate which was 1 03% and 2 91% at December 31, 2013 and 2012, respectively	**3,139**	3,501
	293,668	247,221
Less current portion	**6,944**	6,615
Long-term debt, net of current portion	**$ 286,724**	$ 240,606

7. Long-Term Debt (continued)

Revenue Bonds

The Health System pays monthly debt service to the Bond Trustee to secure the 2004A, 2005A, 2005B, 2009A and 2013A Revenue Bonds The 2004B and 2008A Revenue Bonds are enhanced by a Letter of Credit Agreement from a bank, which expires on October 31, 2018, with renewable options as defined Under the Master Trust Indenture (MTI), the Health System granted to the Master Trustee a security interest in its gross receipts and a mortgage on the property of the Health System's main facility as defined

The Health System must comply with Master Trust Indenture covenants, including requirements as to the permitted level of indebtedness, restrictions on the sale of certain assets, mergers, and other significant transactions, including a requirement that the Health System generate funds available for debt service (as defined) equivalent to at least 125% of maximum annual debt service In addition, the Letter of Credit Agreement requires the Health System to maintain minimum days cash on hand, as defined As of December 31, 2013, the Health System has complied with all financial covenants

Interest Rate Swap Agreements

The Health System has entered into interest rate swap agreements with the intent of mitigating cash flow risk relating to changes in the variable interest rates of the 2008A and 2009A Bonds Under the swap agreements, the Health System pays interest at fixed rates and receives interest at variable rates The swaps settle on a monthly basis The following schedule outlines the terms and fair market values of the interest rate swap agreements that are included in deferred revenue and other liabilities and other assets on the accompanying special-purpose balance sheets

(In Thousands)

7. Long-Term Debt (continued)

	Series 2008A	Series 2008A	Series 2009A
Notional amount at December 31, 2013	$25,000	$25,000	$ 6,996
Effective date	March 23, 2009	March 9, 2009	November 9, 2009
Termination date	November 1, 2029	November 1, 2029	February 15, 2016
Fixed rate	2 577%	2 428%	3 8325%
Variable rate basis	3-month USD-LIBOR-BBA	3-month USD-LIBOR-BBA	67% of 1-month USD-LIBOR-BBA
Fair value at December 31, 2013	$ (312)	$ 210	$ (233)
Change in fair value for the year ended December 31, 2013	$ 2,631	$ 2,709	$ 135

During 2012, the fair value of the interest rate swap agreement exceeded the threshold and as part of the agreement required collateral to be posted Total collateral posted totaled $1,710 at December 31, 2012 No collateral was required at December 31, 2013

Line of Credit

The Health System has a $5,000 revolving line of credit with a bank at December 31, 2013 and 2012 The agreement provides for interest at 0 5% above the prime rate of interest per annum, but shall never be less than 5 5% The term of the line of credit is through December 31, 2014, which may be renewed for one-year extensions with the bank's consent The line of credit contains a negative pledge of accounts receivable of the Health System, and requires the Health System to maintain a minimum debt service coverage ratio of 1 25, as defined in the agreement There were no amounts outstanding under this line of credit at December 31, 2013 and 2012

Fair Value

The Health System uses current quoted market prices for similar assets and other observable inputs (Level 2) in estimating the fair value of its fixed rate revenue bonds and the carrying value of the variable rate demand bonds and other long-term obligations approximates fair value The fair value of the Health System's long-term obligations, excluding equipment loans and capital leases was $285,780 and $246,983 with a carrying value of $288,277 and $240,965 at December 31, 2013 and 2012, respectively

(In Thousands)

7. Long-Term Debt (continued)

Future Payments

Scheduled principal payments on long-term debt are as follows

	Revenue Bonds	Equipment Loan and Capital Asset Program Loan	Total
2014	$ 6,053	$ 891	$ 6,944
2015	6,316	918	7,234
2016	6,687	947	7,634
2017	7,020	2,533	9,553
2018	7,364	102	7,466
Thereafter	256,776	–	256,776
	290,216	5,391	295,607
Net unamortized original issue (discount)	(1,939)	–	(1,939)
	$ 288,277	$ 5,391	$ 293,668

