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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

C Name of organization
The Cooper Health System a New Jersey Non-Profit Corporation
% DOUGLAS E SHIRLEY

Doing business as

Number and street (or P O box if mail is not delivered to street address): One Cooper Plaza
Room/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 $ 1,124,098,385

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 2014 (Part V, line 2a)	**5**	6,918
6	Total number of volunteers (estimate if necessary)	**6**	639
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)	48,927,045	36,713,605
9	Program service revenue (Part VIII, line 2g)	933,658,575	966,309,164
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,922,837	10,157,764
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,546,975	17,225,863
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,002,055,432	1,030,406,396
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	118,788	149,600
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)	519,167,848	552,353,871
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)	402,079,796	416,610,876
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	921,366,432	969,114,347
19	Revenue less expenses Subtract line 18 from line 12	80,689,000	61,292,049

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	909,523,123	964,503,019
21	Total liabilities (Part X, line 26)	514,966,901	516,591,027
22	Net assets or fund balances Subtract line 21 from line 20	394,556,222	447,911,992

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2015-11-12 — Date

Douglas Shirley Chief Financial Officer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Frank Giardini	Frank Giardini			P00532355

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶

Firm's address ▶ 2001 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103 — Phone no (215) 561-4200

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 $ 834,994,102 including grants of $ 149,600) (Revenue $ 966,309,164)

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** ▶ 834,994,102

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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		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	6,918		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	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, address, and telephone number of the person who possesses the organization's books and records

▶ 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) . . . . . ▶								16,557,807	0	617,545

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 ▶912

		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
XEROX CONSULTANT COMPANY INC, 5225 Auto Club Drive DEARBORN, MI 48126	information techn	5,131,313
THE CAMPAIGN GROUP, 1600 LOCUST STREET PHILADELPHIA, PA 19103	ADVERTISING	3,260,127
ADREIMA, 4524 SOUTHLAKE PARKWAY HOOVER, AL 35216	CONSULTING	2,753,593
STANDARD TEXTILE CO, PO BOX 371805 CINCINNATI, OH 45222	LAUNDRY/LINEN SVCS	1,976,297
HSC BUILDERS AND CONSTRUCTION, 304 NEW MILL LANE EXTON, PA 19341	CONSTRUCTION	18,461,455

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 ▶74

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	2,311,770			
	e	Government grants (contributions)	1e	34,147,110			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	254,725			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		36,713,605			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	955,916,863	955,916,863		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	10,000,998	10,000,998		
	c	EDUCATION	541900	391,303	391,303		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		966,309,164			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,644,617			8,644,617
	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	95,205,136				
	b	Less cost or other basis and sales expenses	93,691,989				
	c	Gain or (loss)	1,513,147				
	d	Net gain or (loss) . . . . . ▶		1,513,147			1,513,147
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/COFFEE SHOP/GIFT SHOP	900099	4,373,069			4,373,069
	b	PARKING	812930	809,922			809,922
	c	MANAGEMENT FEE	900099	507,244			507,244
	d	All other revenue		11,432,955			11,432,955
	e	**Total.** Add lines 11a–11d . . . . . ▶		17,123,190			
	12	**Total revenue.** See Instructions . . . . . ▶		1,030,406,396	966,309,164		27,383,627

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	149,600	149,600		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	11,061,319	9,402,121	1,659,198	
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	454,484,050	410,576,902	43,907,148	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,842,879	9,151,539	3,691,340	
9 Other employee benefits	43,225,582	38,903,024	4,322,558	
10 Payroll taxes	30,740,041	27,666,037	3,074,004	
11 Fees for services (non-employees)				
a Management	5,127,828	724,072	4,403,756	
b Legal	505,632	52,616	453,016	
c Accounting	214,737		214,737	
d Lobbying	327,487		327,487	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	322,317		322,317	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,263,687	19,225,640	13,038,047	
12 Advertising and promotion	6,215,837	28,774	6,187,063	
13 Office expenses	150,928,385	150,697,015	231,370	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	30,698,333	23,173,282	7,525,051	
17 Travel	479,811	339,295	140,516	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,000,601	928,472	72,129	
20 Interest	8,716,977		8,716,977	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	35,620,489	35,620,489		
23 Insurance	17,269,549	17,269,549		
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	70,002,218	70,002,218		
b MISCELLANEOUS EXPENSE	56,916,988	21,083,457	35,833,531	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	969,114,347	834,994,102	134,120,245	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		81,039,053	1	144,215,173
	2	Savings and temporary cash investments		10,242,233	2	21,133,818
	3	Pledges and grants receivable, net		4,871,734	3	3,880,944
	4	Accounts receivable, net		108,173,708	4	105,885,761
	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		13,093,407	8	19,663,331
	9	Prepaid expenses and deferred charges		10,820,925	9	9,774,986
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 780,496,825			
	b	Less accumulated depreciation	10b 409,991,832	351,461,821	10c	370,504,993
	11	Investments—publicly traded securities		302,959,456	11	264,577,224
	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		575,652	14	434,430
	15	Other assets See Part IV, line 11		10,503,734	15	8,650,959
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		909,523,123	16	964,503,019
Liabilities	17	Accounts payable and accrued expenses		110,353,902	17	109,401,721
	18	Grants payable		0	18	0
	19	Deferred revenue		16,857,203	19	13,672,791
	20	Tax-exempt bond liabilities		292,449,478	20	270,246,676
	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		5,391,907	23	13,350,040
	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		89,914,411	25	109,919,799
	26	**Total liabilities.** Add lines 17 through 25		514,966,901	26	516,591,027
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		394,117,222	27	447,472,992
	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		394,556,222	33	447,911,992
	34	Total liabilities and net assets/fund balances		909,523,123	34	964,503,019

