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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](http://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>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CAPITAL HEALTH SYSTEM INC		<b>D Employer identification number</b>  22-3548695
	% SHANE F FLEMING CPA Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 750 BRUNSWICK AVENUE		E Telephone number  (609) 394-6029
	City or town, state or province, country, and ZIP or foreign postal code TRENTON, NJ 08638		<b>G</b> Gross receipts \$ 585,539,166
	<b>F</b> Name and address of principal officer AL MAGHAZEHE PHD FACHE 750 BRUNSWICK AVENUE TRENTON, NJ 08638		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> ▶ WWW.CAPITALHEALTH.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number ▶	

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1997	<b>M</b> State of legal domicile NJ
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS COMMITTED TO PROVIDING COMPREHENSIVE, QUALITY HEALTHCARE SERVICES WHICH IMPROVE AND SUSTAIN THE HEALTH STATUS OF THE COMMUNITIES IT SERVES		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	19
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	4,405
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	295
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		11,776,576	2,778,117
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .		536,201,817	559,513,432
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,493,187	19,166,545
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		4,029,049	4,081,072
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	562,500,629	585,539,166
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	292,736,719	294,093,015
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	0	0
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	305,027,141	310,378,878
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	597,763,860	604,471,893
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	-35,263,231	-18,932,727
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,081,018,223	1,029,054,132
		868,329,110	853,466,346
		212,689,113	175,587,786

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	2015-11-09 Date
	SHANE FLEMING CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Scott J Mariani	Preparer's signature Scott J Mariani	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
	Firm's address ▶ 465 South St Ste 200  Mornstown, NJ 079606497			Phone no (973) 898-9494	

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

THE ORGANIZATION IS COMMITTED TO PROVIDING COMPREHENSIVE, QUALITY HEALTHCARE SERVICES WHICH IMPROVE AND SUSTAIN THE HEALTH STATUS OF THE RESIDENTS PRIMARILY IN CENTRAL NEW JERSEY AND LOWER BUCKS COUNTY THE ORGANIZATION ASSURES ACCESSIBLE, COMPASSIONATE HEALTHCARE SERVICES THAT HONOR THE DIGNITY OF EVERY PERSON THE ORGANIZATION WILL BE A LEADER IN DEFINING THE COMMUNITY'S HEALTHCARE NEEDS, IN PROVIDING APPROPRIATE SOLUTIONS, AND DEVELOPING A COMPREHENSIVE CONTINUUM OF CARE INCLUDING EDUCATION, PREVENTION, DISEASE MANAGEMENT AND RESTORATIVE PROGRAMS PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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 \$ 115,884,105 including grants of \$ 0 ) (Revenue \$ 116,031,979 )

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY GENERAL MEDICAL/SURGICAL SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY DURING 2014, THE ORGANIZATION TREATED 16,187 GENERAL MEDICAL/SURGICAL CASES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b

(Code ) (Expenses \$ 49,381,336 including grants of \$ 0 ) (Revenue \$ 48,399,889 )

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY MATERNAL/CHILD HEALTH SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY DURING 2014, THE ORGANIZATION TREATED 28,420 MATERNAL/CHILD HEALTH CASES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c

(Code ) (Expenses \$ 40,883,460 including grants of \$ 0 ) (Revenue \$ 52,709,851 )

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY DURING 2014, THE ORGANIZATION TREATED 79,746 EMERGENCY CASES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d
























Other program services (Describe in Schedule O )

(Expenses \$ 281,418,131 including grants of \$ 0 ) (Revenue \$ 342,371,713 )

4e

Total program service expenses 487,567,032

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 <b>Section 501(c)(3) organizations.</b> 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	No
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 Yes	
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	No
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 Yes	
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 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	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? <i>If "Yes," complete Schedule J . . . . .</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</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? <i>If "Yes," complete Schedule L, Part I . . . . .</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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		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? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
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)?	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 . . . . .		
	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 . . . . .		
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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NJ	
18	Section 6104 requires an organization to make its 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 SHANE F FLEMING CPA 750 BRUNSWICK AVENUE TRENTON, NJ 08638 (609) 394-6029		

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)	15,677,389	0	403,312

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 545

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
SODEXO MANAGEMENT INC, PO BOX 360170 PITTSBURGH, PA 152516170	MANAGEMENT	6,318,128
NJ HEALTHCARE SPECIALISTS, 1613 N HARRISON PARKWAY SUNRISE, FL 333232853	MEDICAL	5,662,612
ARAMARK MANAGEMENT SERVICES, 12483 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	MANAGEMENT	5,252,482
EMERGENCY MEDICAL ASSOCIATES OF NJ, 3 CENTURY DRIVE PARSIPPANY, NJ 07054	MEDICAL	5,118,698
CAPITAL HEALTH ADVANCE IMAGING, PO BOX 223887 PITTSBURGH, PA 152512887	MEDICAL	3,236,039
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	97	

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	8,650				
	e	Government grants (contributions) 1e	2,761,879				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,588				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	2,778,117				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	541900	545,371,902	545,371,902		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	14,127,557	14,127,557		
	c	AUXILIARY REVENUE	541900	13,973	13,973		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	559,513,432				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,483,570			2,483,570
4		Income from investment of tax-exempt bond proceeds . . . . .	0				
5		Royalties . . . . .	0				
6a		(i) Real					
		(ii) Personal					
b		Gross rents	1,554,357				
b		Less rental expenses					
c		Rental income or (loss)	1,554,357	0			
d		Net rental income or (loss) . . . . .	1,554,357				1,554,357
7a		(i) Securities					
		(ii) Other					
b		Gross amount from sales of assets other than inventory	16,682,281	694			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	16,682,281	694			
d		Net gain or (loss) . . . . .	16,682,975				16,682,975
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	CAFE/DIETARY	900099	2,526,715			2,526,715	
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		2,526,715				
12	Total revenue. See Instructions . . . . .		585,539,166	559,513,432	0	23,247,617	

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 . . . . .	0			
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 . . . . .	11,396,212	9,192,185	2,204,027	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	240,700,851	194,149,306	46,551,545	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	477,477	385,133	92,344	
9	Other employee benefits . . . . .	24,248,744	19,559,037	4,689,707	
10	Payroll taxes . . . . .	17,269,731	13,929,765	3,339,966	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	1,349,971	1,088,887	261,084	
c	Accounting . . . . .	321,253	259,123	62,130	
d	Lobbying . . . . .	278,220	224,412	53,808	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees . . . . .	744,710	600,683	144,027	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	65,036,793	52,458,677	12,578,116	
12	Advertising and promotion . . . . .	2,103,440	1,696,635	406,805	
13	Office expenses . . . . .	14,464,928	11,667,411	2,797,517	
14	Information technology . . . . .	3,879,984	3,129,595	750,389	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	12,111,519	9,769,151	2,342,368	
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	605,512	488,406	117,106	
20	Interest . . . . .	51,231,883	41,323,637	9,908,246	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	63,886,971	51,531,230	12,355,741	
23	Insurance . . . . .	-833,044	-671,933	-161,111	
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	MEDICAL SUPPLIES	79,964,785	64,499,596	15,465,189	
b	REPAIRS AND MAINTENANCE	9,104,416	7,343,622	1,760,794	
c	DUES AND SUBSCRIPTIONS	1,208,821	975,035	233,786	
d	OTHER EXPENSES	4,918,716	3,967,439	951,277	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	604,471,893	487,567,032	116,904,861	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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .		0	1	0
	2	Savings and temporary cash investments . . . . .		7,072,198	2	8,602,923
	3	Pledges and grants receivable, net . . . . .		0	3	0
	4	Accounts receivable, net . . . . .		81,682,299	4	87,700,033
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		445,000	5	280,833
	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 . . . . .		0	7	0
	8	Inventories for sale or use . . . . .		10,695,567	8	10,691,196
	9	Prepaid expenses and deferred charges . . . . .		15,586,175	9	17,921,380
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,054,875,700			
	b	Less accumulated depreciation . . . . .	10b364,217,999	745,783,134	10c	690,657,701
	11	Investments—publicly traded securities . . . . .		0	11	0
	12	Investments—other securities See Part IV, line 11 . . . . .		0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .		186,728,785	13	190,753,651
	14	Intangible assets . . . . .		12,599,362	14	11,764,930
	15	Other assets See Part IV, line 11 . . . . .		20,425,703	15	10,681,485
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,081,018,223	16	1,029,054,132
Liabilities	17	Accounts payable and accrued expenses . . . . .		68,550,768	17	72,209,727
	18	Grants payable . . . . .		0	18	0
	19	Deferred revenue . . . . .		0	19	0
	20	Tax-exempt bond liabilities . . . . .		0	20	0
	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 . . . . .		754,548,494	23	748,276,500
	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 . . . . .		45,229,848	25	32,980,119
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		868,329,110	26	853,466,346
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		212,689,113	27	175,587,786
	28	Temporarily restricted net assets . . . . .		0	28	0
	29	Permanently restricted net assets . . . . .		0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b> . . . . .		212,689,113	33	175,587,786
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,081,018,223	34	1,029,054,132

Part XI Reconciliation 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	585,539,166
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	604,471,893
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-18,932,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	212,689,113
5	Net unrealized gains (losses) on investments . . . . .	5	-15,118,933
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	-3,049,667
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	175,587,786

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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? . . . . .	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-3548695

Name: CAPITAL HEALTH SYSTEM INC

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) SAMUEL J PLUMERI JR ..... CHAIRMAN - DIRECTOR	5 0 .....	X		X				0	0	0
(1) NANCY H BECKER ..... VICE CHAIR - DIRECTOR	5 0 .....	X		X				0	0	0
(2) GILBERT W LUGOSSY ..... SECRETARY - DIRECTOR	3 0 .....	X		X				0	0	0
(3) JOHN F RICCI ..... TREASURER - DIRECTOR	3 0 .....	X		X				0	0	0
(4) CARMEN M GARCIA ESQ ..... ASSISTANT SECRETARY - DIRECTOR	3 0 .....	X		X				0	0	0
(5) RANDI A AXELROD MD ..... DIRECTOR	1 0 .....	X						0	0	0
(6) GIOVANNI CAFORIO MD ..... DIRECTOR	1 0 .....	X						0	0	0
(7) AJAY CHOUDHRI MD ..... DIRECTOR	1 0 .....	X						0	0	0
(8) LOUIS F D'AMELIO MD ..... DIRECTOR	55 0 .....	X						860,924	0	12,204
(9) KATHLEEN GEKOWSKI MD FACP ..... DIRECTOR	1 0 .....	X						871	0	0
(10) MARTIN P JOHNSON ..... DIRECTOR	1 0 .....	X						0	0	0
(11) RAMAN KAPUR ..... DIRECTOR	1 0 .....	X						0	0	0
(12) JULIE A KARNS ..... DIRECTOR	1 0 .....	X						0	0	0
(13) DONALD J LOFF ..... DIRECTOR	1 0 .....	X						0	0	0
(14) AL MAGHAZEHE PHD FACHE ..... DIRECTOR - PRESIDENT/CEO	55 0 .....	X		X				1,655,489	0	28,384
(15) JOSHUA MARKOWITZ ESQ ..... DIRECTOR	1 0 .....	X						0	0	0
(16) SEAN S MURRAY ..... DIRECTOR	1 0 .....	X						0	0	0
(17) CLINTON H OGOLO MD ..... DIRECTOR	1 0 .....	X						0	0	0
(18) MICHAEL L SOMERSTEIN MD ..... DIRECTOR	1 0 .....	X						0	0	0
(19) TELECHERY A SUDHAKAR MD ..... DIRECTOR - VP MEDICAL STAFF	1 0 .....	X						0	0	0
(20) JOHN P THURBER ..... DIRECTOR	1 0 .....	X						0	0	0
(21) SHANE F FLEMING CPA ..... CHIEF FINANCIAL OFFICER	55 0 .....			X				473,477	0	30,603
(22) EUGENE W GROCHALA ..... CHIEF INFORMATION OFFICER	55 0 .....			X				449,464	0	10,487
(23) STEPHEN A MILLER JD ..... CHIEF COMPLIANCE OFFICER	55 0 .....			X				277,407	0	4,843
(24) LARRY DISANTO ..... EXECUTIVE VICE PRESIDENT/COO	55 0 .....			X				3,152,289	0	29,286

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) ALEXANDER D GLADNEY ESQ ..... GENERAL COUNSEL	55 0 .....			X				379,266	0	9,814
(1) JOSHUA A EISENBERG MD ..... CHIEF MEDICAL OFFICER	55 0 .....			X				838,069	0	28,376
(2) ROBERT REMSTEIN DO ..... VP, ACCOUNTABLE CARE	55 0 .....			X				482,688	0	14,151
(3) EILEEN M HORTON ..... VP, PATIENT SERVICES/CNO	55 0 .....			X				413,103	0	24,019
(4) NATHAN BOSK FACHE ..... VP, AMBULATORY SERVICES	55 0 .....			X				381,613	0	21,903
(5) GREGORY N DADAMO ..... VP,SUPPORT & PROFESSIONAL SVCS	55 0 .....			X				370,581	0	9,218
(6) J SCOTT CLEMMENSEN ..... VP, HUMAN RESOURCES	55 0 .....			X				366,351	0	26,048
(7) DENNIS DOOLEY ..... VP, COMMUNICATION & GOVT AFF	55 0 .....			X				320,117	0	30,822
(8) ARLENE WALSH ..... VP, TRANSFORMATION	55 0 .....			X				293,273	0	24,984
(9) SUZANNE B BORGOS ..... VP, PLANNING	55 0 .....			X				278,763	0	3,633
(10) DAVID K DAILOU EFF 111814 ..... VP/CAO CLINICAL INT NETWORK	55 0 .....			X				31,231	0	0
(11) ARLAN H MINTZ MD ..... PHYSICIAN	55 0 .....					X		1,326,455	0	20,473
(12) LEE M BUONO MD ..... PHYSICIAN	55 0 .....					X		1,013,864	0	22,555
(13) JASON N ROGART MD ..... PHYSICIAN	55 0 .....					X		744,026	0	9,354
(14) ROY A PATCHELL MD ..... PHYSICIAN	55 0 .....					X		728,233	0	13,431
(15) STEVEN A JOHNSON MD ..... PHYSICIAN	55 0 .....					X		721,628	0	28,724
(16) MARGARET SULLIVAN ..... FORMER OFFICER	0 0 .....						X	118,207	0	0

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization CAPITAL HEALTH SYSTEM INC	Employer identification number 22-3548695
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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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 IIISupport 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> 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.		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

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?		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
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.			
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.			

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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](http://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 CAPITAL HEALTH SYSTEM INC	Employer identification number 22-3548695
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		278,220
j	Total. Add lines 1c through 1i.			278,220
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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
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 ACTIVITIES	DURING 2014, THE ORGANIZATION PAID TWO OUTSIDE LOBBYING FIRMS A TOTAL OF \$232,500 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS. IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION, THE AMERICAN HOSPITAL ASSOCIATION, NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION AND THE HOSPITAL ALLIANCE OF NEW JERSEY WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$45,720 IN 2014.