8. New Market Tax Credit Program

In October 2012, The Cooper Health System and the Cooper Cancer Center entered into transactions as part of the Federal New Market Tax Credit Program (the Program) Under the Program, a taxpayer may claim tax credits over a seven-year period with respect to a qualified equity investment in a qualified community development entity (CDE) An equity investment in a CDE is a qualified equity investment if substantially all of the cash provided is then used by the CDE to make qualified low-income community investments, which includes a loan to any qualified active low-income community business

In conjunction with the Program, the Health System loaned $15,781 to a financial institution through a promissory note (the Note) to be used for qualified equity investments in several CDEs Interest on the Note will accrue at 1 54% per annum with interest payments received quarterly Principal payments are received quarterly beginning December 2019 At the end of the seven-year compliance period for the new market tax credits, the Health System has the option to call the Note for a nominal amount The Note matures on July 1, 2039

8. New Market Tax Credit Program (continued)

Also in October 2012, the Cooper Cancer Center entered into promissory note agreements (the Agreements) totaling $22,296 with third-party CDEs as part of the Program The Cooper Cancer Center was structured to meet the definition of a qualified active low-income community business under the provisions of the Program Interest payments on the Agreements are made quarterly and accrue at a fixed interest rate of 1 1% per annum Principal payments are made quarterly beginning December 2019 through September 2042 At the end of the seven-year compliance period for the new market tax credits, approximately $6,515 of the outstanding balance of the Agreements is expected to be forgiven The remaining $15,781 outstanding on the Agreements is offset by the Note owed to the Health System for purposes of cash flow The carrying values of the Health System's Note and the Cooper Cancer Center's Agreements approximate their fair value

9. Pension Plans

Defined Contribution Plan

The Health System sponsors a noncontributory defined contribution plan covering all bargaining and nonbargaining employees Employer contributions to the defined contribution plan are based on a formula as defined by the plan document Costs of the defined contribution plan charged to expense were $10,609 and $10,251 for the years ended December 31, 2013 and 2012, respectively

Defined Benefit Pension Plan

The Health System has a frozen noncontributory defined benefit pension plan (the Plan), which covered all employees who met certain criteria The Health System uses a December 31 measurement date for the Plan The following tables summarize information about the defined benefit pension plan

(In Thousands)

9. Pension Plans (continued)

	December 31	
	2013	**2012**
Change in benefit obligation		
Projected benefit obligation at beginning of year	**$ 159,962**	$ 148,278
Service cost	**965**	695
Interest cost	**6,500**	6,700
Actuarial (gain) loss	**(9,203)**	10,128
Benefits paid	**(5,414)**	(4,874)
Expected administrative expenses	**(943)**	(965)
Projected benefit obligation, end of year	**$ 151,867**	$ 159,962
Accumulated benefit obligation	**$ 151,867**	$ 159,962
Change in plan assets		
Fair value of plan assets at beginning of year	**$ 151,817**	$ 135,419
Actual return on plan assets, net of expenses	**4,053**	17,237
Employer contributions	**833**	5,000
Benefits paid	**(5,414)**	(4,874)
Administrative expenses	**(943)**	(965)
Fair value of plan assets at end of year	**$ 150,346**	$ 151,817
Funded status at year end – recognized in the special-purpose balance sheets as accrued retirement benefits	**$ (1,521)**	$ (8,145)
Cumulative amounts recognized in accumulated unrestricted net assets consist of		
Net loss	**$ 38,486**	$ 44,191

(In Thousands)

9. Pension Plans (continued)

The estimated net loss that will be amortized from other changes in unrestricted net assets into net periodic benefit cost over the next fiscal year is $3,246

	December 31	
	2013	**2012**
Components of net periodic benefit cost and other amounts recognized in other changes in unrestricted net assets		
Net periodic benefit cost		
Service cost	**$ 965**	$ 695
Interest cost	**6,500**	6,700
Expected return on plan assets	**(11,540)**	(10,422)
Recognized actuarial loss	**3,990**	4,160
	(85)	1,133
Other changes in pension benefit obligation recognized in other changes in unrestricted net assets		
Net gain	**(5,705)**	(847)
	$ (5,790)	$ 286
Assumptions		
Weighted-average assumptions used to determine benefit obligations at December 31		
Discount rate	**4.98%**	4 12%
Rate of compensation increase	**N/A**	N/A
Weighted-average assumptions used to determine net periodic benefit cost for the years ended December 31		
Discount rate	**4.12%**	4 59%
Expected long-term return on plan assets	**7.75%**	7 75%
Rate of compensation increase	**N/A**	N/A