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	1,030,406,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	969,114,347
3	Revenue less expenses Subtract line 2 from line 1	3	61,292,049
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	394,556,222
5	Net unrealized gains (losses) on investments	5	4,852,170
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	-12,788,449
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	447,911,992

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			
(1) George E Norcross Chairman of the Board/Trustee	3 0 0 0	X		X				0	0	0
(1) John P Sheridan Jr PRES&CEO-Cooper Hlth Sys/TTEE	55 0 0 0	X		X				849,298	0	30,734
(2) Adrienne Kirby PhD Pres&CEO-Cooper UNIV HLTH/TTEE	55 0 0 0	X		X				1,075,632	0	19,051
(3) Michael E Chansky MD trustee/chief, emergency med	55 0 0 0	X						545,991	0	11,507
(4) Leon D Dembo Esq Trustee	3 0 0 0	X						0	0	0
(5) Dennis M DiFlorio Trustee	3 0 0 0	X						0	0	0
(6) Generosa Grana MD Trustee/Dir Cooper Cancer Ins	55 0 0 0	X						676,932	0	11,886
(7) Paul Katz MD Trustee	3 0 0 0	X						0	0	0
(8) Ali A Houshmand PhD Trustee	3 0 0 0	X						0	0	0
(9) Wendell Pritchett PhD Trustee	3 0 0 0	X						0	0	0
(10) Duane D Myers Trustee	3 0 0 0	X						0	0	0
(11) Annette Reboli MD Trustee	3 0 0 0	X						0	0	0
(12) Robert A Saporito DDS Trustee	3 0 0 0	X						0	0	0
(13) Roland Schwarting MD Trustee/Chief, Pathology	55 0 0 0	X						561,131	0	21,435
(14) William A Schwartz Jr Trustee	3 0 0 0	X						0	0	0
(15) John W Shimark Trustee	3 0 0 0	X						0	0	0
(16) Harvey A Snyder MD Trustee	3 0 0 0	X						0	0	0
(17) Kris Singh PHD Trustee	3 0 0 0	X						0	0	0
(18) M Allan Vogelson JSC Ret Trustee	3 0 0 0	X						0	0	0
(19) Peter S Amenta MD PhD Trustee	3 0 0 0	X						0	0	0
(20) Joseph C Spagnoletti Trustee	3 0 0 0	X						0	0	0
(21) SIDNEY R BROWN TRUSTEE	3 0 0 0	X						0	0	0
(22) George Weinroth end 41114 COO of UP	55 0 6 0			X				214,750	0	12,690
(23) Carolyn E Bekes MD Chief Academic Affairs	55 0 0 0			X				129,741	0	15,954
(24) Douglas Shirley Chief Financial Officer	55 0 8 0			X				694,113	0	31,946

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Gary Lesneski Sr EVP/General Counsel	55 0 0 0			X				828,471	0	27,638
(1) Jane M Tubbs Board Secretary	40 0 0 0			X				63,218	0	1,868
(2) Raymond Baraldi MD Chief - Dept of Radiology	55 0 0 0			X				549,807	0	23,970
(3) Anthony Mazzarelli MD JD MBA Chief Medical Officer, SVP OPS	55 0 0 0			X				552,679	0	38,601
(4) Louis Bezich officer beg SVP Strtgc Alliances 12/28/14)	55 0 0 0			X				338,464	0	9,648
(5) Stephanie Conners officer beg SEVP, COO, CNO 12/28/14)	55 0 0 0			X				390,293	0	2,910
(6) Robin L Perry MD Chief, Dept of Ob Gyn	55 0 3 0				X			442,054	0	45,095
(7) Douglas Allen VP Human Resource	55 0 0 0				X			307,762	0	17,974
(8) Lawrence S Miller MD Chief, orthopedic surgery	55 0 3 0				X			923,545	0	38,380
(9) William G Smith MBA VP Chief Accounting Officer	55 0 8 0				X			281,287	0	32,336
(10) Jeffrey P Carpenter MD Chief of Surgery	55 0 0 0				X			991,970	0	38,693
(11) Eli Winkler end 8814 Sr VP Growth & Development	55 0 0 0				X			389,120	0	33,526
(12) Naomi Lawrence MD Head, Division of Dermatology	55 0 0 0					X		842,223	0	38,380
(13) Michael Rosenbloom MD Head, Div of Cardiothoracic Sg	55 0 0 0					X		1,574,900	0	38,693
(14) Richard Y Highbloom MD Surgeon	55 0 0 0					X		1,163,054	0	31,298
(15) Frank W Bowen III MD Surgeon	55 0 0 0					X		1,324,610	0	10,321
(16) Richard Lackman MD Orthopaedic Oncologist	55 0 0 0					X		846,762	0	33,011

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
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		280,552
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		46,935
j	Total Add lines 1c through 1i			327,487
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Lobbying Activity Explanation	During 2014, the Organization incurred the following lobbying expenditures The organization paid independent firms $223,152 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 2014 is detailed below and in total is $46,935 New Jersey Council of Teaching Hospitals $18,000 New Jersey Hospital Association $23,435 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.**
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	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		4,083,182		4,083,182
b Buildings		273,325,087	50,546,294	222,778,793
c Leasehold improvements		160,283,569	84,462,091	75,821,478
d Equipment		342,804,987	274,983,447	67,821,540
e Other		0	0	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				370,504,993

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	12,586,539
SELF-INSURED RESERVES, CURRENT	18,642,350
SELF-INSURED RESERVES, NON-CURRENT	50,552,227
ACCRUED RETIREMENT BENEFITS	11,690,173
SETTLEMENTS-3RD PARTY PAYORS, N/C	10,308,741
DUE TO AFFILIATES	6,139,769
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	109,919,799