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

Name of the organization CAPITAL HEALTH SYSTEM INC	Employer identification number 22-3548695
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

**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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| 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 . . . . .                            |                 |               |                     |                     |                    |
- 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 ▶

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
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' 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 . . . . .		48,620,043		48,620,043
b Buildings . . . . .		487,941,225	124,263,505	363,677,720
c Leasehold improvements . . . . .				
d Equipment . . . . .		481,536,672	228,799,535	252,737,137
e Other . . . . .		36,777,760	11,154,959	25,622,801
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				690,657,701



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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
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	

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	
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	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

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
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	THE ORGANIZATION IS THE PARENT ORGANIZATION OF THE CAPITAL HEALTH SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM ISSUES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FIN 48 (ASC 740) FOOTNOTE BELOW IS FROM THE SYSTEM'S 2007 CONSOLIDATED AUDITED FINANCIAL STATEMENTS. IN JULY 2006, FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES, WAS ISSUED. FIN 48 CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD. A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF FIN 48, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES. ON JANUARY 1, 2007, THE SYSTEM'S ADOPTED FIN 48. THE IMPACT OF THE ADOPTION OF FIN 48 ON THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS IS NOT SIGNIFICANT.

[illegible]



SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
CAPITAL HEALTH SYSTEM INC

Employer identification number  
22-3548695

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Central America and the Caribbean	1	1	Investments		20,600,991
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	1	1			20,600,991
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			20,600,991

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

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

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-3548695

**Name:** CAPITAL HEALTH SYSTEM INC

### **Part V** **Supplemental Information**

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

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  
CAPITAL HEALTH SYSTEM INC

Employer identification number  
22-3548695

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  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
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 eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a		No
b	If "Yes," did the organization make it available to the public? . . . . .	6b		
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) . . . . .			41,795,431	30,013,327	11,782,104	1 950 %
b Medicaid (from Worksheet 3, column a) . . . . .			31,117,866	23,008,145	8,109,721	1 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			72,913,297	53,021,472	19,891,825	3 290 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			176,416	5,632	170,784	0 030 %
f Health professions education (from Worksheet 5) . . . . .			7,395,772	7,072,114	323,658	0 050 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .			54,644	0	54,644	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			255,162	0	255,162	0 040 %
j <b>Total.</b> Other Benefits . . . . .			7,881,994	7,077,746	804,248	0 130 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			80,795,291	60,099,218	20,696,073	3 420 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

40,219,253

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

120,018,829

6Enter Medicare allowable costs of care relating to payments on line 5.

6

127,420,428

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-7,401,599

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement 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?

2  
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)

CAPITAL HEALTH MEDICAL CNTR-HOPEWELL

Name of hospital facility or letter of facility reporting group

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	No
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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Hospital facility's website (list url)	WWW.CAPITALHEALTH.ORG	
b <input checked="" type="checkbox"/> Other website (list url)	WWW.TRENTONHEALTHTEAM.ORG	
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy	2014	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url)	WWW.CAPITALHEALTH.ORG	
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

CAPITAL HEALTH MEDICAL CNTR-HOPEWELL

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b>	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

CAPITAL HEALTH MEDICAL CNTR-HOPEWELL

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> 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) <b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		<b>19</b>	No
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> 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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		<b>21</b>	Yes
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> 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 <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		<b>24</b>	No

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)

CAPITAL HEALTH REGIONAL MEDICAL CNTR

Name of hospital facility or letter of facility reporting group

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

2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW CAPITALHEALTH ORG		
b <input checked="" type="checkbox"/> Other website (list url) WWW TRENTONHEALTHTEAM ORG		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW CAPITALHEALTH ORG		
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

CAPITAL HEALTH REGIONAL MEDICAL CNTR

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
<b>d</b>	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

CAPITAL HEALTH REGIONAL MEDICAL CNTR

Name of hospital facility or letter of facility reporting group			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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> 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) <b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made	19		No
<b>Policy Relating to Emergency Medical Care</b>				
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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes	
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>				
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 <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C <b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	23		No
		24		No

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? **34**

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



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
SCHEDULE H, PART I	CAPITAL HEALTH IS A SAFETY NET HOSPITAL AND ONE OF THE LARGEST PROVIDERS OF CHARITY CARE IN ITS MARKET IN JANUARY 2014, THE STATE OF NEW JERSEY EXPANDED MEDICAID THROUGH THE AFFORDABLE CARE ACT THIS CHANGE IN PUBLIC POLICY HAD A SIGNIFICANT IMPACT ON INDIVIDUALS WHO WERE CLASSIFIED AS CHARITY CARE AND NOW ENROLLED IN OTHER INSURANCE PRODUCTS IN THE STATE OF NEW JERSEY, CHARITY CARE FUNDING WAS REDUCED BY \$148M EFFECTIVE JULY 1, 2014 TO OFFSET THE INCREASE IN INSURED PATIENTS

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	The organization utilizes new jersey state charity care guidelines in determining eligibility for providing free or discounted care. Charges for self-pay patients are reduced to 115% of the medicare rate. Patients whose income and assets criteria are at or below twice the current threshold for eligibility for new jersey charity care will be provided with a 100% discount off of the organization's usual and customary charges. 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 2011 poverty guidelines (department of health and senior services). Fpg are included in the criteria for determining eligibility for charity and discounted care.

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINES 6A & 6B	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7A	PLEASE NOTE THAT THE CONVERSION OF MANY CHARITY CARE PATIENTS TO MEDICAID MANAGED CARE PATIENTS AS WELL AS THE FACT THAT THE CHARITY CARE SUBSIDY RECEIVED FROM THE STATE OF NEW JERSEY IN 2014 WAS CALCULATED BASED ON THE ORGANIZATION'S 2011 CHARITY CARE COSTS WHEN THEY WERE SIGNIFICANTLY HIGHER THAN IN 2014 HAS RESULTED IN A LARGE DECREASE ON SCHEDULE H, PART I, LINE 7A, FINANCIAL ASSISTANCE AT COST, FOR THE YEAR ENDED DECEMEBER 31, 2014 THE ORGANIZATION'S CHARITY CARE SUBSIDY IS BEING REDUCED FOR THE YEAR ENDING DECEMBER 31, 2015 WITH FUTHER REDUCTIONS ON A PROSPECTIVE BASIS

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7G	NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTION 1	Healthcare financial management association statement no 15 ("statement 15") provides guidelines for distinguishing charity care from bad debt expense. Statement 15 requires that charity care is not recognized as receivable or revenue in the financial statements. Statement 15 further explains that self-pay patients that do have a reasonable likelihood of payment should be reported as charity care and not bad debt expense. The hospital generally follows the guidelines outlined in statement 15. In addition, the hospital follows the state of new jersey guidelines in determining charity care eligibility. In certain instances, it is unlikely that uninsured patients will pay for the services rendered, but they do not qualify for the state's charity care program because of lack of patient cooperation or other reasons. The hospital pursues collection of these amounts and unpaid balances are reported as bad debt expense. Under statement 15, these amounts would be recorded as charity care rather than bad debt expense and this is the rationale for our response. "no"

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, QUESTIONS 2,3 &amp; 4</p>	<p>Bad debt expense was calculated using the providers' bad debt expense from its audited financial statements, multiplied by its cost to charge ratio. Capital health system, inc. And its affiliates, including its hospitals and subsidiaries, prepare and issue audited consolidated financial statements. The system's allowance for doubtful accounts (bad debt expense) methodology and charity care policies are consistently applied across all hospital affiliates. The attached text was obtained from the footnotes to the audited financial statements of capital health system. Charity care Capital health provides care to patients who meet certain criteria defined by the new jersey department of health and senior services ("dohss") without charge or at amounts less than its established rates. Because capital health does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Capital health's records identify and monitor the level of charity care it provides and include the amount of charges forgone for services and supplies furnished. Dohss allows retroactive application for charity care up to two years from the date of service. The cost of charity care is derived from both estimated and actual data. The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing capital health's ratio of cost to gross charges, which is then multiplied by the gross uncompensated charges associated with providing care to charity patients. Charity care provided, at cost, during 2014 and 2013 totaled approximately \$41,795,000 and \$62,129,000, respectively. Capital health receives payments from the new jersey health care subsidy funds for charity care and such amounts totaled approximately \$30,013,000 and \$29,170,000 for the years ended december 31, 2014 and 2013, respectively.</p>



Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>Medicare costs were derived from the 2014 medicare cost report Medicare underpayments and bad debt are community benefit and associated costs are includable on the form 990, sched ule h, part i The organization believes that medicare underpayments (shortfall) and bad d ebt are community benefit and associated costs are includable on the form 990, schedule h, part i As outlined more fully below the organization believes that these services and re lated 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 individuals in a non-discriminatory manner without r egard to race, color, creed, sex, national origin, religion or ability to pay and consiste nt with the community benefit standard promulgated by the irs The community benefit stand ard is the current standard for a hospital for recognition as a tax-exempt and charitable organization under internal revenue code ("irc") 501(c)(3) The organization is recognized as a tax-exempt entity and charitable organization under 501(c)(3) of the irc Although t here is no definition in the tax code for the term "charitable" a regulation promulgated b y the department of the treasury provides some guidance and states that "the term charitab le is used in section 501(c)(3) in its generally accepted legal sense," and provides examp les of charitable purposes, including the relief of the poor or unprivileged, the promotio n 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 t o the irs to determine the criteria hospitals must meet to qualify as irc 501(c)(3) charit able organizations The original standard was known as the charity care standard This sta ndard was replaced by the irs with the community benefit standard which is the current sta ndard Charity care standard In 1956, the irs issued revenue ruling 56-185, which addresse d the requirements hospitals needed to meet in order to qualify for irc 501(c)(3) status One of these requirements is known as the "charity care standard " under the standard, a h ospital had to provide, to the extent of its financial ability, free or reduced-cost care to patients unable to pay for it A hospital that expected full payment did not, according to the ruling, provide charity care based on the fact that some patients ultimately faile d to pay The ruling emphasized that a low level of charity care did not necessarily mean that a hospital had failed to meet the requirement since that level could reflect its fina ncial ability to provide such care The ruling also noted that publicly supported communit y hospitals would normally qualify as charitable organizations because they serve the enti re community, and a low level of charity care would not affect a hospital's exempt status if it was due to the surrounding community's lack of charitable demands Community benefit standard In 1969, the irs issued revenue ruling 69-545, which "removed" from revenue ruli ng 56-185 "the requirements relating to caring for patients without charge or at rates bel ow cost " under the standard developed in revenue ruling 69-545, which is known as the "co mmunity benefit standard," hospitals are judged on whether they promote the health of a br oad class of individuals in the community The ruling involved a hospital that only admitt ed individuals who could pay for the services (by themselves, private insurance, or public programs such as medicare), but operated a full-time emergency room that was open to ever yone The irs ruled that the hospital qualified as a charitable organization because it pr omoted the health of people in its community The irs reasoned that because the promotion of health was a charitable purpose according to the general law of charity, it fell within the "generally accepted legal sense" of the term "charitable," as required by treas Reg 1 501(c) (3)-1(d)(2) The irs ruling stated that the promotion of health, like the relief of poverty and the advancement of education and religion, is one of the purposes in the ge neral law of charity that is deemed beneficial to the community as a whole even though the class of beneficiaries eligible to receive a direct benefit from its activities does not include all members of the community, such as indigent members of the community, provided that the class is not so small that its relief is not of benefit to the community The irs concluded that the hospital was "promoting the health of a class of persons that is broad enough to benefit the community" because its emergency room was open to all and it provid ed care to everyone who could pay, whether directly or through third-party reimbursement Other characteristics of the hospital that the irs</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>highlighted included the following its surplus funds were used to improve patient care, expand hospital facilities, and advance medical training, education, and research, it was controlled by a board of trustees that consisted of independent civic leaders, and hospital medical staff privileges were available to all qualified physicians The american hospital association ("aha") believes that medicare underpayments (shortfall) and bad debt are community benefit and thus includable on the form 990, schedule h, part i This organization agrees with the aha position As outlined in the aha letter to the irs dated august 21, 2007 with respect to the first published draft of the new form 990 and schedule h, the aha felt that the irs should incorporate the full value of the community benefit that hospitals provide by counting medicare underpayments (shortfall) as quantifiable community benefit for the following reasons - providing care for the elderly and serving medicare patients is an essential part of the community benefit standard - medicare, like medicaid, does not pay the full cost of care Recently, medicare reimburses hospitals only 92 cents for every dollar they spend to take care of medicare patients The medicare payment advisory commission ("medpac") in its march 2007 report to congress cautioned that underpayment will get even worse, with margins reaching a 10-year low at negative 5.4 percent - many medicare beneficiaries, like their medicaid counterparts, are poor More than 46 percent of medicare spending is for beneficiaries whose income is below 200 percent of the federal poverty level Many of those medicare beneficiaries are also eligible for medicaid -- so called "dual eligibles " There is every compelling public policy reason to treat medicare and medicaid underpayments similarly for purposes of a hospital's community benefit and include these costs on form 990, schedule h, part i Medicare underpayment must be shouldered by the hospital in order to continue treating the community's elderly and poor These underpayments represent a real cost of serving the community and should count as a quantifiable community benefit Both the aha and this organization also feel that patient bad debt is a community benefit and thus includable on the form 990, schedule h, part i Like medicare underpayment (shortfalls), there also are compelling reasons that patient bad debt should be counted as quantifiable community benefit as follows - a significant majority of bad debt is attributable to low-income patients, who, for many reasons, decline to complete the forms required to establish eligibility for hospitals' charity care or financial assistance programs A 2006 congressional budget office ("cbo") report, nonprofit hospitals and the provision of community benefits, cited two studies indicating that "the great majority of bad debt was attributable to patients with incomes below 200% of the federal poverty line " - the report also noted that a substantial portion of bad debt is pending charity care Unlike bad debt in other industries, hospital bad debt is complicated by the fact that hospitals follow their mission to the community and treat every patient that comes through the emergency department, regardless of ability to pay Patients who have outstanding bills are not turned away, unlike other industries Bad debt is further complicated by the auditing industry's standards on reporting charity care Many patients cannot or do not provide the necessary, extensive documentation required to be deemed charity care by auditors As a result, roughly 40% of bad debt is pending charity care - the cbo concluded that its findings "support the validity of the use of uncompensated care [bad debt and charity care ] as a measure of community benefits" assuming the findings are generalizable nationwide, the experience of hospitals around the nation reinforces that they are generalizable As outlined by the aha, despite the hospital</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 9B</p>	<p>Accounts considered to be charity care are not included in the bad debt expense, but rather, accounted for as an allowance. It is the policy of capital health system, and all its hospital affiliates, to treat all patients equally regardless of insurance and their ability to pay. For accounts determined to be "self-pay" and/or accounts with balance after primary insurance payments, the collection policy requires sending three statements, a minimum of one pre-collection letter, telephone contact for any account over \$5,000.00 or at the discretion of the account representative and/or supervisor. The facility also has a charity care access policy to assure patients are provided with charity care assistance determined by state and federal regulations. It is the policy to inform all patients deemed self-pay of the appropriate assistance programs available. Patients applying for charity care assistance will be financially screened by a resource advisor to determine eligibility according to state and federal guidelines and will be informed of documentation needed to complete a charity care application. Patients not eligible for charity care will be financially counseled for all other options. Qualified patients will be referred to all appropriate agencies or programs to meet other financial needs. At the time of the patient visit and part of the registration process at the facility, the following options are made available to patients: - financial counseling for possible eligibility for medical assistance including medicaid and ssi, - financial counseling for possible eligibility for the new jersey hospital care payment assistance program, and, - financial arrangements including - cash/credit card (american express, discover, visa, mastercard). In addition to the above options, the facility has established a self-pay assistance program for its uninsured patients that do not qualify for medicaid or the new jersey hospital care payment assistance program. The self-pay assistance program rates are reflective of medicare reimbursement, as referred by the state of new jersey.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	In addition to the internal revenue code 501(r) community health needs assessment information outlined in form 990, schedule h, part v, section b, capital health routinely monitors demand for the services it provides while simultaneously utilizing a variety of information sources to determine unmet or underserved needs of the communities it serves Capital health meets at least monthly with the other healthcare providers in its service area as well as a community health department director to discuss unmet needs and collaboratively strategize the prioritization of needs and develop programs to address them in a coordinated way Capital health also routinely review available data regarding incidents of health issues and propose programs to address these issues and ultimately implement those which will have the greatest impact Additionally, we regularly interact with community leaders and receive feedback on their satisfaction with our services We believe this comprehensive approach of monitoring and analyzing both objective data and subjective feedback gives us a current understanding of how we are addressing community needs and what we need to do to optimize our impact upon the healthcare status of our region