(In Thousands)

9. Pension Plans (continued)

To develop the expected long-term rate of return on assets assumption, the Health System considered the historical returns and the future expectations for returns for each asset class, as well as the target allocation of the pension portfolio This resulted in the selection of the 7 75% long-term rate of return on assets assumption

	Asset Allocation			December 31	
	Minimum	Target	Maximum	2013	2012
Plan assets					
Weighted-average asset allocations, by asset category					
Equity securities	30%	20%	10%	**21%**	42%
Debt securities	90	80	70	**79**	58
				100%	100%

The Health System has designed an investment strategy for Plan assets such that asset returns are anticipated to track changes in plan liabilities The objectives of the strategy are to provide an absolute total return on Plan assets equal to or greater than 6 5% annually over long-term periods

The fair values of each major category of plan assets, according to the level within the fair value hierarchy in which the fair value measurements fall in their entirety are as follows

	Assets at Fair Value as of December 31, 2013			
	Total	Level 1	Level 2	Level 3
Money market funds	**$ 344**	**$ 344**	**$ –**	**$ –**
U S Treasury Securities	**29,744**	**29,744**	**–**	**–**
Mutual funds	**110,615**	**110,615**	**–**	
Fund of funds	**9,643**	**–**	**–**	**9,643**
	$ 150,346	**$ 140,703**	**$ –**	**$ 9,643**

(In Thousands)

9. Pension Plans (continued)

	Assets at Fair Value as of December 31, 2012			
	Total	**Level 1**	**Level 2**	**Level 3**
Money market funds	$ 6,592	$ 6,592	$ –	$ –
Mutual funds	135,985	135,985	–	–
Fund of funds	9,240	–	–	9,240
	$ 151,817	$ 142,577	$ –	$ 9,240

Mutual funds and U S Treasury Securities are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end and are included in Level 1 Fund of funds are invested in various private investment funds Fair values of fund of funds are determined by the investment managers and are included in Level 3 Generally, fair value for fund of funds reflects net contribution to the funds, distributions made by the trustee and an ownership share of realized and unrealized investment income and expenses

Pension benefit plan assets classified at Level 3 in the fair value hierarchy represent other investments in which the trustee has used significant unobservable inputs in the valuation model The fair values of the fund of funds have been estimated using the net asset value per share of the investment The following table presents a reconciliation of activity for such alternative investments

	Fund of Funds
Balance, beginning of year	$ 9,240
Unrealized losses relating to instruments held at reporting date	403
Balance, end of year	$ 9,643

(In Thousands)

9. Pension Plans (continued)

Cash Flows

Contributions

Contributions expected to be made to the Plan during 2014	$	–

Estimated Future Benefit Payments

2014	$	6,368
2015		7,049
2016		7,486
2017		8,019
2018		8,511
2019 – 2023		48,548

10. Self-Insured Reserves

The Health System self-insures the primary layer of its employee health benefits, professional malpractice, general, and workers' compensation liabilities Recorded liabilities for the self-insured reserves are as follows

	December 31			
	2013		**2012**	
Employee health benefits	**$**	**3,514**	$	2,820
Workers' compensation		**4,061**		3,695
Professional and general liability		**61,078**		65,340
		68,653		71,855
Less current portion of self-insured reserves		**17,658**		14,483
	$	**50,995**	$	57,372

The employee health insurance program is administered through a commercial insurance company The plan provides for covered expenses in any accredited hospital and by any licensed physician The lifetime plan maximum per person is $1,000

10. Self-Insured Reserves (continued)

The Health System also provides coverage for all employees for work-related injuries and illnesses This plan pays for medical expenses and reimburses 70% of lost wages up to the state-defined maximum Stop-loss coverage is provided at various levels depending upon the circumstances surrounding the injury or illness