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	952,145,582
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	4,852,170		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-83,112,984		
e	Add lines **2a** through **2d**			2e	-78,260,814
3	Subtract line **2e** from line **1**			3	1,030,406,396
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,030,406,396

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	898,789,812
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	898,789,812
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	322,317		
b	Other (Describe in Part XIII)	4b	70,002,218		
c	Add lines **4a** and **4b**			4c	70,324,535
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	969,114,347

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
Endowment Funds	Restricted Funds are used to support the charitable activities and programs of the organization and its affiliates
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	change in fair value of interest rate swap agreements $(4,375,120) change in pension benefit obligation (8,413,329) Reclass Bad Debt Expense (70,002,218) Reclass Investment Interest Expenses (322,317) ---------- TOTAL ($83,112,984) ==========
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	Schedule D, Part XII, Line 4b Reclass Bad Debt Expense $70,002,218

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
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 _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	950	57,756,130	41,922,000	15,834,130	1 760 %
b Medicaid (from Worksheet 3, column a)	1	9,885	227,905,033	172,959,000	54,946,033	6 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	2	10,835	285,661,163	214,881,000	70,780,163	7 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	56	193,552	2,029,171	675,648	1,353,523	0 150 %
f Health professions education (from Worksheet 5)	46	2,482	65,929,892	25,369,000	40,560,892	4 510 %
g Subsidized health services (from Worksheet 6)	3	182	11,070		11,070	
h Research (from Worksheet 7)			1,367,264	830,339	536,925	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12		142,100		142,100	0 020 %
j **Total.** Other Benefits	117	196,216	69,479,497	26,874,987	42,604,510	4 740 %
k **Total.** Add lines 7d and 7j	119	207,051	355,140,660	241,755,987	113,384,673	12 610 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	4		471,320	334,166	137,154	0 020 %
2	Economic development	1		55,000		55,000	0 010 %
3	Community support	6		777,595	104,572	673,023	0 070 %
4	Environmental improvements	8		763,873	164,212	599,661	0 070 %
5	Leadership development and training for community members	1		1,366		1,366	
6	Coalition building	5		7,517		7,517	
7	Community health improvement advocacy	4		10,508		10,508	
8	Workforce development	5		85,967		85,967	0 010 %
9	Other						
10	**Total**	34		2,173,146	602,950	1,570,196	0 180 %

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	70,002,218		
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	150,012,716		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	193,544,838		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-43,532,122		
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Cooper Health System

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.cooperhealth.org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Supplemental information			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group: Cooper Health System

			Yes	No
Financial Assistance Policy (FAP)				
13	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 included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Cooper Health System

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **17**

	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

Form and Line Reference	Explanation
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 $70,002,218

Form and Line Reference	Explanation
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 2 & 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 $36,650,000 AND $62,073,000 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, 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 2015 WHILE AMOUNTS ARE NOT FINALIZED FOR THE STATE OF NEW JERSEY'S FISCAL 2016 BUDGET, IT IS ANTICIPATED THAT FUNDING WILL BE SLIGHTLY REDUCED

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	Medicare costs were derived from the 2014 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 V, SECTION B, LINE 10A WWW COOPERHEALTH ORG/SITES/COOPER/FILES/SITE/PDF/CHNA_DECEMBER_2013 PDF PART V, SECTION B, LINE 16A, 16B, 16C WWW COOPERHEALTH ORG/PATIENT-GUIDE/FINANCIAL-MATTERS

Form and Line Reference	Explanation
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 2014 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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
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 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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V, Section B	

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

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)
MD Anderson Cooper Cancer Center 2 Cooper Plaza Camden, NJ 08103	Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services
Cooper University Hospital Urgent Care 318 S White Horse Pike Audubon, NJ 08106	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

2014

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 Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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

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

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

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

Return Reference	Explanation
Schedule I, Part I, Question 2	Grants are monitored by the organization's finance personnel through the utilization of cost centers and other information, including written documentation and receipts

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Susan G Komen Breast Cancer Foundation125 South 9th Street Philadelphia, PA 19107	75-2949264	501(c)(3)	17,500				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Juvenile Diabetes Research Foundation26 Broadway 14th Floor New York, NY 10004	23-1907729	501(c)(3)	10,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
International Healthcare VolunteersPO Box 8231 Trenton, NJ 08650	72-1530030	501(c)(3)	8,800				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NJAFPNJ EMS Conference 224 West State Street Trenton, NJ 08608	22-6063156	501(c)(3)	25,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jewish Federation of Southern New Jersey1301 Springdale Rd Cherry Hill,NJ 08033	21-0634489	501(c)(3)	35,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
National Brain Tumor Society 55 Chapel St Ste 200 Newton, MA 02458	04-3068130	501(c)(3)	10,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Garden State Discovery Museum2040 Springdale Road Cherry Hill, NJ 08003	22-3410864	501(c)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Inspira Medical Centers Inc 333 Irving Avenue Bridgeton, NJ 08302	21-0634484	501(c)(3)	5,800				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF PENNSYLVANIA - DBA WXPN3025 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	7,500				SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 4a	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN 2014 THESE AMOUNTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION AND FORM 990, PART VII, COLUMN D GEORGE WEINROTH - CHIEF OPERATING OFFICER OF UP $125,000
Part I, Line 7	Bonuses paid are based on a number of variables including but not limited to individual goal achievements as well as organization operation achievements The final determination of the bonus amount is determined and approved by the Board as part of the overall compensation review of the officers and key employees