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 3</p>	<p>Capital health system, inc Educates patients about eligibility for assistance with their bills in numerous ways Insurance information is obtained at all registration points at each visit If a patient is found not to have insurance, or is underinsured the following procedure is followed, 1 When a patient is found to be uninsured and in need of financial assistance, a new jersey care payment fact sheet is reviewed with the patient, and a written copy is provided to the patient by the health access staff The fact sheet explains who is eligible, how to apply with the phone number of each campus charity care office, and what documents are needed to determine eligibility 2 When a patient is admitted to the hospital, a charity care worker will visit the patient's bedside to start the charity care process If a patient is financially screened and found to be eligible for medicaid, a referral is given to the hospital's medicaid outstation worker The outstation worker will visit the patient, and begin the medicaid process 3 When a patient is found to be underinsured, (example is a patient who has medicare only) a referral is made to the charity care worker, and the same process is followed above 4 The patient is monitored for compliance in completing the application including visiting the patient's home if necessary to obtain necessary documentation to complete the application 5 Once the patient has been approved, the charity care determination information is documented in the patient's registration record Patient access monitors and instructs the patient when their charity care application is due for renewal Aside from informing patients during their registration process, all of capital health's dunning statements contain the following language Capital health system, inc Is committed to providing care to all patients, regardless of their insurance status or ability to pay Under capital health's financial assistance and charity care programs, the patient may be eligible to receive financial help that covers part or all of the patient's hospital bill If the patient does not qualify for either of these programs, capital health can offer prompt payment discounts and discounts for patients who have bills that are a significant financial burden to them Capital health system, inc Also provides, in english and spanish, a phone number for those patients who cannot afford to pay their bill and would like to apply for financial assistance Capital health system, inc Has a recorded message that is played while a customer is on hold It reiterates the capital health system inc Belief that everyone deserves quality care, regardless of their ability to pay Under its financial assistance and charity care programs, eligibility to receive financial support to fully or partially cover hospital costs is offered It also states that for patients who do not qualify for either of these programs, capital health can offer prompt pay and other discounts for patients who have bills that are a significant financial burden to them</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	Capital health primarily serves the communities in the city of trenton, mercer county and parts of burlington, monmouth and middlesex counties in new jersey and bucks county in pennsylvania There are approximately 2,900,000 residents within the defined primary and secondary service area The racial makeup of mercer county, which includes trenton, the state capital, is 66 0% white, 21 1% black, and 16 2% hispanic or latino Nearly 87 2% of the county's residents who are 25 years or older graduated high school and 38 2% have a bachelor's degree Median household income in the county was \$73,759 according to the 2010 us census The racial makeup of burlington county is 74 7% white, 17 5% black, and 7 3% hispanic or latino More than 91 4% of burlington county residents who are 25 years or older graduated high school and 34 2% have a bachelor's degree Median household income in burlington county was \$78,229 according to the 2010 us census The racial makeup of bucks county, pennsylvania is 89 8% white, 4 0% black and 4 1% hispanic or latino Of those, 92 9% of bucks county residents who are 25 years or older graduated high school and 35 1% have a bachelor's degree Median household income in bucks county was \$76,859 according to the 2010 us census The racial makeup of monmouth county is 89 4% white, 7 6% black, and 10 3% hispanic or latino More than 91 9% of monmouth county residents who are 25 years or older graduated high school and 40 3% have a bachelor's degree Median household income in county was \$84,746 according to the 2010 us census The racial makeup of middlesex county is 62 8% white, 11 0% black, and 19 5% hispanic or latino More than 88 8% of middlesex county residents who are 25 years or older graduated high school and 39 8% have a bachelor's degree Median household income in county was \$79,442 according to the 2010 us census

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	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 department 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 DIRECTORs, 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 Please refer to schedule o for the organization's community benefit statement for additional information on how the organization promotes community health

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE CAPITAL HEALTH SYSTEM AND AFFILIATES NOT FOR PROFIT CAPITAL HEALTH SYSTEM AND AFFILIATES ENTITIES CAPITAL HEALTH SYSTEM, INC CAPITAL HEALTH SYSTEM, INC ("CHS") IS THE TAX-EXEMPT PARENT OF CAPITAL HEALTH SYSTEM AND AFFILIATES ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER CHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY CHS THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY CAPITAL HEALTH SYSTEM IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A HOSPITAL UNDER IRC 170(B)(1)(A)(I) AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN MERCER COUNTY NEW JERSEY CAPITAL HEALTH SYSTEM STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES CAPITAL HEALTH SYSTEM, INC ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGINS OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES CAPITAL HEALTH SYSTEM, INC 'S ACTIVE HOSPITALS ARE CAPITAL HEALTH MEDICAL CENTER - HOPEWELL AND CAPITAL HEALTH REGIONAL MEDICAL CENTER THE HOSPITALS OPERATE CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATE AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAIN AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL RESTS WITH ITS BOARD OF DIRECTORS THE BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES CAPITAL HEALTH SYSTEM FOUNDATION, INC CAPITAL HEALTH SYSTEM FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CAPITAL HEALTH SYSTEM, INC , A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY FOR PROFIT CAPITAL HEALTH SYSTEM AND AFFILIATES ENTITIES BELLEVUE AVENUE MANAGEMENT, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS MERCER HOLDING CORPORATION THE ORGANIZATION IS LOCATED IN TRENTON, MERCER COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES MANAGERIAL ADMINISTRATION AND SUPPORT CAPITAL HEALTH SYSTEM CONDOMINIUM ASSOCIATION, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS CAPITAL HEALTH SYSTEM, INC THE ORGANIZATION IS LOCATED IN TRENTON, MERCER COUNTY, NEW JERSEY THIS ENTITY IS A HOMEOWNERS ASSOCIATION CAPITAL REGION INSURANCE COMPANY A CONTROLLED FOREIGN CORPORATION OF CAPITAL HEALTH SYSTEM, INC THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN CAYMAN ISLANDS MERCER HOLDING CORPORATION A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS CAPITAL HEALTH SYSTEM, INC THIS ENTITY IS THE SOLE OWNER OF ALL THE OUTSTANDING COMMON STOCK OF BELLEVUE AVENUE MANAGEMENT, INC AND IS INVOLVED IN VARIOUS ANCILLARY HEALTHCARE RELATED ACTIVITIES STROKE AND CEREBROVASCULAR CENTER OF NEW JERSEY, P C A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS CAPITAL HEALTH SYSTEM, INC THE ORGANIZATION IS LOCATED IN TRENTON, MERCER COUNTY, NEW JERSEY THIS ENTITY PROVIDES MEDICAL SERVICES TO INDIVIDUALS</p>



Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY



Additional Data

Software ID:  
Software Version:  
EIN: 22-3548695  
Name: CAPITAL HEALTH SYSTEM INC

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
SCHEDULE H, PT V, SECT B, Q'S 3j,13b,13h,15e,18d,19d,20e,21c,21d,23&24	NOT APPLICABLE

**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
SCHEDULE H, PART V, SECTION B, QUESTION 5	As a collaborative member of the trenton health team, capital health conducted a community health needs assessment ("chna") and took into account input from representatives of the community served, including those with special knowledge or expertise in public health, through 300 individual interviews and 30 forums held in places of worship, community organizations, and public facilities As a founding member of the greater mercer public health partnership ("gmphp"), capital health, along with the other founding partners, st Lawrence rehabilitation center, robert wood johnson university hospital at hamilton and the university medical center of princeton at plainsboro directed a process involving over 400 community members through 28 focus groups, 15 individual interviews with community leaders, and six discussion groups conducted to test our preliminary findings

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
SCHEDULE H, PART V, SECTION B, QUESTION 6A & 6B	The Trenton Health Team is a collaborative of the city's two hospitals, St Francis Medical Center and Capital Health, its only Federally Qualified Health Center, Henry J Austin Health Center and the city government's Department of Health & Human Services have partnered with 29 community and social service agencies across Trenton in a new approach to develop one CHNA for the city as a whole Organizations participating in the unified CHNA have committed to allocating resources to address the health needs as identified Agencies and organizations include Home Front, Rescue Mission of Trenton, Mercer Street Friends, Isles, Catholic Charities Diocese of Trenton, Mercer Alliance To End Homelessness, Children's Futures, Visiting Nurse Association, The Martin House, TASK, The Children's Home Society, Planned Parenthood, PICO New Jersey, Shiloh Community Development Corporation, Affiliated Accountable Care Organizations, Trenton Police Department, Mercer County NJ, Henry J Austin Health Center, Inc , Lotus Medical Care, Reliance Medical Group, Concernerd Pastors, Trinity Episcopal Cathedral, Shiloh Baptist Church, Thomas Edison College, Rider University, John Watson Institute For Public Policy, OMMH, Turning Point Gmphp has subsequently engaged as members of capital health's policy board (governing body which meets quarterly) and capital health's steering committee (operations focused group which meets at least once a month) the public health officers of five municipalities as well as the county's public health director

**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
SCHEDULE H, PART V, SECTION B, QUESTION 7D	Results of the chna were presented in a number of public forums are published on the trenton health team website Http //www trentonhealthteam org/tht/trentoncommunityhealthneedsassessment july2013 pdf The gmphp chna is available on capital health's website, with a link on the homepage

**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
SCHEDULE H, PART V, SECTION B, QUESTION 11	the following health challenges identified in the chna are not being addressed by capital health due to the fact that they fall beyond the scope of capital health's services - hiv/aids and hepatitis c - teen pregnancy and poor birth outcomes - sexually transmitted diseases - lead poisoning - other chronic conditions, including asthma - transportation The chna was a comprehensive document that detailed numerous issues Working with gmphp partners, capital health prioritized actions into a series of wellness and health screening activities which addressed the most critical areas of concern Most recently, capital health created a website to centralize all information regarding all health and wellness activities occurring in mercer county This was in direct response to an identified priority need as expressed through capital health outreach interviews

**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
SCHEDULE H, PART V, SECTION B, QUESTION 13	The organization utilizes new jersey state charity care guidelines in determining eligibility for providing free or discounted care. Charges for self-pay patients are reduced to 115% of the medicare rate. Patients whose income and assets criteria are at or below twice the current threshold for eligibility for new jersey charity care will be provided with a 100% discount off of the organization's usual and customary charges. 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 2014 poverty guidelines (department of health and senior services). Fpg are included in the criteria for determining eligibility for charity and discounted care.



**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
SCHEDULE H, PART V, SECTION B, QUESTION 16i	Billing statements provided to patients indicate that the organization's financial assistance policy is available upon request

**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
SCHEDULE H, PART V, SECTION B, QUESTION 22D	The facility uses 115% of the medicare rate as the maximum amount that can be charged to fap-eligible individuals for emergency or other medically necessary care

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)
CAPITAL HEALTH - MEDICAL OFFICE BUILDING 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH SYSTEM IN HAMILTON 1401-1445 WHITEHORSE-MERCERVILLE RO HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE HAMILTON 1445 WHITEHORSE-MERCERVILLE ROAD HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE QUAKERBRIDGE 4056 QUAKERBRIDGE ROAD LAWRENCEVILLE,NJ 08648	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE BORDENTOWN 1 THIRD STREET BORDENTOWN,NJ 08505	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE LEVENBERG MD 1401 WHITEHORSE-MERCERVILLE ROAD HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL HEALTH INSTITUE NEUROSCIENCE 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE PENNINGTON 2480 PENNINGTON ROAD PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HLTH PRIMARY CARE LOWERMAKEFIELD 1050 STONY HILL ROAD YARDLEY,PA 19067	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE PRINCETON 811 EXECUTIVE DRIVE BLDG 8 PRINCETON,NJ 08540	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE MOUNTAINVIEW 850 BEAR TAVERN ROAD EWING,NJ 08628	GENERAL MEDICINE
CAPITAL HEALTH - MEDICAL ARTS OFFICE BLD 40 FULD STREET TRENTON,NJ 08638	GENERAL MEDICINE
CAPITAL HEALTH INSTITUTE NEURO ONCOLOGY 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL SURGICAL ASSOCIATES 40 FULD STREET TRENTON,NJ 08638	GENERAL MEDICINE
CAPITAL HEALTH METABOLICWEIGHT LOSS CTR 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE

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)
CAPITAL HEALTH SPINE CENTER 1401 WHITEHORSE-MERCERVILLE ROAD HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL HEALTH PRIMARY CARE EWING 1230 PARKWAY AVENUE EWING,NJ 08628	GENERAL MEDICINE
CAPITAL HEALTH HEARTCARE SPECIALISTS 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH SURGICAL GROUP 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH PLASTIC SURG ASSOC NJ 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH RADIATION ONCOLOGY ONE CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH PATHOLOGY 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH CENTER FOR WOMEN'S HEALTH 1401 WHITEHORSE-MERCERVILLE ROAD HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL HEALTH COMPREHENSIVE SLEEP CTR 1401 WHITEHORSE-MERCERVILLE ROAD HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL ENDOCRINOLOGY 1235 WHITEHORSE-MERCERVILLE ROAD HAMILTON,NJ 08619	GENERAL MEDICINE
CAPITAL HEALTH CENTER FOR DIGESTIVE HLTH 2 CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH MATERNAL FETAL ONE CAPITAL WAY PENNINGTON,NJ 08534	GENERAL MEDICINE
CAPITAL HEALTH FAMILY HEALTH CENTER 433 BELLEVUE AVENUE TRENTON,NJ 08618	GENERAL MEDICINE
MICU 65 PROSPECT STREET TRENTON,NJ 08618	GENERAL MEDICINE
CAPITAL HEALTH CLINICAL CARDIOLOGY 2480 PENNINGTON ROAD PENNINGTON,NJ 08534	GENERAL MEDICINE

**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)
CAPITAL HEALTH CENTER FOR LIVER DISEASE ONE CAPITAL WAY PENNINGTON, NJ 08534	GENERAL MEDICINE
CHS REHABILITATION SERVICES 832 BRUNSWICK AVENUE TRENTON, NJ 08618	GENERAL MEDICINE
CHS PARTIAL HOSPITALIZATION SERVICES 832 BRUNSWICK AVENUE TRENTON, NJ 08618	GENERAL MEDICINE
CORPORATE HEALTH CENTER 832 BRUNSWICK AVENUE TRENTON, NJ 08618	GENERAL MEDICINE