For malpractice claims reported after January 1, 2005, the Health System is self-insured through a trust up to $6,500 per occurrence for Hospital and $5,500 per occurrence for Physicians and $39,000 in the annual aggregate Claims in excess of these retained amounts are covered by a commercial claims-made insurance policy

Claims prior to January 1, 2005 were covered by various programs combining self-insured captive insurance company and commercial claims-made insurance policies The estimated liability for all unreported claims as of December 31, 2013 and retained uninsured risk for all prior years is included in the self-insured reserves and covered by the self-insured trust

The estimated losses on self-insured malpractice claims are discounted at a rate of 3 5% The Health System recorded actuarial gains of $5,069 and $6,613 for the years 2013 and 2012, respectively The ultimate losses are lower than prior actuarial valuations, which is a result of favorable actual loss experience as compared to originally estimated

The Health System is also self-insured for general liability coverage, up to $1,000 per occurrence with no annual aggregate, effective January 1, 2010 with a retro date of August 30, 1994 From January 1, 2003 until December 31, 2009, liability limits were $3,000 per occurrence and from September 1, 1994 until December 31, 2002, limits were $2,000 per occurrence, both with an unlimited annual aggregate

There is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

(In Thousands)

11. Commitments and Contingencies

Operating Leases

The Health System rents certain equipment and buildings under various operating lease agreements, including leases with affiliated organizations Rental expense under these lease agreements amounted to $23,707 and $22,689 in 2013 and 2012, respectively

The future minimum rental payments required under the noncancelable operating leases are as follows

	Affiliated Organization Operating Leases	Operating Leases	Total
2014	$ 4,583	$ 11,901	$ 16,484
2015	4,721	10,237	14,958
2016	4,862	6,674	11,536
2017	5,008	5,480	10,488
2018	5,158	3,382	8,540
Thereafter	–	16,783	16,783

On April 12, 2006, the Health System executed an agreement to lease ground owned by the Health System to the Camden County Improvement Authority (the Authority), upon which a parking facility was constructed The parking facility was financed, constructed, and is operated by the Authority Upon completion of the construction in 2007, the Health System leased from the Authority approximately 57% of the total parking spaces in the facility pursuant to a parking license agreement that was also executed on April 12, 2006 Under the ground lease, the Health System receives base rent of $100 annually over the term of the lease, and may receive additional variable rent based upon the operations of the garage During the initial 15-year term, the Health System's parking license fee agreement increases by 3% annually during the first five years and 1 5% annually thereafter

11. Commitments and Contingencies (continued)

Department of Justice Inquiry

In December, 2010, the Health System received a request for information from the Department of Justice as part of a nationwide regulatory review with regard to the application of National Coverage Determination (NCD) 20 4, which describes the conditions under which Medicare will pay for the implant of internal cardiac defibrillators (ICDs) The government initially inquired about approximately 240 claims dating back to 2003 where Medicare made Part A payments for ICD implantation within 30 days of a myocardial infarction or 90 days of a revascularization procedure such as an angioplasty or coronary artery bypass surgery Final enforcement parameters that will be used by the government in evaluating the claims were not announced until August 2012 and since that time the Health System and the Department have been exchanging information and records concerning the claims At this time, the Health System believes it has adequate reserves recorded as of December 31, 2013

The final outcome of any current or future litigation or governmental or internal investigations, including the unresolved matter described above, cannot be accurately predicted, nor can the Health System predict any resulting penalties, fines or other sanctions that may be imposed at the discretion of federal or state regulatory authorities The Health System records accruals for such contingencies to the extent that it concludes it is probable that a liability has been incurred and the amount of the loss can be reasonably estimated It is possible that the outcome of such matters could potentially have a material adverse impact on the Health System's future results of operations, financial position, and cash flows