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John P Sheridan Jr, PRES&CEO-Cooper Hlth Sys/TTEE	(I) (II)	535,214 0	285,400 0	28,684 0	15,600 0	15,134 0	880,032 0	0 0
1 Adrienne Kirby PhD, Pres&CEO-Cooper UNIV HLTH/TTEE	(I) (II)	859,744 0	200,000 0	15,888 0	9,100 0	9,951 0	1,094,683 0	0 0
2 Michael E Chansky MD, trustee/chief, emergency med	(I) (II)	481,838 0	43,000 0	21,153 0	9,100 0	2,407 0	557,498 0	0 0
3 Generosa Grana MD, Trustee/Dir Cooper Cancer Ins	(I) (II)	581,536 0	75,000 0	20,396 0	9,100 0	2,786 0	688,818 0	0 0
4 Roland Schwarting MD, Trustee/Chief, Pathology	(I) (II)	558,382 0	0 0	2,749 0	9,100 0	12,335 0	582,566 0	0 0
5 George Weinroth end 41114, COO of UP	(I) (II)	88,960 0	0 0	125,790 0	4,340 0	8,350 0	227,440 0	0 0
6 Douglas Shirley, Chief Financial Officer	(I) (II)	487,840 0	194,049 0	12,224 0	9,100 0	22,846 0	726,059 0	0 0
7 Gary Lesneski, Sr EVP/General Counsel	(I) (II)	592,098 0	220,563 0	15,810 0	9,100 0	18,538 0	856,109 0	0 0
8 Raymond Baraldi MD, Chief - Dept of Radiology	(I) (II)	528,990 0	0 0	20,817 0	6,500 0	17,470 0	573,777 0	0 0
9 Robin L Perry MD, Chief, Dept of Ob Gyn	(I) (II)	439,942 0	0 0	2,112 0	15,600 0	29,495 0	487,149 0	0 0
10 Douglas Allen, VP Human Resource	(I) (II)	280,892 0	25,000 0	1,870 0	15,600 0	2,374 0	325,736 0	0 0
11 Lawrence S Miller MD, Chief, orthopedic surgery	(I) (II)	807,103 0	94,418 0	22,024 0	9,100 0	29,280 0	961,925 0	0 0
12 William G Smith MBA, VP Chief Accounting Officer	(I) (II)	234,689 0	45,000 0	1,598 0	8,299 0	24,037 0	313,623 0	0 0
13 Jeffrey P Carpenter MD, Chief of Surgery	(I) (II)	989,074 0	0 0	2,896 0	9,100 0	29,593 0	1,030,663 0	0 0
14 Eli Winkler end 8814, Sr VP Growth & Development	(I) (II)	268,851 0	120,000 0	269 0	12,793 0	20,733 0	422,646 0	0 0
15 Naomi Lawrence MD, Head, Division of Dermatology	(I) (II)	840,647 0	0 0	1,576 0	9,100 0	29,280 0	880,603 0	0 0
16 Michael Rosenbloom MD, Head, Div of Cardiothoracic Sg	(I) (II)	1,446,953 0	125,000 0	2,947 0	9,100 0	29,593 0	1,613,593 0	0 0
17 Richard Y Highbloom MD, Surgeon	(I) (II)	1,035,158 0	125,000 0	2,896 0	9,100 0	22,198 0	1,194,352 0	0 0
18 Frank W Bowen III MD, Surgeon	(I) (II)	1,181,095 0	125,000 0	18,515 0	9,100 0	1,221 0	1,334,931 0	0 0
19 Richard Lackman MD, Orthopaedic Oncologist	(I) (II)	822,844 0	0 0	23,918 0	9,100 0	23,911 0	879,773 0	0 0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Anthony Mazzarelli MD JD MBA, Chief Medical Officer, SVP OPS	(I)	486,278	66,000	401	9,035	29,566	591,280	0
	(II)	0	0	0	0	0	0	0
1 Louis Bezich officer beg, SVP Strtgc Alliances 12/28/14)	(I)	274,087	45,000	19,377	8,312	1,336	348,112	0
	(II)	0	0	0	0	0	0	0
2 Stephanie Conners officer beg, SEVP, COO, CNO 12/28/14)	(I)	389,940	0	353	0	2,910	393,203	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
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	13281QBP9	11-18-2014	159,117,690	Refund Issue Dated 12/25/2005 & 9/		X		X		X
B	New Jersey Economic Development Authority	22-2045817		11-09-2009	10,000,000	Construction/Refd Issue 2/27/1997		X		X		X
C	Camden County Improvement Authority	22-2681222	645918TVS	11-04-2008	50,000,000	Construction-Bldg, Various Cost		X		X		X
D	Camden County Improvement Authority	22-2681222	13281QAY1	08-01-2013	53,048,439	Various Capital Projects		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	3,865,794	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	159,117,690	10,000,000	50,000,000	53,052,245
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	256	0	0	0
7	Issuance costs from proceeds	1,966,144	190,000	986,526	1,050,969
8	Credit enhancement from proceeds	0	0	208,947	0
9	Working capital expenditures from proceeds	192,209	0	0	0
10	Capital expenditures from proceeds	0	5,771,076	48,804,527	25,539,275
11	Other spent proceeds	156,959,181	4,038,924	0	0
12	Other unspent proceeds	0	0	0	26,462,001
13	Year of substantial completion		2010	2009	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
c	Are there any research agreements that may result in private business use of bond-financed property?		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 ▶		0 100 %		0 %		0 100 %		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		0 100 %				0 100 %		
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X		X	X	
b	Exception to rebate?		X	X			X		X
c	No rebate due?		X		X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
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 12/31/2014

Return Reference	Explanation
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

Return Reference	Explanation
Part II, Line 11, Columns B & D	The other spent proceeds relate to the refunding proceeds of the respective issue