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
CAPITAL HEALTH SYSTEM INC

Employer identification number  
22-3548695

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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			
	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (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			
	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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
SCHEDULE J, PART I, QUESTION 3	THE ORGANIZATION'S BOARD OF DIRECTORS HAS A BOARD COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF ALL OF THE ORGANIZATION'S SENIOR MANAGEMENT AND OTHERS, INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND OTHER OFFICERS OF THE ORGANIZATION, PHYSICIANS, AND ANY OTHER DISINTERESTED PERSONS IT ALSO REVIEWS AND APPROVES EMPLOYMENT AGREEMENTS FOR THE COVERED EMPLOYEES AND DISINTERESTED PERSONS THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF THE SENIOR MANAGEMENT TEAM REBUTTAL PRESUMPTION REQUIREMENTS HAVE GUIDED THE ACTIVITIES OF THE COMMITTEE IN ALL OF ITS REVIEWS, DELIBERATIONS AND APPROVAL OF EXECUTIVE COMPENSATION ACTIONS FOR ALL OF THE COVERED EMPLOYEES AND DISINTERESTED PERSONS THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON DATA FROM COMPARABLE HEALTHCARE AND HOSPITAL PEERS IN NEW JERSEY AS WELL AS NEIGHBORING STATES BASED ON APPROPRIATE REVENUE, SERVICES, AND OVERALL FINANCIAL PERFORMANCE IN ADDITION, SPECIFIC SALARY SURVEYS COVERING SIMILAR, REPRESENTATIVE HOSPITAL COMPENSATION DATA WAS USED ALL DATA WAS WEIGHTED IN ARRIVING AT MARKET CONSENSUS FOR COVERED EMPLOYEE POSITIONS, IN ORDER TO ACCURATELY REFLECT THE RELEVANT LABOR MARKET CONTEMPORANEOUS MINUTES ARE COMPILED AND APPROVED OF ALL COMMITTEE DELIBERATIONS THESE ARE SUPPORTED BY THE WRITTEN DOCUMENTATION COVERING ALL COMPENSATION STUDIES AND PLAN DOCUMENTS, AS WELL AS DETAILED PERFORMANCE JUSTIFICATION USED AS THE BASIS FOR AWARDING OF ALL INCENTIVE PROGRAMS REBUTTAL PRESUMPTION ACTIVITIES OF THE COMMITTEE COVER ALL MEMBERS OF SENIOR MANAGEMENT, AS WELL AS THE COMPENSATION AND CONTRACTS COVERING PHYSICIANS AND OTHER DISINTERESTED PERSONS, ALL OF WHICH ARE SUBJECT TO THE REVIEW AND APPROVAL OF THE COMMITTEE RECOGNIZING THE NEED TO CONSIDER RETIREMENT PLANNING FOR ITS SENIOR MANAGEMENT AS A MEANS TO AID IN THEIR RETENTION, THE COMMITTEE MAINTAINS A FORM OF LONG-TERM NON-QUALIFIED DEFERRED COMPENSATION (REFERRED TO AS THE "PERFORMANCE-BASED CAPITAL ACCUMULATION PLAN", OR "PBCAP") THIS PLAN ALSO PROVIDES THE ORGANIZATION WITH AN ADDITIONAL TOOL TO ASSIST IN THE RECRUITING AND RETENTION OF SENIOR MANAGEMENT WITHIN THE HIGHLY COMPETITIVE HEALTHCARE LABOR MARKET THE PLAN PROVIDES SENIOR MANAGEMENT WITH THE OPPORTUNITY TO QUALIFY FOR ANNUAL DEFERRED CONTRIBUTIONS TO BE PAID AT RETIREMENT, BASED ON ACHIEVING SPECIFIED FINANCIAL PERFORMANCE TARGETS AND MEETING ESTABLISHED CIRCUIT BEAKERS THIS PLAN COMPLIES WITH AND ADHERES TO ALL RELATED REGULATIONS, WITH AN EMPHASIS ON IRC SECTIONS 409A AND 457(F) THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM ORGANIZATION'S HUMAN RESOURCES DEPARTMENT AND EXTERNAL COMPENSATION CONSULTANTS IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR, AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2014 WHICH WAS INCLUDED IN HER 2014 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES MARGARET SULLIVAN, \$118,207
SCHEDULE J, PART I, QUESTION 4B	IN 2014 THE INDIVIDUALS OUTLINED BELOW EACH RECIEVED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES AL MAGHAZEHE, PH D , FACHE, \$480,388, SHANE F FLEMING, CPA, \$14,000, EUGENE W GROCHALA, \$66,824, STEPHEN A MILLER, J D , \$18,559, LARRY DISANTO, \$242,103, ALEXANDER GLADNEY, ESQ , \$22,096, JOSHUA EISENBERG, M,D , \$49,441, ROBERT REMSTEIN, D O , \$32,148, EILEEN M HORTON, \$28,000, NATHAN BOSK, FACHE, \$25,623, GREGORY N D'ADAMO, \$54,591, J SCOTT CLEMMENSEN, \$54,899, DENNIS DOOLEY, \$48,089 AND ARLENE WALSH, \$27,012 THESE AMOUNTS HAVE NOT BEEN INCLUDED IN SCHEDULE J, PART II FOR EACH RESPECTIVE INDIVIDUAL
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED INCENTIVE AWARDS DURING CALENDAR YEAR 2014 WHICH INCENTIVE AWARDS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THESE INCENTIVE AWARDS WERE GIVEN PURSUANT TO THE ORGANIZATION'S 2014 INCENTIVE COMPENSATION PLAN ("ICP"), APPROVED BY THE BOARD COMPENSATION COMMITTEE, BASED ON ACHIEVEMENT OF PRE-ESTABLISHED SYSTEM-WIDE AND BUSINESS UNIT PERFORMANCE CRITERIA AND METRICS, AS WELL AS MEETING OR EXCEEDING SPECIFIC PERFORMANCE ON "CIRCUIT BREAKERS" THE ICP IS AN EXTREMELY ROBUST INCENTIVE PLAN AND IS AN INTEGRAL COMPONENT OF CAPITAL'S EXECUTIVE COMPENSATION PACKAGE THE BOARD COMPENSATION COMMITTEE USES THE ICP AS A MECHANISM TO REWARD PERFORMANCE AGAINST ESTABLISHED KEY PERFORMANCE REQUIREMENTS, WHILE MAINTAINING APPROPRIATE SAFEGUARDS THE GOALS COVER FINANCIAL AND OPERATIONAL METRICS AND ARE DEFINED EACH YEAR, BASED ON THE DESIRED CONCENTRATION REQUIRED BY THE COMMITTEE THE COMMITTEE UNDERTAKES A QUARTERLY REVIEW OF PERFORMANCE TOWARDS ACHIEVEMENT OF EACH GOAL, WHICH ALLOWS THE BOARD TO MAINTAIN COMPLETE KNOWLEDGE OF HOW KEY PROJECTS ARE BEING HANDLED AND TO MAKE ADJUSTMENTS, IF NECESSARY PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR LARRY DISANTO, \$1,648,323, INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT WAS REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEARS FORMS 990 AND IS NOW BEING TREATED AS TAXABLE INCOME AND REPORTED IN HIS 2014 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES



Additional Data

Software ID:  
Software Version:  
EIN: 22-3548695  
Name: CAPITAL HEALTH SYSTEM INC

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 LOUIS F D'AMELIO MD, DIRECTOR	(i) (ii)	857,046 0	2,567 0	1,311 0	6,231 0	5,973 0	873,128 0	0 0
1 AL MAGHAZEHE PHD FACHE, DIRECTOR - PRESIDENT/CEO	(i) (ii)	1,149,136 0	477,581 0	28,772 0	8,750 0	19,634 0	1,683,873 0	0 0
2 SHANE F FLEMING CPA, CHIEF FINANCIAL OFFICER	(i) (ii)	323,603 0	30,000 0	119,874 0	4,773 0	25,830 0	504,080 0	0 0
3 EUGENE W GROCHALA, CHIEF INFORMATION OFFICER	(i) (ii)	326,399 0	100,237 0	22,828 0	7,351 0	3,136 0	459,951 0	0 0
4 STEPHEN A MILLER JD, CHIEF COMPLIANCE OFFICER	(i) (ii)	240,651 0	34,799 0	1,957 0	709 0	4,134 0	282,250 0	0 0
5 LARRY DISANTO, EXECUTIVE VICE PRESIDENT/COO	(i) (ii)	596,015 0	298,096 0	2,258,178 0	8,152 0	21,134 0	3,181,575 0	1,648,323 0
6 ALEXANDER D GLADNEY ESQ, GENERAL COUNSEL	(i) (ii)	286,763 0	41,426 0	51,077 0	0 0	9,814 0	389,080 0	0 0
7 JOSHUA A EISENBERG MD, CHIEF MEDICAL OFFICER	(i) (ii)	640,520 0	195,624 0	1,925 0	2,600 0	25,776 0	866,445 0	0 0
8 ROBERT REMSTEIN DO, VP, ACCOUNTABLE CARE	(i) (ii)	445,465 0	33,152 0	4,071 0	2,966 0	11,185 0	496,839 0	0 0
9 EILEEN M HORTON, VP, PATIENT SERVICES/CNO	(i) (ii)	356,959 0	52,500 0	3,644 0	3,170 0	20,849 0	437,122 0	0 0
10 NATHAN BOSK FACHE, VP, AMBULATORY SERVICES	(i) (ii)	313,804 0	48,044 0	19,765 0	3,304 0	18,599 0	403,516 0	0 0
11 GREGORY N DADAMO, VP,SUPPORT & PROFESSIONAL SVCS	(i) (ii)	285,120 0	81,887 0	3,574 0	6,913 0	2,305 0	379,799 0	0 0
12 J SCOTT CLEMMENSEN, VP, HUMAN RESOURCES	(i) (ii)	261,553 0	82,646 0	22,152 0	7,639 0	18,409 0	392,399 0	0 0
13 DENNIS DOOLEY, VP, COMMUNICATION & GOV'T AFF	(i) (ii)	243,746 0	72,134 0	4,237 0	7,570 0	23,252 0	350,939 0	0 0
14 ARLENE WALSH, VP, TRANSFORMATION	(i) (ii)	253,652 0	37,502 0	2,119 0	1,778 0	23,206 0	318,257 0	0 0
15 SUZANNE B BORGOS, VP, PLANNING	(i) (ii)	258,012 0	18,751 0	2,000 0	2,502 0	1,131 0	282,396 0	0 0
16 ARLAN H MINTZ MD, PHYSICIAN	(i) (ii)	926,429 0	397,920 0	2,106 0	1,008 0	19,465 0	1,346,928 0	0 0
17 LEE M BUONO MD, PHYSICIAN	(i) (ii)	930,903 0	82,691 0	270 0	2,600 0	19,955 0	1,036,419 0	0 0
18 JASON N ROGART MD, PHYSICIAN	(i) (ii)	592,139 0	150,000 0	1,887 0	2,600 0	6,754 0	753,380 0	0 0
19 ROY A PATCHELL MD, PHYSICIAN	(i) (ii)	725,655 0	0 0	2,578 0	2,600 0	10,831 0	741,664 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 STEVEN A JOHNSON MD, PHYSICIAN	(i) 623,409 (ii) 0	(i) 96,329 (ii) 0	(i) 1,890 (ii) 0	(i) 2,600 (ii) 0	(i) 26,124 (ii) 0	(i) 750,352 (ii) 0	(i) 0 (ii) 0
1 MARGARET SULLIVAN, FORMER OFFICER	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 118,207 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 118,207 (ii) 0	(i) 0 (ii) 0

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  
CAPITAL HEALTH SYSTEM INC

Employer identification number

22-3548695

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	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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ALEXANDER GLADNEY ESQ	OFFICER	RETENTION		X	190,000	47,500		No	Yes		Yes	
(2) SHANE F FLEMING CPA	OFFICER	RETENTION		X	350,000	233,333		No	Yes		Yes	