Formation and Subscription Agreement

The Cooper Health System entered into a Formation and Subscription Agreement (the Agreement) with Independence Blue Cross and AmeriHealth, Inc , a wholly owned subsidiary of Independence Blue Cross, and the parent of AmeriHealth Insurance Company of New Jersey (AHINJ), to acquire, through Cooper's affiliate, Cooper Medical Services, Inc , a 20% passive minority interest in a newly formed LLC, AmeriHealth New Jersey, LLC, which will hold all of the issued and outstanding stock of AHINJ as well as that of new HMO and Third Party Administrator subsidiaries that will be created in performance of the Agreement The Cooper Health System will transfer at least $7,500 in cash to Cooper Medical Services, Inc to fund the affiliate's initial contribution of capital, subject to increase based upon capital requirements set by the NJ Department of Business and Insurance (the Department), as provided in the Agreement This transaction has been formally reviewed and approved by the Department in accordance with the applicable regulations

12. Affiliated Transactions

University of Medicine and Dentistry of New Jersey

In 2013, the Health System terminated its contractual relationship with the University of Medicine and Dentistry of New Jersey (UMDNJ) Under the contract, the Health System was reimbursed for certain expenses incurred for physicians' salaries and expenses relating to their teaching duties These expenses were reimbursed from the UMDNJ The Health System received $0 and $4,204 during the years ended December 31, 2013 and 2012, respectively

In accordance with the Reorganization plan executed by the Executive Branch of the NJ government, which established a new four-year allopathic medical school in Southern New Jersey, UMDNJ will transfer certain specified functions, property, powers and duties in the City of Camden to Rowan University

In 2010, the Health System executed an affiliation agreement with Rowan University This affiliation agreement governs the roles and duties of each party with respect to The Cooper Medical School of Rowan University The Health System has pledged support of $18,000 through 2014 beginning in 2011 This commitment to pay is contingent upon receipt by the Health System of the annual state appropriation for affiliate hospital support During 2013, the Health System received $8,838 of state appropriation and paid $4,000 in contributions to Rowan University

The Health System additionally has a contractual relationship with Rowan University Under the contract, the Health System is reimbursed for certain expenses incurred for physicians' salaries and expenses relating to their teaching duties These expenses are reimbursed from Rowan University The Health System received $3,319 and $2,370 during the years ended December 31, 2013 and 2012, respectively

C&H Collection Services, Inc.

The Health System incurred collection expense related to unpaid patient balances of $866 and $912 for the years ended December 31, 2013 and 2012, respectively The Health System received net revenue of $163 and $163 in both 2013 and 2012, respectively, for providing management services to C&H

(In Thousands)

12. Affiliated Transactions (continued)

Cooper HealthCare Properties

The Health System incurred rental expense related to office space rented in a medical office building owned and managed by CHCP of $474 and $434 for the years ended December 31, 2013 and 2012, respectively The Health System received net revenue of $111 in both 2013 and 2012, for providing management services to CHCP

Cooper Medical Services

The Health System incurred rental expense related to office space rented in a medical office building owned and managed by CMS of $4,449 and $3,894 for the years ended December 31, 2013 and 2012, respectively The Health System received net revenue of $507 in both 2013 and 2012, for providing management services to CMS

The Cooper Foundation

The Health System received $1,978 and $1,467 from the Foundation for operating purposes for the years ended December 31, 2013 and 2012, respectively, which is included in other revenue Additionally, the Health System received $3,311 and $12 from the Foundation for capital acquisitions for the years ended December 31, 2013 and 2012, respectively, which is included in other changes in unrestricted net assets

13. Functional Expenses

The Health System provides general health care services to residents within its service area Expenses related to providing these services included in the special-purpose statements of operations and changes in net assets are as follows

	Year Ended December 31	
	2013	**2012**
Health care services	**$ 451,914**	$ 419,898
General and administrative	**168,880**	166,334
Physician services	**232,582**	223,270
	$ 853,376	$ 809,502

14. Subsequent Events

The Health System has evaluated subsequent events through April 30, 2014, the date when the special-purpose financial statements were issued No subsequent events have occurred that require disclosure in or adjustment to the special-purpose financial statements

Supplementary Information

The Cooper Health System—Obligated Group

Consolidating Special-Purpose Balance Sheet
(In Thousands)