Return Reference	Explanation
Part IV, Question 2(C), Column C	The rebate calculation was performed on 11/4/2013

Return Reference	Explanation
Part IV, Question 2(C), Column D	The rebate calculation was performed on 12/15/2010

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
21-0634462

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Conner Strong Buckelew	Trustee-Norcross	475,765	See Part V, Footnote #1		No
(2) Bonnie J Mannino	Family Member-Perry	108,153	Employee		No
(3) Tina Cressman	Family Member-Weinroth	109,559	Employee		No
(4) Parker McCay PA	Fam Member Co - Norcross	670,280	See Part V, Footnote #2		No
(5) Cardiovascular Assoc of DE Valley	Trustee-Snyder	145,000	See Part V, Footnote #3		No
(6) Joanne Mazzarelli	Family Member-Mazzarelli	286,598	Employee		No

Part V Supplemental Information

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

Return Reference	Explanation
Business Transactions with Interested Persons	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/ethics & compliance 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/ethics & compliance 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
Business Transactions with Interested Persons	Schedule L, Part IV Footnote # 1 Although Mr Norcross' business transaction with Cooper Health System is not required to be disclosed under the new definition for interested person, Mr Norcross wishes to voluntarily provide this information The amount noted in Part IV, Column (c) $475,765 represents the amount paid by Cooper Health System ($625,765) to Conner Strong & Buckelew, less than amount of contributed services (fair market value $150,000) provided by Conner Strong & Buckelew to Cooper Health Services, for insurance brokerage, consulting, risk management, 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 & compliance committee and consulting and brokerage services have been periodically subjected to a competitive bidding process process
Business Transactions with Interested Persons	Schedule L, Part IV Footnote #2 Parker McCay PA (Parker) has been providing legal services to Cooper for more than twenty five years, predating Mr Norcross' membership 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
Business Transactions with Interested Persons	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 paid CADV $145,000 related to a buy-out non-compete clause in a physician contract

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
The Cooper Health System a New Jersey Non-Profit Corporation	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, 2014, CHS provides the following statistics Total inpatient admissions including births and NICU/trans births 27,859 patients Total outpatient volume not including emergency room cases that were admitted 307,014 patients Total patient days 141,760 Total bed days 188,705 Total inpatient surgical volume 17,113

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 Audit/Ethics & Compliance 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 SYSTEM'S AUDIT/ETHICS & COMPLIANCE COMMITTEE FOR THEIR REVIEW AND DISCUSSION THE ORGANIZATION'S 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 organization follows a process for determining the compensation of senior executives which is compliant with the requirements of Internal Revenue Code Section 4958 to enable the organization to receive the rebuttable presumption of reasonableness 1 The organization's Bylaws charge the Audit/Ethics & Compliance Committee with the role of approving the selection of an executive compensation consulting firm and the services, including the methodology that will be employed by that firm, confirms the independence of the executive compensation survey and thereafter recommends to the Executive Committee of the Board the executive compensation survey prepared by the outside consultant The Audit/Ethics & Compliance Committee is comprised entirely of independent members and no member of the Committee is either a member of the Board's Finance Committee or an ex officio member of the Board, or, has had any material financial dealings with the organization, or, otherwise has a conflict or duality of interest or the appearance of a conflict or duality of interest with the organization, 2 The selected outside consulting firm prepares a written, detailed report reviewing compensation for more than 20 senior executives, which documents relevant market comparability data, as well as the methodology, job matches, and survey sources used for the executive compensation review, and includes the firm's opinion that the executives' compensation falls within a reasonable range of competitive market practice applicable to like positions among like organizations under like circumstances, for purposes of compliance with Section 4958 of the Internal Revenue Code, 3 The Executive Committee of the Board is the required internal approval agent for executive compensation In that role the Committee reviews and considers all recommendations made by the Audit/Ethics & Compliance Committee, reviews and approves the report of the outside consulting firm, approves compensation for the affected executives based upon the report and recommendations, and where applicable, recommends to the full Board any actions which the Committee deems necessary in response to the outside consulting firm's report, 4 The actions of both the Audit/Ethics & Compliance and Executive Committees are documented in the minutes of the Committee meetings Additionally, the Executive Committee monitors the organization's compliance with policy regarding compensation of employed physicians By organization policy, the full Board must approve all new and renewed physician contracts for Chiefs and/or Institute Medical Directors, all other physicians who report directly to the organization's President and Chief Executive Officer, all physicians whose base compensation exceeds the 75th percentile of MGMA benchmark data, all physicians who are either corporate officer or Board or Committee members, and, all physicians who have an interest in any entity that refers business to the organization or otherwise has disclosed a potential conflict of interest in his/her annual disclosure survey or supplementary disclosure

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 However, Raymond Meillier, deceased November 4, 2014 Part VII reflects certain board trustees or board officers receiving compensation and benefits from the organization including Adrienne Kirby, PhD (Trustee & Officer) John P Sheridan, Jr (Trustee & Officer) Generosa Grana, MD (Trustee) Michael E. Chansky, MD, PhD (Trustee) Roland Schwarting, MD (Trustee) George Weinroth (Officer) Carolyn E. Bekes, MD (Officer) Douglas Shirley (Officer) Gary Lesneski (Officer) Jane M Tubbs (Officer) Raymond Baraldi, MD (Officer) Anthony Mazzarelli, MD, JD, MBA (Officer) Louis Bezich (Officer) Stephanie Conners (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 Pension Benefit Obligation $(8,413,329) Change in fair value of interest rate swap agreements (4,375,120) ---------- Total $(12,788,449) ==========

Return Reference	Explanation
COMMunity benefit statement index	References lower right-hand corner page number 1 Background, Page 88 2 Charitable purposes, charity care and community activites, Page 90 3 Vision and Mission of the Cooper Health System, Page 92 4 Signature Programs, Page 92 Cooper Heart Institute, Page 92 Cooper Bone & Joint Institute, Page 93 MD Anderson Cancer Center at Cooper, Page 94 Center for Critical Care Services, Page 95 Cooper Level One Trauma Center, Page 96 Cooper Neurological Institute, Page 97 Children's Regional Hospital at Cooper, Page 99 5 Other Medical Specialties, Page 101 6 Cooper Community Benefit Programs, Page 101 Community Hlth, Hlth Education, Clinical Services/fundraising/grantwriting Community Health Outreach, Page 102 Classes/Suppt Grps/Comm Prgrms/Screenings/Actvts, Page 102 The Cooper Learning Center, Page 104 Trauma Education, Page 105 Safe Kids Southern New Jersey Coalition, Page 105 Life Supoprt Training Center, Page 106 Health Professional Education, Page 106 Continuing Medical Education, Page 107 Graduate Medical Education, Page 107 Training for Camcare (Local FQHC) Physicians, Page 108 Allied Health Prof Clinical/Didactic Educ/Train, Page 108 Simulation Lab, Page 108 EMS Training, Page 109 Subsidized Health Services, Page 109 Emergency Services for Community Events, Page 109 Early Intervention Program, Page 109 Disaster Preparedness and Medical Coordination Center, Page 110 Support Groups, Page 111 Translation Services for Patients, Page 113 Camden Coalition of Healthcare Providers, page 113 Camden Citywide Care Management Project, Page 113 Practice Capacity Building Project, Page 113 Expansion of Access to Mental Health Care, Page 114 Palliative Care Program, Page 114 Research-clinical and Community Health, Page 115 Cash-in-kind Contributions to Community Groups, Page 116 Community Building, Page 116 Physical Improvements, page 116 Economic Development, Page 118 Community Support, Page 118 Environmental Improvements, Page 119 Leadership Development/Training for Community Members, Page 120 Coalition Building, Page 120 Workforce Development, Page 120

Return Reference	Explanation	
	COMMunity benefit statement (continued)	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 Science s 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 o f three neighborhood parks and playground, and outreach to programs in local schools Coop er 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 r ehabilitate nearby residential properties Cooper University Hospital has over 6,600 emplo yees 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 - R obert Wood Johnson Medical School at Camden since 1978 and is now training the next genera tion of physicians at our new Cooper Medical School of Rowan University Cooper offers tra ining programs for medical students, residents, fellows, nurses and allied health professi onals in a variety of specialties Cooper University Hospital offers a network of comprehe nsive services that include prevention and wellness, primary and specialty physician servi ces, hospital care, ambulatory diagnostic and treatment services, and education and suppor t services within southern New Jersey and the entire Delaware Valley Coupled with its edu cational goals, Cooper offers a broad agenda in the field of research Cooper physicians a re involved in ongoing research and development as they keep abreast of changing modalitie s 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 Univer sity Health Care takes pride in its ability to offer a comprehensive array of diagnostic a nd treatment services The hospital serves as southern New Jersey's major tertiary-care re ferral hospital for specialized services These signature programs include Level I Southe rn 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-des ignated children's hospital in South Jersey The MD Anderson Cancer Center at Cooper opene d in 2013 at the corner of Haddon Avenue and Martin Luther King Boulevard This freestandi ng 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 sect ion 501(c) (3) tax-exempt organization Moreover, Cooper operates consistently with the fo llowing criteria outlined in IRS revenue ruling 69-545 a) Cooper provides medically neces sary health care services to all individuals regardless of ability to pay - including char ity 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 b y the above IRS criteria, as well as other information contained herein, the use and contr ol 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 inter est being served other than incidentally Cooper is guided by the belief that it is dedica ted to the health care needs of the communities that it serves That level of determinatio n and commitment is the very soul of Cooper Cooper provides health care services to all p ersons in a non-discriminatory manner regardless of race, color, creed, sex, national orig ins 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 at torney general without charge or at amounts less t

Return Reference	Explanation	
	COMMunity benefit statement (continued)	han established rates Cooper maintains records to identify and monitor the amount of char ity care it provides These records include the amount of charges foregone for services an d supplies furnished under its charity care policy Additionally, as outlined herein, Coop er sponsors other charitable programs, w hich provide substantial benefit to the broader co mmunity Such programs include services to the needy and elderly population that require s pecial support, various clinical outreach programs as well as health promotion and educati on for the general community w elfare

Return Reference	Explanation	
	COMMunity benefit statement (continued)	3) Vision and Mission of The Cooper Health System Vision Statement Cooper University Healt h Care w ill 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 t ransported 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 Coop er's Trauma Center is know n and respected throughout the region and is the most active tra uma center in the entire Delaw are Valley Cooper's trauma teams have saved tens of thousan ds of lives The Trauma Center at Cooper w as established in 1982 and is one of only three New Jersey state-designated Level I trauma centers Cooper serves as the regional trauma c enter 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 includi ng persons involved in motor vehicle accidents, falls, and assaults w ith guns, knives, or other blunt objects The Level I Trauma Center at Cooper has also been recognized and veri fied by the American College of Surgeons as a Level I Trauma Center w ith Pediatric Commitm ent Cooper's trauma center is part of a statew ide netw ork of trauma centers These center s participate in multiple national research studies to advance treatments for brain damage , spinal cord injuries and shock management Cooper's nationally recognized Traumatic Inju ry Prevention Programs are geared for teens, education professionals and senior citizens w ith 300 programs reaching over 12,800 individuals last year, and since the inception of th e program, the team has reached over 145,000 individuals Additional classes are held thro ugh Cooper's participation w ith Safe Kids of Southern New Jersey - Cooper Neurological In stitute Cooper has one of the most progressive patient and family-centered neurological ce nters 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 patien ts w ith neurological diseases and disorders - and applying innovative and promising soluti ons, from surgery and minimally invasive procedures of the brain and spine, to radiosurger y and magnetic guidance systems The medical staff at the CNI includes renow ned neurologis ts, neurosurgeons and many other sub specialists Cooper University Hospital's neurologica l institute is the only one in central and southern New Jersey, and one of the first hospi tals in the U S , to offer patients the Leksell Gamma Knife (federally registered trademar k symbol) Perfexion (unregistered trademark symbol) Gamma Knife Perfexion radiosurgery is available for the treatment of patients w ith brain disorders such as cancers and tumors, vascular abnormalities, functional disorders, and ocular disorders The Gamma Knife surgic al technology provides brain surgery w ithout any incisions, and is as precise as a pinpoin t A patient can normally return home the same day The CNI also treats patients for Parki nson's Disease, tremors and dystonia CNI provides deep brain stimulation (DBS) w hich invo lves the implantation in the brain of a thin electrode w hich is connected to a neurostimul ator the size of a pacemaker Once in place, patients can experience relieved or decreased symptoms of tremor, rigidity, slow ness of movement, stiffness, and balance CNI also prov ides help for patients w ith gait or balance dysfunction The Fall Prevention Program offer s expert diagnosis and treatment in a multidisciplinary environment to identify any treata ble underlying causes of the patient's balance dysfunction The CNI provides a full range of services - from sophisticated diagnostics to advanced rehabilitation resources-and offe rs the most progressive medical and surgical treatments in virtually every neurological fi eld - Children's Regional Hospital at Cooper A "hospital-w ithin-our-hospital," the Childr en's Regional Hospital (CRH) provides the finest pediatric services available to the child ren of southern New Jersey Designated by the State Department of Health as a specialty, a cute care children's hospital, Cooper is uniquely equipped and carefully staffed to treat the region's most critically ill and seriously injured children, from new borns to adolesce nts Physicians and surgeons w ere recruited from the best children's hospitals in the nati on And because they are experts in their field, they are also faculty members at Cooper M edical School of Row an University Cooper has the only pediatric trauma program in South J ersey, and the highest level New born Intensive Care Unit w hich w as aw arded NIDCAP Nursery Certification, only the second hospital in the w or

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 internat ional, national, and statew ide 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 w ide range of pediatric servic es for infants, children and adolescents from southern New Jersey, Philadelphia and throug hout the Delaw are Valley The CRH's services are comprehensive w ith 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 w ith 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 w ith World Class Care and leading edge facilit ies and services throughout the Delaw are Valley

Return Reference	Explanation	
	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 New born 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 i v 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 New 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 fellows, 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 fellows 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 medica l strike team that can respond to large chemical, biological, radiological, nuclear, and t raumatic mass casualty events, and to collaborate with local, state, regional, and federal partners to assist in effective disaster planning

Return Reference	Explanation	
	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 ıs complete Palliatıve care ıs the comprehensıve treatment of the d ıscomfort, symptoms and stress of serıous ıllness It does not replace a patıent's prımary treatment, but w orks together w ıth treatment at any poınt ın a patıent's care Palliatıve care also addresses psychologıcal, socıal and spırıtual concerns - all to achıeve the bes t quality of lıfe possıble for each patıent At Cooper, the Palliatıve Care Program can he lp patıents manage the common sıde effects of ıllness such as paın, fatıgue, nausea, cons tıpatıon, dıarrhea, depressıon and anxıety, dıfficulty breathıng, loss of appetıte and w eı ght loss, w eakness, sleep problems, confusıon and end-of-lıfe care Research-clınıcal and communıty health The Cooper Research Institute, establıshed ın January 2003, coordınates c lınıcal trıals and supports researchers at Cooper Through basıc and clınıcal research, fa culty at Cooper ıs brınging scıentıfıc dıscoverıes to lıfe and provıdıng thousands of patı ents ın South Jersey w ıth access to cuttıng-edge treatments ın fıelds such as cancer, card ıology, crıtıcal care, dıabetes, and gene therapy Cooper faculty members currently conduc t approxımately 340 NIH and ındustry-sponsored clınıcal trıals each year Many of these st udıes are only avaılable ın South Jersey at Cooper By partıcıpatıng ın a clınıcal trıal, an ındıvıdual may have the fırst chance to benefıt from ımproved treatment methods and the opportunıty to make an ımportant contrıbutıon to medıcal scıence Past research by Cooper faculty has led to new standards of care and novel therapıes ın fıelds such as cancer, ca rdıology, surgery, and orthopedıcs For example, Cooper faculty members have conducted stu dıes that led to new cancer treatments such as Rıtuxan for lymphoma, Iressa for advanced non-small cell lung cancer, Tamoxıfen to prevent breast cancer, and Cısplatın plus radıatı on therapy for cervıcal cancer Among other medıcal advances credıted to the Cooper Resear ch Institute are Cash ın kınd contrıbutıons to communıty groups Cooper sponsors varıous n on-profıt organızatıons to promote and build a healthy communıty

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 works 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 where people choose t o live, work, 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 Broadway 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 2014, Cooper University Hospital continued the series with 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 watch initiative by providing space and food for the effort - Promise Neigh borhood Initiative - Cooper University Hospital has been an active partner with 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 with 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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
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) Section 512(b)(13) controlled entity? 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?		(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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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	Yes	
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		No
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 IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
C & H Collection SVS Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2603503	Collection	NJ	CH Services	C Corp	1,082,289	134,314		
Cooper Healthcare Management Inc RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2599494	Management	NJ	CH Services	C Corp	0	0		
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	965,669	2,094,651		
Cooper Healthcare Services RTE 70 Three EXEC Campus STE 310 Cherry Hill, NJ 08002 22-2567106	Health Svcs	NJ	Cooper Hlth Sys	C Corp	0	0	100 000 %	Yes
Cooper Gyn Oncology Association PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3427282	physician pract	NJ	cooper hlth sys	c corp	2,071,735		100 000 %	Yes
Cooper Pediatrics PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-2965846	physcn practice	NJ	cooper hlth sys	c corp	9,565,071		100 000 %	Yes
Cooper Bone and Joint Institute PC 3 Cooper plaza Suite 316 Camden, NJ 081031438 22-2354988	physician pract	NJ	cooper hlth sys	c corp	0		100 000 %	Yes
Center for Health and Wellness PC 3 cooper plaza suite 316 camden, NJ 081031438 22-3487144	physician pract	NJ	cooper hlth sys	c corp	122,897		100 000 %	Yes
Cooper Obstetrical Associates PC 3 Cooper plaza Suite 316 Camden, NJ 081031438 22-2329164	physician pract	NJ	cooper hlth sys	c corp	1,038,195		100 000 %	Yes
CMC Department of Medicine Group PA 3 cooper plaza suite 316 camden, NJ 081031438 22-3266219	physician pract	NJ	cooper hlth sys	c corp	47,797,276		100 000 %	Yes
CHC Pain Management Center PA 3 cooper plaza suite 316 camden, NJ 081031438 22-3419259	physician pract	NJ	cooper hlth sys	c corp	1,106,443		100 000 %	Yes
Cooper Faculty OB-GYN PC 3 cooper plaza suite 316 camden, NJ 081031438 22-2700904	physician pract	NJ	cooper hlth sys	c corp	6,157,993		100 000 %	Yes
Cooper Perinatology Associates PC 3 cooper plaza suite 316 Camden, NJ 081031438 22-2965240	physician pract	NJ	cooper hlth sys	c corp	3,580,956		100 000 %	Yes
Cooper Pathology PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3075647	physician pract	NJ	cooper hlth sys	c corp	3,442,945		100 000 %	Yes
Cooper Physical Medicine&Rehab Assoc PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3137520	physician pract	NJ	cooper hlth sys	c corp	1,631,736		100 000 %	Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
Cooper Physician Offices PA 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3310529	physician pract	NJ	cooper hlth sys	c corp	21,443,888		100 000 %	Yes
CMC Psychiatric Associates PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3315602	physician pract	NJ	cooper hlth sys	c corp	912,297		100 000 %	Yes
Cooper Anesthesia Associates PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3346073	physician pract	NJ	cooper hlth sys	c corp	17,657,984		100 000 %	Yes
Cooper Family Medicine PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3358732	physician pract	NJ	cooper hlth sys	c corp	6,272,006		100 000 %	Yes
Cooper University Radiology PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 51-0483383	physician pract	NJ	cooper hlth sys	c corp	9,466,665		100 000 %	Yes
Cooper Urgent Care PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 80-0747085	physician pract	NJ	cooper hlth sys	c corp	3,679,508		100 000 %	Yes
Cooper Pediatric Specialists PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3474357	physician pract	NJ	cooper hlth sys	c corp	6,871,217		100 000 %	Yes
Cooper Primary Care at Pennsville PA 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3486722	physician pract	NJ	cooper hlth sys	c corp	2,055,917		100 000 %	Yes
Critical Care Group PA 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3266221	physician pract	NJ	cooper hlth sys	c corp	0		100 000 %	Yes
Radiation Oncology PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3587486	physician pract	NJ	cooper hlth sys	c corp	2,716,218		100 000 %	Yes
Cooper University Trauma Physicians PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 20-0031895	physician pract	NJ	cooper hlth sys	c corp	0		100 000 %	Yes
Cooper University Emergency PhysiciansPC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 20-0835576	physician pract	NJ	cooper hlth sys	c corp	8,784,112		100 000 %	Yes
Cooper Medical Supply LLC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 20-3729490	physician pract	NJ	cooper hlth sys	c corp	139		100 000 %	Yes
Cooper Surgical Associates PA 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-2170196	physician pract	NJ	cooper hlth sys	c corp	36,644,502		100 000 %	Yes
University Urogynecology Association PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3235088	physician pract	NJ	cooper hlth sys	c corp	1,434,085		100 000 %	Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
Cooper Department of Neuroscience PC 3 Cooper Plaza Suite 316 Camden, NJ 081031438 22-3358684	physician pract	NJ	cooper hlth sys	c corp	0		100 000 %	Yes

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

(a) Name of related 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	2,311,770	CASH-FMV
COOPER MEDICAL SERVICES	L	507,244	CASH-FMV
COOPER HEALTHCARE PROPERTIES	Q	153,948	CASH-FMV
COOPER HEALTHCARE PROPERTIES	K	473,771	CASH-FMV
COOPER MEDICAL SERVICES	K	4,449,236	CASH-FMV
COOPER MEDICAL SERVICES	O	187,944	CASH-FMV
COOPER MEDICAL SERVICES	K	281,000	CASH-FMV
COOPER MEDICAL SERVICES	P	261,081	CASH-FMV
C & H COLLECTION SERVICES INC	O	63,468	CASH-FMV
C & H COLLECTION SERVICES INC	L	1,082,289	CASH-FMV
C & H COLLECTION SERVICES INC	L	163,287	CASH-FMV