Total ▶ \$ 280,833

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) RONA H REMSTEIN	SPOUSE OF OFFICER	129,932	EMPLOYEE		No
(2) BAHRAM MAGHAZEHE	BROTHER OF DIRECTOR/OFF	93,106	EMPLOYEE		No
(3) KATHLEEN M SULLIVAN	DAUGHTER OF OFFICER	61,432	EMPLOYEE		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization CAPITAL HEALTH SYSTEM INC	Employer identification number  22-3548695
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Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== CAPITAL HEALTH SYSTEM, INC ("CAPITAL HEALTH") OPERATES A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES. CAPITAL HEALTH IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CAPITAL HEALTH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, THE HOSPITALS OPERATE CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1) CAPITAL HEALTH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, 2) CAPITAL HEALTH OPERATES EMERGENCY DEPARTMENTS AT BOTH OF ITS HOSPITAL CAMPUSES, CAPITAL HEALTH REGIONAL MEDICAL CENTER AND CAPITAL HEALTH MEDICAL CENTER - HOPEWELL, WHICH ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3) CAPITAL HEALTH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4) CONTROL OF CAPITAL HEALTH RESTS WITH ITS BOARD OF DIRECTORS, 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. WITH OVER A CENTURY OF SERVICE TO THE GREATER MERCER AND BUCKS COUNTY AREAS, CAPITAL HEALTH IS COMPRISED OF 458 BEDS, EMPLOYS APPROXIMATELY 4,500 INDIVIDUALS, AND GENERATES OVER 585 MILLION DOLLARS IN ANNUAL NET PATIENT SERVICE REVENUE. CAPITAL HEALTH REGIONAL MEDICAL CENTER AND CAPITAL HEALTH MEDICAL CENTER - HOPEWELL ARE SEPARATELY LICENSED ACUTE CARE HOSPITALS WITH 237 AND 221 BEDS, RESPECTIVELY. CAPITAL HEALTH ALSO OPERATES A NEW KIND OF HEALTHCARE CENTER THAT PUTS FAMILY PHYSICIANS AND SPECIALISTS, STATE-OF-THE-ART TECHNOLOGIES, AND SAME-DAY SURGICAL SERVICES ALL IN ONE LOCATION. CAPITAL HEALTH IN HAMILTON, LOCATED AT 1445 WHITEHORSE-MERCERVILLE ROAD, AND SPANNING 46,293 SQUARE FEET, CREATES A "MEDICAL MALL" WHERE PATIENTS CAN SEEK A HOST OF SERVICES SUCH AS OUTPATIENT SURGERY, RADIOLOGICAL TESTING AND SPECIALIZED CARE. THE FAMILY HEALTH CENTER ("FHC") AT CAPITAL HEALTH IS LOCATED AT 433 BELLEVUE AVENUE IN TRENTON. THE 14,000 SQUARE FOOT LOCATION HELPS TO REDUCE PATIENT WAIT TIME FOR APPOINTMENTS. IN ADDITION TO THE CH MEDICAL CLINIC AT THE FHC, THERE IS ALSO THE HENRY J. AUSTIN FAMILY MEDICINE CLINIC AT THE SAME LOCATION, WHICH ALSO PROVIDES COMPREHENSIVE PRIMARY CARE FOR FAMILIES, INCLUDING EVALUATIONS AND SAME-DAY WALK-IN AND SICK APPOINTMENTS FOR ADULTS AND CHILDREN, AND PATIENTS HAVE ACCESS TO LOWER COST PRESCRIPTIONS, SOCIAL SERVICE AND PATIENT NAVIGATION. CAPITAL HEALTH IS GUIDED BY ITS DEDICATION TO THE HEALTHCARE NEEDS OF THE COMMUNITIES THAT IT SERVES. THAT LEVEL OF DETERMINATION AND COMMITMENT IS AN ESSENTIAL PART OF THE CULTURE AT CAPITAL HEALTH. CAPITAL HEALTH PROVIDES HEALTHCARE SERVICES TO ALL PEOPLE IN A NON-DISCRIMINATORY MANNER, REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGINS OR ABILITY TO PAY. MOREOVER, CAPITAL HEALTH PROVIDES HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY, AS DEFINED BY THE NEW JERSEY STATE ATTORNEY GENERAL, WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. CAPITAL HEALTH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY.</p> <p>MISSION STATEMENT ===== CAPITAL HEALTH IS COMMITTED TO PROVIDING COMPREHENSIVE, QUALITY HEALTHCARE SERVICES, WHICH IMPROVE AND SUSTAIN THE HEALTH STATUS OF THE RESIDENTS THROUGHOUT CENTRAL NEW JERSEY AND LOWER BUCKS COUNTY, PENNSYLVANIA. CAPITAL HEALTH ASSURES ACCESSIBLE, COMPASSIONATE, CULTURALLY SENSITIVE AND PREVENTATIVE HEALTHCARE SERVICES THAT RESPECT INDIVIDUAL DIGNITY. CAPITAL HEALTH ADDRESSES THE REGION'S EVOLVING HEALTHCARE NEEDS BY PROVIDING COMPREHENSIVE CARE INCLUDING EDUCATION, PREVENTION, DISEASE MANAGEMENT AND RESTORATIVE HEALTH PROGRAMS.</p> <p>AWARDS AND RECOGNITION ===== CAPITAL HEALTH HAS RECEIVED THE FOLLOWING AWARDS AND RECOGNITIONS - JOINT COMMISSION ADVANCED CERTIFICATION FOR COMPREHENSIVE STROKE CENTER (RMC) - JOINT COMMISSION DISEASE SPECIFIC CERTIFICATION FOR ACUTE STROKE (CHMCH) MAGNET RE-DESIGNATION ----- - THE AMERICAN NURSES CREDENTIALING CENTER ("ANCC") HAS RECOGNIZED CAPITAL HEALTH'S EXEMPLARY NURSING LEADERSHIP AND QUALITY PATIENT CARE BY AWARDING ITS MAGNET RECOGNITION FOR EXCELLENCE IN NURSING SERVICE. MAGNET STATUS IS THE HIGHEST LEVEL OF RECOGNITION THE ANCC CAN EXTEND TO A HEALTHCARE ORGANIZATION. CAPITAL HEALTH HAS EARNED THIS RECOGNITION THREE TIMES, CONSECUTIVELY 2014 AWARDS AND ACCREDITATIONS.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>----- CAPITAL HEALTH MEDICAL CENTER-HOPEWELL WAS NAMED A 2012 TOP PERFORMER ON KEY QUALITY MEASURES BY THE JOINT COMMISSION FOR EXEMPLARY PERFORMANCE IN USING EVIDENCE-BASED PROCESSES TO IMPROVE CARE FOR STROKE, HEART ATTACK, HEART FAILURE AND SURGICAL CARE. OUR MARJORIE G. ERNEST JOINT REPLACEMENT CENTER OF EXCELLENCE AT CAPITAL HEALTH MEDICAL CENTER-HOPEWELL RECEIVED DISEASE-SPECIFIC CARE CERTIFICATION FOR TOTAL JOINT HIP REPLACEMENT FROM THE JOINT COMMISSION. CAPITAL HEALTH REGIONAL MEDICAL CENTER WAS ONE OF THE FIRST TWO HOSPITALS IN NEW JERSEY TO RECEIVE ADVANCED CERTIFICATION AS A COMPREHENSIVE STROKE CENTER FROM THE JOINT COMMISSION. THE BRISTOL-MYERS SQUIBB TRAUMA CENTER AT CAPITAL HEALTH REGIONAL MEDICAL CENTER WAS REVERIFIED AS A LEVEL II TRAUMA CENTER BY THE COMMITTEE ON TRAUMA (COT) OF THE AMERICAN COLLEGE OF SURGEONS (ACS). COMPREHENSIVE CENTER FOR BREAST CARE WAS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC). CHEST PAIN CENTER ACCREDITATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE (SCPC). REGIONAL MEDICAL CENTER BECAME THE ONLY HOSPITAL IN NEW JERSEY AND ONLY 1 OF 6 IN THE COUNTRY TO EARN A 2014 COMMITMENT TO EXCELLENCE AWARD FOR PATIENT EXPERIENCE FROM PRESS GANNEY ASSOCIATES, INC. CAPITAL HEALTH LAUNCHED NEW JERSEY'S FIRST "AUTISM-FRIENDLY" PEDIATRIC EMERGENCY ROOM ACCREDITED WITH COMMENDATION BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER ACCREDITATION BY COC IS GIVEN ONLY TO THOSE FACILITIES THAT HAVE VOLUNTARILY COMMITTED TO PROVIDING THE HIGHEST LEVEL OF QUALITY CANCER CARE AND THAT UNDERGO A RIGOROUS EVALUATION PROCESS AND REVIEW OF THEIR PERFORMANCE. CAPITAL HEALTH EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S "GET WITH THE GUIDELINES" STROKE GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD. THE AMERICAN COLLEGE OF RADIOLOGY (ACR), AN ORGANIZATION FOCUSED ON THE PRACTICE OF RADIOLOGY AND THE DELIVERY OF COMPREHENSIVE HEALTH CARE SERVICES, DESIGNATED CAPITAL HEALTH AS A BREAST IMAGING CENTER OF EXCELLENCE FOR EARNING FOUR NATIONAL ACCREDITATIONS IN MAMMOGRAPHY, STEREOTACTIC BREAST BIOPSY, BREAST ULTRASOUND AND ULTRASOUND-GUIDED BREAST BIOPSY. JOINT COMMISSION'S GOLD SEAL OF APPROVAL. ----- THE JOINT COMMISSION IS AN INDEPENDENT, NOT-FOR-PROFIT, NATIONAL BODY THAT OVERSEES THE SAFETY AND QUALITY OF HEALTHCARE AND OTHER SERVICES PROVIDED IN ACCREDITED ORGANIZATIONS. BY AWARDED CAPITAL HEALTH THEIR GOLD SEAL OF APPROVAL, THE JOINT COMMISSION CONFIRMED THAT CAPITAL HEALTH IMPROVED THE ACCURACY OF PATIENT IDENTIFICATION, IMPROVED THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS, AND IMPROVED THE SAFETY OF USING MEDICATIONS. IN ADDITION, THE JOINT COMMISSION CONFIRMED THAT CAPITAL HEALTH REDUCED THE RISK OF HEALTHCARE-ASSOCIATED INFECTIONS, ACCURATELY AND COMPLETELY RECONCILE MEDICATIONS ACROSS THE CONTINUUM OF CARE, REDUCED THE RISK OF PATIENT HARM RESULTING FROM FALLS, ENCOURAGED PATIENTS' ACTIVE INVOLVEMENT IN THEIR OWN CARE AS A PATIENT SAFETY STRATEGY, AND CAPITAL HEALTH IDENTIFIED SAFETY RISKS INHERENT IN THE PATIENT POPULATION. STATEMENT FOR COMMUNITY HEALTH IMPROVEMENT &amp; BENEFITS</p> <p>===== TO PROMOTE WELLNESS, PREVENT ILLNESS, AND REMOVE BARRIERS THAT HINDER ACCESS TO HEALTHCARE BY WORKING HAND-IN-HAND WITH THE COMMUNITIES SERVED. PRINCIPLES ----- - CAPITAL HEALTH BELIEVES THAT COMMUNITY HEALTH IMPROVEMENT IS ESSENTIAL TO THE CAPITAL HEALTH MISSION. - CAPITAL HEALTH BELIEVES COMMUNITY-BASED COALITIONS ARE UNIQUELY QUALIFIED TO ACHIEVE COMMUNITY HEALTH GOALS AND CAPITAL HEALTH VALUES PARTNERSHIPS WITH THEM. - CAPITAL HEALTH VALUES EVIDENCE-BASED PRACTICES AND SEEKS TO MODEL EXCELLENCE IN COMMUNITY HEALTH PRACTICE BASED ON EVIDENCE. - CAPITAL HEALTH BELIEVES IN APPLYING CONTINUOUS QUALITY IMPROVEMENT TO COMMUNITY HEALTH. MEASURING NEED, MATCHING RESOURCES TO NEED, MEASURING OUTCOMES AND MAKING ADJUSTMENTS IN PROCESSES.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OPERATIONAL VALUES ----- INTEGRITY ADHERES TO AN APPROPRIATE AND EFFECTIVE SET OF CORE BELIEFS INCLUDING HONESTY AND SERVING THE GREATER GOOD DOES NOT BLAME OTHERS FOR HIS OR HER OWN MISTAKES OR MISREPRESENT HIMSELF OR HERSELF FOR PERSONAL GAIN OR PROTECTION PERCEIVED BY OTHERS AS A DIRECT, TRUTHFUL INDIVIDUAL AND IS WIDELY TRUSTED, WITH THE ABILITY TO PRESENT THE TRUTH IN AN APPROPRIATE AND HELPFUL MANNER EXCELLENCE PROVIDES THE MOST EFFICIENT AND EFFECTIVE WORK PROCESSES TO MEET THE NEEDS OF PATIENTS AND OTHER CUSTOMERS, WHICH LEADS TO THE HIGHEST QUALITY SERVICES MAKES SOUND DECISIONS BASED UPON KNOWLEDGE, JUDGMENT, AND EXPERIENCE, AND IS SOUGHT OUT BY OTHERS FOR ADVICE AND SOLUTIONS TO ISSUES AND PROBLEMS COMPASSION DEMONSTRATES CARING AND CONCERN FOR THE WELFARE OF OTHERS, ASSISTING WHEREVER NECESSARY USES UNDERSTANDING AND INSIGHT WHEN DEALING WITH PATIENTS OR OTHER CUSTOMERS IN ALL ASPECTS OF CARE OR SERVICE DELIVERY TEAMWORK DISPLAYS A PROFESSIONAL AND COLLABORATIVE SPIRIT IN FULFILLING RESPONSIBILITIES AND ASSISTING OTHERS HELPS TO CREATE AND MAINTAIN POSITIVE MORALE WITH HIS OR HER TEAM, SHARING IN SUCCESSSES, WORKING THROUGH PROBLEMS FOSTERS OPEN DIALOGUE AND WORKS TOWARDS CREATING AN ATMOSPHERE WHERE OUTCOMES AND SUCCESS ARE BENEFICIAL TO THE TEAM AND/OR THE ORGANIZATION AT LARGE VISION ----- CAPITAL HEALTH WILL BE THE PREMIER COMMUNITY-BASED HEALTHCARE PROVIDER IN CENTRAL NEW JERSEY AND LOWER BUCKS COUNTY, PA CAPITAL HEALTH WILL CONSTANTLY STRIVE TO MAINTAIN THE HIGHEST PROFESSIONAL STANDARDS, EXCEED EXPECTATIONS OF THOSE SERVED AND TO PROMOTE A POSITIVE WORK ENVIRONMENT CAPITAL HEALTH'S SUCCESS WILL BE BUILT UPON CARING, COMPASSION, CREATIVITY, INTEGRITY, RESPECT, SERVICE, AND TEAMWORK CAPITAL HEALTH'S SERVICES WILL SUPPORT THE PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL HEALTH OF THEIR COMMUNITIES SERVICE CULTURE INITIATIVE -----</p> <p>----- CAPITAL HEALTH IS DEDICATED TO HIGH QUALITY PERFORMANCE, AND TO EXCEEDING CUSTOMER EXPECTATIONS WITHIN A SUPPORTIVE AND FRIENDLY ENVIRONMENT EACH EMPLOYEE HAS A RESPONSIBILITY AND IS ACCOUNTABLE FOR PROVIDING OPTIMUM SATISFACTION TO THE PATIENTS AND THEIR FAMILIES, PHYSICIANS AND COWORKERS SERVICE CULTURE INITIATIVE VISION STATEMENT -----</p> <p>- CAPITAL HEALTH COMMITS TO THE NEEDS OF THE COMMUNITIES SERVED THROUGH EXCELLENT SERVICE AND CARE, CAPITAL HEALTH ACHIEVES SUCCESSFUL PATIENT OUTCOMES - CAPITAL HEALTH ADHERES TO A STANDARD OF POSITIVE BEHAVIOR THIS MUST INCLUDE POSITIVE FIRST IMPRESSIONS, APPROPRIATE COMMUNICATION, PROFESSIONAL APPEARANCE AND THE REALIZATION THAT THEY ARE DEALING WITH PEOPLE'S LIVES - CAPITAL HEALTH CREATES AN ENVIRONMENT CONDUCIVE TO POSITIVE RELATIONSHIPS BY ENGAGING EMPLOYEES IN A PARTNERSHIP OF TEAMWORK, CAPITAL HEALTH IS REINFORCING THEIR COMMITMENT TO TRUST AND RESPECT - CAPITAL HEALTH IS PROACTIVE RATHER THAN REACTIVE BY HAVING EFFICIENT AND EFFECTIVE SYSTEMS, CAPITAL HEALTH IMPROVES QUALITY CARE AND SERVICE DELIVERY - CAPITAL HEALTH ACCEPTS THE CHALLENGE OF SERVICE CULTURE IMPROVEMENT AS A BUSINESS STRATEGY IT IS NOT ONLY THE NICETHING TO DO, BUT THE RIGHT THING TO DO TO ASSURE THE GROWTH OF CAPITAL HEALTH - CAPITAL HEALTH RECOGNIZES EXCELLENT SERVICE CULTURE PERFORMANCE FEATURED SERVICES =====</p> <p>DIABETES SERVICES ----- DIABETES EDUCATION AT CAPITAL HEALTH IS AN OUTPATIENT COMPREHENSIVE REFERRAL BASED DIABETES EDUCATION PROGRAM THAT EMPOWERS PATIENTS TO TAKE CONTROL IN THE SUCCESSFUL MANAGEMENT OF THEIR DISEASE CAPITAL HEALTH'S EDUCATION MODEL, WHERE THE PATIENT IS THE CENTRAL PLAYER, IS WIDELY RECOGNIZED AS THE BEST MODEL TO USE TO HELP THE PATIENT ACHIEVE OPTIMAL HEALTH RELATED OUTCOMES CAPITAL HEALTH WORKS CLOSELY WITH PRIMARY CARE PHYSICIANS WHO CONTINUE TO MONITOR EACH INDIVIDUAL'S MEDICAL PROBLEMS TRAUMA AND EMERGENCY SERVICES -----</p> <p>- THE BRISTOL-MYERS SQUIBB TRAUMA CENTER, THE LEVEL II TRAUMA CENTER AT CAPITAL HEALTH REGIONAL MEDICAL CENTER, IS ONE OF ONLY 10 STATE DESIGNATED TRAUMA CENTERS IN NEW JERSEY CAPITAL HEALTH PROVIDES COMPREHENSIVE CARE FROM THE TIME OF INJURY THROUGH REHABILITATION THE TRAUMA CENTER MEETS HIGH NATIONAL STANDARDS FOR PATIENT CARE AND TEACHING THE DESIGNATION PROCESS INVOLVES DETAILED REGULAR INSPECTIONS BY NATIONAL AND STATE ORGANIZATIONS TO ASSURE HIGH STANDARDS OF CARE CAPITAL HEALTH IS THE REGIONAL REFERRAL CENTER FOR INJURED PATIENTS IN MERCER COUNTY AND ADJACENT PARTS OF SOMERSET, HUNTERDON, BURLINGTON, AND MIDDLESEX COUNTIES AS WELL AS NEARBY AREAS OF PENNSYLVANIA DESIGNATED TRAUMA CENTERS CARE FOR SEVERELY INJURED PATIENTS AS WELL AS VICTIMS OF ACCIDENT TYPES KNOWN TO BE ASSOCIATED WITH A HIGH RISK FOR INJURY TRAUMA PATIENTS INCLUDE PERSONS INVOLVED IN MOTOR VEHICLE CRASHES, FALLS, AND ASSAULTS WITH KNIVES, GUNS, OR BLUNT OBJECTS TRAUMA CENTERS HAVE THE LATEST TECHNOLOGY AND EXPERIENCED STAFF AVAILABLE TO CARE FOR YOUR FAMILY MEMBER BESIDES PROVIDING</p>



Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>G CARE TO THE INJURED, TRAUMA CENTERS ARE ALSO ACTIVE PARTNERS WITH THE COMMUNITY IN INJURY PREVENTION AND PUBLIC EDUCATION. MATERNITY ----- FROM ROUTINE DELIVERIES TO HIGH-RISK NEEDS, CAPITAL HEALTH'S GREAT EXPECTATIONS PROGRAM PROVIDES A FULL RANGE OF PRENATAL, OBSTETRICAL, POSTPARTUM, AND NEONATAL CARE OPTIONS TO MAKE SURE YOUR NEW FAMILY HAS THE GREATEST CHANCE FOR A HEALTHY BEGINNING. THE MATERNITY UNIT AT CAPITAL HEALTH MEDICAL CENTER - HOPEWELL IS MERCER COUNTY'S ONLY REGIONAL PERINATAL CENTER AND LEVEL III NEONATAL INTENSIVE CARE UNIT. THE CAPITAL HEALTH HEALTHSTART MATERNITY PROGRAM LOCATED AT THE FHC IN TRENTON PROVIDES CARE TO OVER 1,000 PREGNANT WOMEN ANNUALLY. CAPITAL HEALTH IS THE ONLY HEALTHCARE PROVIDER IN THE REGION TO HAVE IN-HOUSE COVERAGE BY OBSTETRICIANS, MIDWIVES, NEONATOLOGISTS, AND ANESTHESIOLOGISTS 24 HOURS A DAY, SEVEN DAYS A WEEK. AND, CAPITAL HEALTH WAS CHOSEN AS NEW JERSEY'S FIRST SITE TO HOUSE A MARCH OF DIMES FAMILY SUPPORT PROGRAM. THE PROGRAM PROVIDES INFORMATION AND EMOTIONAL SUPPORT TO FAMILIES OF CRITICALLY ILL NEWBORNS BEING CARED FOR IN THE NEONATAL INTENSIVE CARE UNIT. ALSO, COMPREHENSIVE CHILDBIRTH AND PARENT EDUCATION SERVICES ARE OFFERED TO HELP PREPARE INDIVIDUALS TO BE THE BEST PARENTS POSSIBLE BY TEACHING ABOUT THE PROCESS OF BIRTH AND HOW TO CARE FOR THEIR INFANTS. LACTATION SERVICES ----- IN 2012, CAPITAL HEALTH MEDICAL CENTER-HOPEWELL WAS DESIGNATED AS A BABY FRIENDLY HOSPITAL, THE SECOND HOSPITAL IN NEW JERSEY TO ATTAIN THIS STATUS. AS A BABY FRIENDLY HOSPITAL, CAPITAL HEALTH FOCUSES ON THE ENTIRE OBSTETRIC POPULATION. IN 2013, CAPITAL HEALTH DEMONSTRATED AN OVERALL 82 PERCENT BREASTFEEDING INITIATION RATE AND A 57 PERCENT AVERAGE EXCLUSIVE BREASTFEEDING RATE. EXCLUSIVITY FOR BREASTFEEDING MOTHERS ONLY WAS HIGHER AT AN AVERAGE 66 PERCENT RATE. CAPITAL'S HEALTHSTART CLINIC PATIENT POPULATION BREASTFEEDING RATES WERE COMPARABLE TO THE OVERALL OBSTETRIC POPULATION DUE TO ADDITIONAL EDUCATIONAL PROGRAMS AND ONE-TO-ONE SUPPORT WITH INCREASES IN SERVICES INCLUDING PRENATAL GROUP CENTERING AND COLLABORATIVE EFFORTS BETWEEN CAPITAL HEALTH AND SPECIFIC COMMUNITY ORGANIZATIONS DIRECTED TOWARD THIS VULNERABLE POPULATION. FOCUSED PROGRAMS SUCH AS CHILDREN'S FUTURE AND WOMEN'S INFANTS AND CHILDREN (WIC) HAVE BEEN INSTRUMENTAL TO ITS DEMONSTRATED SUCCESS. INSTITUTE FOR NEUROSCIENCES ----- THE CAPITAL INSTITUTE FOR NEUROSCIENCES, HAS ADVANCED THE LEVEL OF CARE AVAILABLE TO PATIENTS IN THE REGION. PROVIDING COMPREHENSIVE, STATE-OF-THE-ART DIAGNOSTICS AND TREATMENTS FOR A WIDE RANGE OF MEDICAL CONDITIONS INVOLVING THE BRAIN, SPINE AND NERVOUS SYSTEM, THE INSTITUTE'S HIGHLY TRAINED AND SPECIALIZED PHYSICIANS UTILIZE CUTTING EDGE TECHNOLOGY TO DELIVER OUTSTANDING CARE. PHYSICIANS INCLUDE BOARD-CERTIFIED AND FELLOWSHIP-TRAINED SPECIALISTS, AND AMONG THEM ARE DUAL-TRAINED NEUROSURGEONS TREATING PATIENTS USING BOTH ENDOVASCULAR AND TRADITIONAL NEUROSURGICAL APPROACHES. AT THE INSTITUTE, PATIENTS BENEFIT FROM A MULTI-DISCIPLINARY TEAM OF SPECIALISTS WHICH CAN INCLUDE NEUROLOGISTS, NEUROSURGEONS, AND OTHER SPECIALIZED PHYSICIANS, AS WELL AS ANESTHESIOLOGISTS, PHYSICIAN ASSISTANTS, CRITICAL CARE NURSES, NURSE ANESTHETISTS, SPEECH PATHOLOGISTS, TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORKERS, AND OTHER CRITICAL TEAM MEMBERS WHO PROVIDE AN OUTSTANDING CONTINUUM OF CARE FROM DIAGNOSIS TO TREATMENT AND RECOVERY AT CAPITAL HEALTH. THE INSTITUTE INCLUDES MANY SPECIALIZED CENTERS OF CARE.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AMONG THE CONDITIONS TREATED - STROKE AND TRANSIENT ISCHEMIC ATTACKS - CAROTID STENOSIS - ANEURYSM - ARTERIOVENOUS MALFORMATIONS (AVMS) - CHIARI MALFORMATIONS - TRAUMATIC BRAIN INJURY - TUMORS OF THE BRAIN AND SPINE - BOTH MALIGNANT AND BENIGN AND INCLUDING SCHWANNOMAS , MENINGIOMAS, NEUROFIBROMAS, PITUITARY, PINEAL, SKULL BASE, GLIOMAS AND OTHERS - SPINAL D ISEASES AND INJURIES - SUCH AS HERNIATED DISCS, SPONDYLOLISTHESIS, SPINAL COMPRESSION FRAC TURES AND SPINAL VASCULAR MALFORMATIONS - DEGENERATIVE DISEASES AND SPINAL TRAUMA - NEUROL OGIC CONDITIONS INCLUDING DEMENTIA, MUSCLE AND MOVEMENT DISORDERS, NERVE DISORDERS AND HEA DACHES - MOVEMENT DISORDERS, PARKINSON'S, ESSENTIAL TREMOR, ATYPICAL PARKINSON'S (MULTISYS TEM ATROHY , PROGRESSIVE SUPRANUCLEAR PALSY , AND CORTICOBASILAR DEGENERATION), DY STONIA, AT AXIA AND SPASTICITY - PEDIATRIC NEUROLOGY , INCLUDING DEVELOPMENTAL DELAYS , AUTISM, NEUROME TABOLIC AND GENETIC DISORDERS, AND ATTENTION DEFICIT DISORDERS - ACUTE AND CHRONIC PAIN, I NCLUDING PAIN FROM SPINAL STENOSIS, NERVE DISORDERS, CANCER, FIBROMY ALGIA, SCIATICA, MIGRA INES, TRIGEMINAL MEURALGIA, MY OFACIAL, SHINGLES AND OTHER CONDITIONS - EPILEPSY - MOVEMENT LIMITATIONS DUE TO STROKE, ARTHRITIS, INJURY, AMPUTATION, OR OTHER CONDITIONS</p> <p>CENTER FOR DIGESTIVE HEALTH ----- THE CAPITAL HEALTH CENTER FOR DIGESTIVE HEALT H IS ADVANCING THE LEVEL OF CARE AVAILABLE TO PATIENTS IN THE REGION BY PROVIDING COMPREHE NSIVE, STATE-OF-THE-ART DIAGNOSTICS AND TREATMENTS FOR A WIDE RANGE OF MEDICAL CONDITIONS INVOLVING THE ENTIRE DIGESTIVE SYSTEM ALL IN ONE LOCATION THE CENTER'S HIGHLY TRAINED AND SPECIALIZED PHY SICIANS UTILIZE CUTTING-EDGE TECHNOLOGY TO DELIVER OUTSTANDING CARE. THE C ENTER'S MEDICAL DIRECTOR IS A FELLOWSHIP-TRAINED AND BOARD-CERTIFIED GASTROENTEROLOGIST WI TH YEARS OF EXPERIENCE WHO HELPS PATIENTS AND THEIR REFERRING DOCTORS NAVIGATE THE CENTER AND ACCESS THE APPROPRIATE SPECIALIST OR SURGEON FOR THE ADVANCED TESTING OR CARE REQUIRED THE CENTER'S MEDICAL STAFF INCLUDES THE REGION'S PRE-EMINENT MEDICAL EXPERT IN INTERVENT IONAL GASTROENTEROLOGY AND THERAPEUTIC ENDOSCOPY , WHO HAS UNMATCHED EXPERIENCE USING ADVAN CED DIAGNOSTIC TECHNIQUES SUCH AS ENDOSCOPIC ULTRASOUND (EUS) AND NON-SURGICAL TREATMENTS SUCH AS ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), RADIOFREQUENCY ABLATION (BA RRX), ENDOSCOPIC MUCOSAL RESECTION (EMR), AND ENTERAL STENT PLACEMENT THE CENTER ALSO REC ENTLY WELCOMED A SPECIALIST IN IRRITABLE BOWEL DISEASES, SUCH AS CHRON'S AND COLITIS IF S URGERY IS AN OPTION, THE CENTER HAS DIRECT ACCESS TO A ROSTER OF HIGHLY TRAINED LAPAROSCOP IC (MINIMALLY INVASIVE) SURGEONS, INCLUDING THE AREA'S ONLY HEPATOBILIARY SURGEON WHO SPEC IALIZES IN ADVANCED LAPAROSCOPIC PROCEDURES OF THE LIVER, PANCREAS, AND BILE DUCTS CENTER FOR ONCOLOGY ----- CAPITAL HEALTH HAS CONSISTENTLY OFFERED PATIENTS A CLOSE LY INTEGRATED TEAM OF MEDICAL, SURGICAL, RADIATION, AND ALLIED CANCER SPECIALISTS WHO USE THEIR KNOWLEDGE AND EXPERIENCE TO PROVIDE CUTTING-EDGE CANCER TREATMENT CLOSE TO HOME. WHE N ONE CHOOSES CAPITAL HEALTH FOR CANCER CARE, ONE SELECTS BOARD CERTIFIED PHY SICIANS WHO R EMAIN WITH THE PATIENT FROM DIAGNOSIS THROUGH TREATMENT WORKING TOGETHER, CAPITAL HEALTH OFFERS A COMPASSIONATE APPROACH TO ASSIST PATIENTS WITH EVERY ASPECT OF CANCER CARE, INCLU DING SCREENING, DIAGNOSIS, TREATMENT, RECOVERY , AND SURVIVORSHIP THE CAPITAL HEALTH, CENT ER FOR ONCOLOGY IS COMMITTED TO PROVIDING COMPREHENSIVE QUALITY ONCOLOGY HEALTHCARE SERVIC ES, TO HELP IMPROVE AND SUSTAIN THE HEALTH STATUS OF RESIDENTS LIVING PRIMARILY IN CENTRAL NEW JERSEY AND LOWER BUCKS COUNTY CAPITAL HEALTH STRIVES TO IMPROVE AND EXTEND THE QUALI TY OF LIFE FOR THE PATIENT WITH CANCER THE CENTER FOR ONCOLOGY IS A LEADER IN DEFINING TH E COMMUNITY'S CANCER CARE NEEDS BY PROVIDING APPROPRIATE PLANS THROUGH A COMPREHENSIVE CON TINUUM OF CARE, WHICH INCLUDES EDUCATION, PREVENTION, SCREENING, DIAGNOSIS, TREATMENT, CLI NICAL RESEARCH, SYMPTOM MANAGEMENT, SUPPORTIVE CARE AND SURVIVORSHIP PROGRAMS CAPITAL HEA LTH'S SUCCESS IS BUILT UPON CARE, COMPASSION, CREATIVITY, INTEGRITY, RESPECT, SERVICE, STA TE-OF-THE-ART TECHNOLOGY AND MULTIDISCIPLINARY TEAMWORK THE CENTER FOR ONCOLOGY IS ACCRED ITED BY SEVERAL ESTEEMED BODIES * AMERICAN COLLEGE OF SURGEONS - COMMISSION ON CANCER * N A TIONAL ACCREDATION PROGRAM FOR BREAST CENTERS (NAPBC) * AMERICAN COLLEGE OF RADIOLOGY - R ADIATION ONCOLOGY DEPARTMENT * AMERICAN COLLEGE OF RADIOLOGY - IMAGING CENTER OF EXCELLENC E CAPITAL HEALTH PROVIDES THE MOST COMPREHENSIVE LUNG SCREENING THROUGH LOW DOSE CAT SCANS AND CANCER TREATMENT PROGRAM IN THE REGION THIS SCREENING PROGRAM IS OFFERED TO PATIENTS AT RISK OF DEVELOPING LUNG CANCER, THOSE WITH A HEAVY SMOKING HISTORY THIS INCLUDES CUTT ING EDGE DIAGNOSTICS, SPECIFICALLY THEIR EXTREMELY LOW-DOSE 128- AND 256-SLICE CT SCANS T HERE IS NO CONTRAST INVOLVED AND NO BLOOD TESTS REQUIRED, THEREFORE, NO NEEDLES ARE USED CAPITAL HEALTH PHY SICIANS ARE LICENSED TO OFFER A</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NEW FDA-APPROVED TREATMENT TO PATIENTS WITH COLORECTAL CANCER THAT HAS METASTASIZED TO THE LIVER THE SELECTIVE INTERNAL RADIATION THERAPY (SIRT) IS A PROVEN TECHNOLOGY FOR INOPERABLE LIVER CANCER THAT DELIVERS DOSES OF RADIATION DIRECTLY TO THE SITE OF TUMORS THE CAPITAL HEALTH'S RADIATION ONCOLOGY DEPARTMENT RECENTLY ADDED HIGH DOSE RADIATION THERAPY (HDR ) AS ONE OF ITS RADIATION OPTIONS FOR ONCOLOGY PATIENTS HDR OFFERS ONCOLOGY PATIENTS AN ADDITIONAL TREATMENT OPTION AS IT DIFFERS FROM TRADITIONAL MODALITIES HDR TREATS CANCER BY PLACING RADIOACTIVE SOURCES DIRECTLY INTO OR NEXT TO THE CANCER THIS ENABLES CLINICIANS TO DELIVER A HIGH DOSE WITH MINIMAL IMPACT TO SURROUNDING HEALTHY TISSUES HDR HAS PROVEN TO BE A SUCCESSFUL TREATMENT FOR CANCERS OF THE PROSTATE, CERVIX, ENDOMETRIUM, BREAST, SKIN, BRONCHUS, ESOPHAGUS, HEAD AND NECK, AND SOFT TISSUE SARCOMAS AT CAPITAL HEALTH, WE PLAN TO USE HDR TO TREAT ALL SITES</p> <p>PEDIATRICS ----- CAPITAL HEALTH MEDICAL CENTER - HOPWELL IS HOME TO THE ONLY IN-PATIENT PEDIATRIC UNIT IN MERCER CAPITAL HEALTH'S PEDIATRIC EMERGENCY SERVICE IS COMPLETELY SEPARATE FROM THE ADULT EMERGENCY DEPARTMENT AND IS STAFFED BY PEDIATRIC SPECIALISTS THE PEDIATRIC HOSPITALIST PROGRAM GIVES PEDIATRIC PATIENTS AND THEIR PHYSICIAN'S AROUND-THE-CLOCK ACCESS TO IN-HOUSE PEDIATRICIANS AND PEDIATRIC TRAINED NURSES PEDIATRICS IS ALSO PROVIDED FOR TRAUMA PATIENTS AT RMC</p> <p>RADIOLOGY SERVICES ----- CAPITAL HEALTH HAS AN ABUNDANCE OF THE MOST STATE-OF-THE-ART RADIOLOGY SERVICES IN THE REGION AS THE REGION'S LEADER IN DIAGNOSTIC AND TREATMENT TECHNOLOGY, CAPITAL HEALTH OFFERS FULL-TIME, ONSITE PET SCAN TECHNOLOGY AND WAS THE FIRST HOSPITAL IN THE COUNTRY TO OFFER A MOLECULAR BREAST IMAGING DEVICE AT CAPITAL HEALTH MEDICAL CENTER-HOPWELL FULL-SERVICE IMAGING SUITES AT CAPITAL HEALTH LOCATIONS BOAST THE MOST ADVANCED EQUIPMENT AVAILABLE, INCLUDING LOW DOSE, MULTI-SLICE DUAL ENERGY CT SCANNERS AND LARGE BORE MAGNETIC RESONANCE IMAGING (MRI) MACHINES THAT FEATURES THE SHORTEST HIGH-FIELD MAGNET IN THE INDUSTRY RANGING FROM A 1.5 TO A 3.0 TESLA AND FUNCTIONAL MRI CAPABILITY</p> <p>SLEEP CENTER ----- CAPITAL HEALTH HAS BEEN PROVIDING COMPREHENSIVE EVALUATION AND TREATMENT FOR SLEEP RELATED PROBLEMS FOR MORE THAN 20 YEARS AND CAPITAL HEALTH WAS THE FIRST PROVIDER IN MERCER COUNTY AT THE PRESENT TIME, CAPITAL HEALTH IS THE LARGEST FULLY ACCREDITED SLEEP CENTER IN MERCER AND BUCKS COUNTIES BETWEEN BOTH CAMPUSES, CAPITAL HEALTH OFFERS FOURTEEN PRIVATE ROOMS DEDICATED TO SLEEP TESTING FOR PATIENTS WHO HAVE A WIDE VARIETY OF PROBLEMS RELATED TO SLEEP AND WAKEFULNESS IN ADDITION, CAPITAL HEALTH IS THE ONLY AREA FACILITY EQUIPPED TO PERFORM NEUROLOGICAL MONITORING FOR COMPLEX CONDITIONS SUCH AS NOCTURNAL SEIZURES AS SLEEP CENTERS FULLY ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE, CAPITAL HEALTH ENSURES THAT ALL PATIENTS TREATED AT CAPITAL HEALTH BENEFIT FROM A COMPLETE SLEEP EVALUATION AND INDIVIDUALIZED TREATMENT PLAN</p> <p>DIALYSIS ----- SINCE 1970, THE CAPITAL HEALTH RENAL DIALYSIS SERVICES HAS BEEN THE ONLY HOSPITAL OWNED AND OPERATED DIALYSIS PROGRAM IN THE AREA THE MAIN OBJECTIVE OF THE SERVICE HAS BEEN TO DELIVER SAFE, EFFECTIVE TREATMENT TO PATIENTS WITH ACUTE AND CHRONIC KIDNEY FAILURE IN ACCORDANCE WITH FEDERAL, STATE AND JOINT COMMISSION REGULATIONS CONSISTING OF 28 HEMODIALYSIS AND 3 HOME TRAINING STATIONS, THIS PLEASANT, STATE-OF-THE-ART FACILITY PROVIDES INPATIENT AND OUTPATIENT HEMODIALYSIS AND PERITONEAL DIALYSIS SERVICES</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OUR HOME PROGRAM OFFERS PATIENTS THE OPPORTUNITY TO BE EDUCATED IN SELF CARE TO PERFORM EITHER DIALYSIS MODALITY IN THE HOME SETTING. IT IS THE COMMITMENT OF THE SERVICE THAT NO PATIENT WILL BE DENIED ACCEPTANCE BECAUSE OF AGE, NATIONAL ORIGIN, PHYSICAL HANDICAP, RACE, RELIGION, SEX OR INABILITY TO PAY. ALSO, ALL PATIENTS IN THE SERVICE ARE ENTITLED TO ANY AND/OR ALL ANCILLARY SERVICES PROVIDED BY CAPITAL HEALTH. OTHER NEEDED SERVICES, NOT DIRECTLY PROVIDED BY CAPITAL HEALTH, ARE MADE AVAILABLE THROUGH A REFERRAL PROCESS. TREATING DISEASES OF THE KIDNEY REQUIRE THE RIGHT TEAM TO HELP THE PATIENT MAINTAIN HIS/HER MAXIMUM LEVEL OF HEALTH AND ACTIVITY. OUR HIGHLY EDUCATED AND EXPERIENCED HEALTHCARE TEAM, LEAD BY A MEDICAL DIRECTOR BOARD CERTIFIED IN NEPHROLOGY, ALSO INCLUDES A DIRECTOR OF RENAL DIALYSIS, RENAL NURSE MANAGER, NEPHROLOGY ADVANCED PRACTICE REGISTERED NURSE, RENAL CLINICAL NURSE SPECIALIST, REGISTERED AND LICENSED PRACTICAL NURSES, DIALYSIS PATIENT CARE TECHNICIAN, RENAL DIETITIANS AND RENAL SOCIAL WORKERS. THIS TEAM HAS SUCCESSFULLY MET THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES END STAGE RENAL DISEASE QUALITY INCENTIVE PROGRAM GOALS SINCE THEIR INCEPTION. THESE GOALS WERE ESTABLISHED TO IMPROVE PATIENT CARE BY SETTING PERFORMANCE STANDARDS FOR QUALITY OF CARE. DEFINITION OF COMMUNITY AND POPULATION SERVED ----- CAPITAL HEALTH DEFINES ITS COMMUNITY AS THE CITY OF TRENTON, MERCER COUNTY AND PARTS OF BURLINGTON, MONMOUTH, MIDDLESEX AND BUCKS COUNTIES. WHILE IT WAS ONCE A CENTER FOR INDUSTRY IN THE LATE 1800'S AND EARLY 1900'S, TRENTON HAS SEEN DRAMATIC ECONOMIC DEVELOPMENT CHALLENGES OVER THE YEARS. ACCORDING TO THE 2010 U.S. CENSUS, ITS MEDIAN HOUSEHOLD INCOME WAS \$36,727, BY FAR THE LOWEST IN MERCER COUNTY. BASED ON A POPULATION OF 84,349, TRENTON ALSO HAS THE HIGHEST NUMBER AND PERCENTAGE OF MINORITIES IN MERCER COUNTY WITH A PREDOMINANTLY AFRICAN-AMERICAN POPULATION OF 43,861 RESIDENTS OR 52.0 PERCENT. HISPANICS OR LATINOS OF ANY RACE CONSTITUTED 28,425 RESIDENTS OR 33.7 PERCENT, WHILE CAUCASIANS WERE NUMBERED AT 22,436 OR 26.6 PERCENT. COMMUNITY BENEFITS PROGRAMS =====</p> <p>===== OUTLINED BELOW ARE A NUMBER OF CAPITAL HEALTH COMMUNITY BENEFIT PROGRAMS. THE INFORMATION IS NOT INTENDED TO BE ALL-INCLUSIVE BUT RATHER PROVIDES ADDITIONAL INFORMATION THAT FURTHER DEMONSTRATES HOW CAPITAL HEALTH BENEFITS THE SURROUNDING COMMUNITY IN FURTHERANCE OF ITS CHARITABLE TAX-EXEMPT PURPOSES. CAPITAL HEALTH CHILDBIRTH AND PARENT EDUCATION PROGRAM -----</p> <p>----- BENEFIT ACTIVITY. PREPARED CHILDBIRTH CLASSES IN SPANISH LANGUAGE. THE CHILDBIRTH AND PARENT EDUCATION PROGRAM PROVIDES, FREE OF CHARGE, A FULL-DAY PREPARED CHILDBIRTH CLASS TO SPANISH-SPEAKING EXPECTANT PARENTS FROM THEIR COMMUNITY. THE CLASS IS HELD EVERY OTHER MONTH AND IS TAUGHT BY A CAPITAL HEALTH CERTIFIED CHILDBIRTH AND PARENT EDUCATOR WHO IS FLUENT IN SPANISH. CULTURALLY APPROPRIATE METHODS AND AUDIO-VISUAL MATERIALS ARE UTILIZED IN THE TEACHING OF THIS CLASS. PARTICIPANTS RECEIVE FREE BREAKFAST AND LUNCH. PARTICIPANTS RECEIVE SPANISH LANGUAGE REFERENCE MATERIALS AND AN EXTENSIVE HANDBOOK. REFERRALS TO THIS CLASS COME FROM THE CAPITAL HEALTH, HEALTH START PRENATAL CLINIC, A COMMUNITY PARTNERSHIP WITH CUNA, AND BY WORD-OF-MOUTH. TRAUMA EDUCATION ----- THE BRISTOL-MYERS TRAUMA CENTER AT CAPITAL HEALTH REGIONAL MEDICAL CENTER OFFERS FREE INJURY PREVENTION PROGRAMS TO MEMBERS OF THE COMMUNITY THAT INCLUDE PEDESTRIAN SAFETY, BICYCLE SAFETY, SEAT BELT SAFETY, PROPER USE OF CHILD SAFETY SEATS, AND HOME SAFETY. CONNECTING WITH THE LATINO COMMUNITY ----- ENLACE ("LINK" IN SPANISH) IS A NAME FOR AN INNOVATIVE CAPITAL HEALTH PROGRAM DESIGNED TO CREATE CONTACTS AND CONNECTIONS WITHIN THE LATINO COMMUNITY. THROUGH ENLACE, CAPITAL HEALTH PROVIDES MEDICAL INTERPRETING AND HAS TRANSLATED ALL VITAL MEDICAL DOCUMENTS AND ARE NOW DOING THE SAME WITH PATIENT EDUCATION MATERIALS. ENLACE ALSO HELPS EDUCATE THE LATINO COMMUNITY ABOUT AMERICAN CUSTOMS AND HEALTHCARE PRACTICES AND PROVIDES CAPITAL HEALTH STAFF WITH INFORMATION ABOUT LATINO CULTURES. ANOTHER PROGRAM, CUNA (WHICH IS SPANISH FOR "CRIB"), CONNECTS LATINO WOMEN WITH PRE- AND POST-NATAL CARE, AND HELPS NEW MOTHERS OVERCOME LANGUAGE BARRIERS TO BETTER UNDERSTAND HEALTH ISSUES. CUNA ALSO OFFERS HELP WITH NUTRITION, COPING SKILLS AND EVEN BABYSITTING FOR OLDER CHILDREN. DSRIP: CHILDHOOD OBESITY ----- CAPITAL HEALTH HAS PARTNERED WITH THE SCHOOL DISTRICT OF TRENTON AND ANOTHER LOCAL ELEMENTARY SCHOOL TO DEVELOP, IMPLEMENT AND PROVIDE A PROGRAM TO REDUCE THE EPIDEMIC OF CHILDHOOD OBESITY IN THE REGION. THE PROGRAM HAS TWO AIMS: TO INSTILL AN APPRECIATION FOR HEALTHY EATING AND ACTIVE LIFESTYLE IN THE IMPRESSIONABLE CHILD, AND TO REORIENT THEIR PARENTS TO FOLLOW A SIMILAR PATH. WE BELIEVE THAT A PARTNERSHIP AND LINKAGE MUST OCCUR SO THAT THE CHILD AND PARENT SEE H</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>EALTHY EATING AND ACTIVITY AS A FAMILY ACTIVITY THEREFORE, WHILE WE FOCUS DIRECTLY ON PRO GRAMS FOR THE CHILDREN, WE HAVE CONCURRENTLY DEVELOPING A TIGHT LINKAGE WITH EDUCATION, WE IGH T MONITORING AND EXERCISE INDUCEMENT FOR THE PARENTS THE PROGRAM'S MODEL FOLLOWS THE P ROCESS OUTLINED IN SHAPING NEW JERSEY AND IN SERVING UP HEALTH, INVOLVING TEACHING CHILDRE N AND THEIR PARENTS THE BASICS OF HEALTHY EATING AND PERFORMANCE OF DAILY AEROBIC EXERCISE AND MONITORING OF BMI DSRIP SUBSTANCE ABUSE ---</p> <p>----- THROUGHOUT OUR HEALT HCARE SYSTEM, OUR STAFF SEES A LARGE NUMBER OF INDIVIDUALS WITH SUBSTANCE ABUSE DISORDERS AND HAS DEVELOPED AN AWARENESS OF THE IMPACT OF THIS HEALTH ISSUE ON OTHER MEDICAL CONDITI ONS WHILE CAPITAL HEALTH'S DSRIP SUBSTANCE ABUSE PROGRAM SEEKS TO IMPROVE THE CARE OF THE PATIENT WITH ALCOHOL WITHDRAWAL SYNDROME BY IDENTIFYING THE DIAGNOSIS IN THE EARLY STAGES AND PREVENT ITS PROGRESSION INTO DELIRIUM TREMENS, CAPITAL'S CERTIFIED ALCOHOL AND DRUG A BUSE COUNSELORS FOCUS ON CONNECTING DIAGNOSED PATIENTS WITH POST-ACUTE SUBSTANCE ABUSE PRO VIDERS SO THAT THEY CAN RECEIVE TREATMENT AND PREVENT RECIDIVISM COMMUNITY HEALTH EDUCATI ON ----- CAPITAL HEALTH'S COMMUNITY HEALTH EDUCATION PROGRAM IS DEDIC ATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY, AS WELL AS TO THE PREVENTION AND EARLY DETECTION OF DISEASE AMONG PEOPLE LIVING IN OUR COMMUNITY THESE GOALS ARE ACCO MPLISHED BY PROVIDING HEALTH EDUCATION AND OTHER RELATED SERVICES TO THE GENERAL PUBLIC, A S WELL AS TO BUSINESS ORGANIZATIONS THESE SERVICES CONSIST OF THE SPEAKER'S BUREAU, HEALT H FAIRS/HEALTH SCREENINGS, HEALTH EDUCATION LECTURE SERIES AND SUPPORT GROUPS PROGRAMS AR E HELD IN VARIOUS LOCATIONS THROUGHOUT MERCER AND BUCKS COUNTIES, WITH TOPICS INCLUDING DI ABETES EDUCATION, PERIPHERAL VASCULAR DISEASE AWARENESS, HEALTHY EATING, CANCER GENETICS, AND WOMEN'S HEALTH ISSUES AND MORE THE COMMUNITY HEALTH EDUCATION PROGRAM PROVIDES A SERIE S OF DIVERSE HEALTH EDUCATION PROGRAMS, RELATED TO HEALTH MAINTENANCE, DISEASE PREVENTION , EARLY DETECTION, GENERAL WELLNESS AND PERSONAL DEVELOPMENT A SCHEDULE OF THE PROGRAMS, SCREENINGS AND SUPPORT GROUPS CURRENTLY OPEN FOR REGISTRATION MAY BE VIEWED ONLINE AT WWW CAPITALHEALTH ORG/EVENTS COMMUNITY SPONSORSHIPS -----</p> <p>----- CAPITAL HEALTH IS PROUD TO SPONSOR MANY LOCAL ORGANIZATIONS IN MERCER AND BUCKS COUNTIES THROUGH IN-KIND AND MONETARY DONATIONS CAPITAL HEALTH SUPPORTS A VARIETY OF CIVIC AND CULTURAL ORGANIZATIONS THAT WORK TO IMPROVE THE WELLBEING OF THE COMMUNITY CONCLUSION ----- CAPITAL HEALTH IS A NON-PROFIT ORGANIZATION THAT HAS AN "OPEN DOOR" POLICY THIS POLICY MEANS THAT CAPIT AL HEALTH PROVIDES NECESSARY BASIC HOSPITAL CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY FOR THEIR CARE CAPITAL HEALTH IS COMMITTED TO COMMUNITY OUTREACH AND EDUCATION, OF FERING NUMEROUS HEATH CARE RELATED PROGRAMS AND ACTIVITIES, INCLUDING COMMUNITY HEALTH FAIRS, HEALTH SCREENINGS, HEALTH EDUCATION AND MEDICAL LECTURES AND SEMINARS ANNUALLY CAPITA L HEALTH IS PROUD OF THEIR MANY PARTNERSHIPS WITH LOCAL ORGANIZATIONS TO FURTHER SHOW HOW CAPITAL HEALTH IS COMMITTED TO BENEFITING ITS COMMUNITY, CAPITAL HEALTH, IN NOVEMBER 2011 , OPENED ITS \$530 MILLION 223-BED HOSPITAL IN HOPEWELL TOWNSHIP, NEW JERSEY TO REPLACE ITS EXISTING FACILITY, CAPITAL HEALTH - MERCER, IN TRENTON, NEW JERSEY IN ADDITION, CAPITAL HEALTH REGIONAL MEDICAL CENTER IN TRENTON UNDERWENT A COMPLETE RENOVATION CAPITAL HEALTH OBTAINED A MORTGAGE LOAN THROUGH THE FEDERAL HOUSING ADMINISTRATION WHICH ENABLED IT TO LO WER ITS COST OF CREDIT THIS WILL ALLOW CAPITAL HEALTH TO USE MORE OF ITS RESOURCES TO SER VE THE MEDICAL NEEDS OF ITS COMMUNITY SERVE THE MEDICAL NEEDS OF ITS COMMUNITY SERVE THE MEDICAL NEEDS OF ITS COMMUNITY</p>