December 31, 2013

	The Cooper Health System	The Cooper Cancer Center	Eliminating Entries	The Cooper Health System Obligated Group
Assets				
Current assets				
Cash and cash equivalents	$ 91,281	$ 3,506	$ –	$ 94,787
Current portion of assets limited as to use – externally designated	22,895	–	–	22,895
Patient accounts receivable, net	108,173	–	–	108,173
Prepaid expenses and other current assets	33,840	2,444	(1,248)	35,036
Due from affiliates	(569)	1,090		521
Total current assets	255,620	7,040	(1,248)	261,412
Assets limited as to use				
Internally designated by Board of Trustees	175,492	–	–	175,492
Externally designated under debt agreements, net of current portion	64,390	–	–	64,390
Externally designated under self-insurance programs, net of current portion	40,181	–	–	40,181
	280,063	–	–	280,063
Property, plant, and equipment, net	351,463	52,106	–	403,569
Other assets, net	6,595	802	–	7,397
Note receivable	15,781	–	–	15,781
Total assets	$ 909,522	$ 59,948	(1,248)	$ 968,222
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 25,516	$ –	–	$ 25,516
Accrued expenses	89,012	–	–	89,012
Current portion of estimated settlements due to third-party payors	7,776	–	–	7,776
Current portion of self-insured reserves	17,658	–	–	17,658
Current portion of long-term debt	6,944	–	–	6,944
Total current liabilities	146,906	–	–	146,906
Estimated settlements due to third-party payors, net of current portion	10,716	–	–	10,716
Accrued retirement benefits	1,521	–	–	1,521
Self-insured, reserves, net of current portion	50,995	–	–	50,995
Notes payable	–	22,296	–	22,296
Long-term debt, net of current portion	286,724	–	–	286,724
Deferred revenue and other liabilities	18,105	–	(1,248)	16,857
Total liabilities	514,967	22,296	(1,248)	536,015
Net assets				
Unrestricted	394,116	37,652	–	431,768
Permanently restricted	439	–	–	439
Total net assets	394,555	37,652	–	432,207
Total liabilities and net assets	$ 909,522	$ 59,948	$ (1,248)	$ 968,222

The Cooper Health System—Obligated Group

Consolidating Special-Purpose Statement of Operations and Changes in Net Assets
(In Thousands)

Year Ended December 31, 2013

	The Cooper Health System	The Cooper Cancer Center	Eliminating Entries	The Cooper Health System Obligated Group
Unrestricted net assets				
Revenue				
Net patient service revenue	$ 879,740	$ –	$ –	$ 879,740
Provision for bad debts	(66,856)	–	–	(66,856)
Net patient service revenue less provision for bad debts	812,884	–		812,884
Other revenue	61,752	1,380	(1,380)	61,752
Total revenue	874,636	1,380	(1,380)	874,636
Expenses				
Salaries, wages and fringe benefits	520,950	–	–	520,950
Supplies and other	278,367	90	(1,380)	277,077
Malpractice	15,408	–	–	15,408
Depreciation and amortization	34,252	202	–	34,454
Interest	10,287	269	–	10,556
Total expenses	859,264	561	(1,380)	858,445
Operating income before malpractice actuarial gain	15,372	819	–	16,191
Malpractice actuarial gain	5,069	–	–	5,069
Operating income	20,441	819	–	21,260
Nonoperating gains and losses				
Investment income	14,841	–	–	14,841
Net change in unrealized gains on trading securities	(2,057)	–	–	(2,057)
Loss on fixed asset disposal	(997)	–	–	(997)
Change in fair value of interest rate swap agreements	5,475	–	–	5,475
Excess of revenue over expenses	37,703	819	–	38,522
Other changes in unrestricted net assets				
Change in pension benefit obligation	5,705	–	–	5,705
Contributions for capital acquisitions	46,404	–	–	46,404
Net change in net unrealized gains and losses on investments	(671)	–	–	(671)
Net asset transfer to (from) affiliate	(36,553)	36,553	–	–
Increase in unrestricted net assets	52,588	37,372	–	89,960
Increase in net assets	52,588	37,372	–	89,960
Net assets, beginning of year	341,967	280	–	342,247
Net assets, end of year	$ 394,555	$ 37,652	$ –	$ 432,207

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