Return Reference	Explanation
CORE FORM, PART III, QUESTION 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CAPITAL HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE CAPITAL HEALTH SYSTEM, INC. COMPENSATION COMMITTEE PERFORMED A DETAILED REVIEW OF THE FEDERAL FORM 990 PRIOR TO PROVIDING IT TO EACH VOTING MEMBER OF ITS BOARD OF DIRECTORS. THE CAPITAL HEALTH SYSTEM, INC. BOARD OF DIRECTORS HAS DELEGATED TO THE COMPENSATION COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR THE TAX-EXEMPT AFFILIATES OF THE SYSTEM. AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 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 GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, CHIEF COMPLIANCE OFFICER AND VARIOUS OTHER INDIVIDUALS OF 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 INTERNAL WORKING GROUP, INCLUDING, BUT NOT LIMITED TO, THOSE INDIVIDUALS OUTLINED ABOVE, FOR THEIR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. IN ADDITION, THE ORGANIZATION'S EXTERNAL INDEPENDENT COMPENSATION CONSULTING FIRM REVIEWED THE DRAFT FEDERAL FORM 990, PART VII AND SCHEDULE J. 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 INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE CAPITAL HEALTH SYSTEM, INC. COMPENSATION COMMITTEE. FOLLOWING THE COMPENSATION COMMITTEE'S REVIEW, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CAPITAL HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS, 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 ORGANIZATION AND BOTH THE SYSTEM'S GENERAL COUNSEL AND CHIEF COMPLIANCE OFFICER FOR REVIEW. THEREAFTER THE CHIEF COMPLIANCE OFFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS. THE SYSTEM'S CHIEF COMPLIANCE OFFICER THEN PRESENTS THIS SUMMARY TO THE SYSTEM'S FULL BOARD OF DIRECTORS FOR ITS REVIEW AND DISCUSSION. THIS SUMMARY IS UPDATED BY THE CHIEF COMPLIANCE OFFICER ON A QUARTERLY BASIS.</p>



Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION'S BOARD OF DIRECTORS HAS A BOARD COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF ALL OF THE ORGANIZATION'S SENIOR MANAGEMENT AND OTHERS, INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND OTHER OFFICERS OF THE ORGANIZATION, PHYSICIANS, AND ANY OTHER DISINTERESTED PERSONS IT ALSO REVIEWS AND APPROVES EMPLOYMENT AGREEMENTS FOR THE COVERED EMPLOYEES AND DISINTERESTED PERSONS THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF THE SENIOR MANAGEMENT TEAM REBUTTAL PRESUMPTION REQUIREMENTS HAVE GUIDED THE ACTIVITIES OF THE COMMITTEE IN ALL OF ITS REVIEWS, DELIBERATIONS AND APPROVAL OF EXECUTIVE COMPENSATION ACTIONS FOR ALL OF THE COVERED EMPLOYEES AND DISINTERESTED PERSONS THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON DATA FROM COMPARABLE HEALTHCARE AND HOSPITAL PEERS IN NEW JERSEY AS WELL AS NEIGHBORING STATES BASED ON APPROPRIATE REVENUE, SERVICES, AND OVERALL FINANCIAL PERFORMANCE IN ADDITION, SPECIFIC SALARY SURVEYS COVERING SIMILAR, REPRESENTATIVE HOSPITAL COMPENSATION DATA WAS USED ALL DATA WAS WEIGHTED IN ARRIVING AT MARKET CONSENSUS FOR COVERED EMPLOYEE POSITIONS, IN ORDER TO ACCURATELY REFLECT THE RELEVANT LABOR MARKET CONTEMPORANEOUS MINUTES ARE COMPILED AND APPROVED OF ALL COMMITTEE DELIBERATIONS THESE ARE SUPPORTED BY THE WRITTEN DOCUMENTATION COVERING ALL COMPENSATION STUDIES AND PLAN DOCUMENTS, AS WELL AS DETAILED PERFORMANCE JUSTIFICATION USED AS THE BASIS FOR AWARDED OF ALL INCENTIVE PROGRAMS REBUTTAL PRESUMPTION ACTIVITIES OF THE COMMITTEE COVER ALL MEMBERS OF SENIOR MANAGEMENT, AS WELL AS THE COMPENSATION AND CONTRACTS COVERING PHYSICIANS AND OTHER DISINTERESTED PERSONS, ALL OF WHICH ARE SUBJECT TO THE REVIEW AND APPROVAL OF THE COMMITTEE RECOGNIZING THE NEED TO CONSIDER RETIREMENT PLANNING FOR ITS SENIOR MANAGEMENT AS A MEANS TO AID IN THEIR RETENTION, THE COMMITTEE UNDERTOOK AN EXTENSIVE RESEARCH AND ANALYSIS OF ALTERNATIVE PROGRAMS, AND CREATED AND APPROVED A FORM OF LONG-TERM NON-QUALIFIED DEFERRED COMPENSATION (REFERRED TO AS THE "PERFORMANCE-BASED CAPITAL ACCUMULATION PLAN", OR "PBCAP") THIS PLAN ALSO PROVIDES THE ORGANIZATION WITH AN ADDITIONAL TOOL TO ASSIST IN THE RECRUITING OF SENIOR MANAGEMENT WITHIN THE HIGHLY COMPETITIVE HEALTHCARE LABOR MARKET THE PLAN PROVIDES SENIOR MANAGEMENT WITH THE OPPORTUNITY TO QUALIFY FOR ANNUAL DEFERRED CONTRIBUTIONS TO BE PAID AT RETIREMENT, BASED ON ACHIEVING SPECIFIED FINANCIAL PERFORMANCE TARGETS AND MEETING ESTABLISHED CIRCUIT BREAKERS THIS PLAN COMPLIES WITH AND ADHERES TO ALL RELATED REGULATIONS, WITH AN EMPHASIS ON IRC SECTIONS 409A AND 457(F) THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THE ORGANIZATION DOES NOT COMPENSATE ITS BOARD MEMBERS FOR THEIR SERVICES PERFORMED AS A DIRECTOR. ALL DIRECTORS ARE VOLUNTEERS. COMPENSATION AND BENEFITS, WHERE APPLICABLE FOR CERTAIN MEMBERS, IS RELATED TO THE BOARD MEMBER'S SERVICES PERFORMED AS A FULL-TIME EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE ORGANIZATION.

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CAPITAL HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF CAPITAL HEALTH SYSTEM, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - OTHER COSTS, (\$1,048,151) AND - PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, (\$2,001,516)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE TAX-EXEMPT PARENT ENTITY OF A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CAPITAL HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

Return Reference	Explanation
CHS DEPARTMENTAL EIN LISTING	<p>THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS CAPITAL HEALTH SYSTEM, INC. RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND CAPITAL HEALTH SYSTEM, INC. EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY CAPITAL HEALTH SYSTEM, INC. UTILIZING FEDERAL employer IDENTIFICATION NUMBERS OTHER THAN 22-3548695. BELOW IS A LIST OUTLINING THE VARIOUS CAPITAL HEALTH SYSTEM, INC. PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL employer IDENTIFICATION NUMBERS.</p> <p>CAPITAL ENDOCRINOLOGY 20-1730017  CAPITAL HEALTH CLINICAL CARDIOLOGY 26-3519972  CAPITAL SURGICAL ASSOCIATES 22-3680051  CHS INSTITUTE FOR NEUROSCIENCES 26-0346624  CHS INSTITUTE FOR NEUROSCIENCES ONCOLOGY 46-0622985  CHS PATHOLOGY 45-4742151  FAMILY HEALTH CENTER 22-3796256  HAMILTON PHYSICIANS GROUP 22-3502175  HPG AT BORDENTOWN FAMILY MEDICAL 22-3502175  HEART CARE SPECIALISTS AT CH 27-0309548  MERCER MATERNAL FETAL SPECIALTY GROUP 20-2886402  MULTISPECIALTY PROVIDER GROUP 22-3628075  STROKE &amp; CEREBROVASCULAR CENTER OF NEW JERSEY 26-3519824  TRENTON NEUROSURGEONS ASSOCIATES 22-2035924  WEST TRENTON MEDICAL ASSOCIATES - EWING 20-4643360  PEDIATRIC HOSPITALIST 27-2627834  EMERGENCY PHYSICIANS 27-2232524  REHABILITATION MEDICINE 27-3421189  SPINE CENTER 27-3421008  PLASTIC SURGERY 27-4510784  PRIMARY CARE MOUNTAINVIEW 27-3945093  PRIMARY CARE PENNINGTON 27-3945093  PRIMARY CARE QUAKERBRIDGE 22-3502175  RADIATION ONCOLOGY 27-1366819  HOSPITALIST GROUP 45-1501476  ADVANCED SURGICAL ASSOCIATES 27-4742615  CENTER FOR DIGESTIVE HEALTH 45-2073374  COMPREHENSIVE SLEEP ASSOCIATES 45-2074032  CAPITAL WOMEN'S HEALTH CENTER 27-2715382  CAPITAL HEALTH CENTER FOR LIVER DISEASE 46-3152708  PRIMARY CARE DR LEVENBERG 22-3502175</p>



Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY FEES TOTAL FEES 518585

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 20954238

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 28424617

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 9836250

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 1292886

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COMMISSION FEES TOTAL FEES 3379379

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 630838

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
CAPITAL HEALTH SYSTEM INC

Employer identification number  
22-3548695

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	No
(1) CAPITAL HEALTH SYSTEM FOUNDATION INC 750 BRUNSWICK AVENUE  TRENTON, NJ 08638 22-2230681	SUPPORT CHS	NJ	501(C)(3)	509(A)(1)	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) Dispropportionate 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
(1) BELLEVUE AVENUE MANAGEMENT INC  446 BELLEVUE AVENUE TRENTON, NJ 08618 22-2775694	MANAGEMENT	NJ	NA	C CORP					No
(2) CAPITAL REGION INSURANCE COMPANY  PO BOX 1085 GRAND CAYMAN KY1- 1108 CJ 98-0656385	FINANCIAL VEHICLE	CJ	CH SYSTEM	FOREIGN CORP	2,365,675	31,637,109	100 000 %	Yes	
(3) MERCER HOLDING CORPORATION  446 BELLEVUE AVENUE TRENTON, NJ 08618 22-2778535	HOLDING CO	NJ	CH SYSTEM	C CORP	5,739,095	2,933,080	100 000 %	Yes	
(4) STROKE & CEREBROVASCULAR CENTER OF NJ  750 BRUNSWICK AVENUE TRENTON, NJ 08638 27-4554661	HEALTHCARE SVcs	NJ	CH SYSTEM	C CORP	8,838,397	1,431,227	100 000 %	Yes	
(5) TRENTON NEUROLOGICAL SURGEONS ASSOCIATES  3100 PRINCETON PIKE LAWRENCEVILLE, NJ 08648 22-2035924	HEALTHCARE SVcs	NJ	CH SYSTEM	C CORP	0	0	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCER HOLDING CORPORATION	E	817,740	COST
(2) CAPITAL HEALTH SYSTEM FOUNDATION INC	O	404,593	COST

Schedule R (Form 990) 2014

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CAPITAL HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED