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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

% JOSEPH M LEMAIRE

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1350 CAMPUS PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
NEPTUNE, NJ 07753

D Employer identification number
01-0649794

E Telephone number
(732) 751-7500

G Gross receipts $ 1,955,749,338

F Name and address of principal officer
JOHN K LLOYD FACHE
1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753

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

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

H(c) Group exemption number ▶ 3827

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

J Website: ▶ www.meridianhealth.com

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

L Year of formation 1997

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATIONS ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NEW JERSEY BY PROVIDING QUALITY, PATIENT-CENTERED HEALTH CARE SERVICES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	14,438
6	Total number of volunteers (estimate if necessary)	**6**	2,921
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,254,973
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-204,524

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,609,529	28,236,525
9	Program service revenue (Part VIII, line 2g)	1,670,674,406	1,799,612,818
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,767,867	16,452,341
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,813,998	20,751,969
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,726,865,800	1,865,053,653

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	500,943	541,060
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	784,083,080	840,664,250
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	118,750
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,663,869		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	796,620,490	820,566,654
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,581,204,513	1,661,890,714
19	Revenue less expenses Subtract line 18 from line 12	145,661,287	203,162,939

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,343,480,413	2,659,231,724
21	Total liabilities (Part X, line 26)	1,166,328,358	1,318,345,928
22	Net assets or fund balances Subtract line 21 from line 20	1,177,152,055	1,340,885,796

Net Assets or Fund Balances

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 — 2016-11-07 Date

ROBERT GLENNING CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANTHONY J PANICO	ANTHONY J PANICO			P00365556

Firm's name ▶ WITHUMSMITHBROWN PC — Firm's EIN ▶

Firm's address ▶ 465 SOUTH STREET STE 200
MORRISTOWN, NJ 07960

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 ORGANIZATIONS ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NEW JERSEY BY PROVIDING QUALITY, PATIENT-CENTERED HEALTH CARE SERVICES DELIVERED IN HOSPITAL, COMMUNITY AND IN-HOME SETTINGS, AND TO ADVANCING MEDICINE THROUGH CLINICAL EDUCATION AND RESEARCH THE ORGANIZATIONS FOSTER A CULTURE OF EXCELLENCE WITHIN A COLLABORATIVE ENVIRONMENT THEY ACTIVELY SEEK INNOVATIVE SOLUTIONS, TECHNOLOGIES AND PARTNERSHIPS TO SUPPORT SUSTAINABLE FINANCIAL GROWTH AND TO ENSURE THE COMMUNITIES THE ORGANIZATIONS SERVE HAVE ACCESS TO A COMPREHENSIVE CONTINUUM OF INTEGRATED SERVICES THAT MEET THEIR PRESENT AND FUTURE HEALTH CARE NEEDS 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 $ 219,760,277 including grants of $ 0) (Revenue $ 251,756,339)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY CARDIAC SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY DURING 2015 THE ORGANIZATION SERVICED 35,934 CARDIAC CASES FOR A TOTAL OF 52,530 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 152,831,754 including grants of $ 0) (Revenue $ 163,544,775)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY ONCOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY DURING 2015 THE ORGANIZATION SERVICED 64,769 ONCOLOGY CASES FOR A TOTAL OF 24,619 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 128,039,132 including grants of $ 0) (Revenue $ 132,033,761)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY ORTHOPEDIC/REHABILITATION SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY DURING 2015 THE ORGANIZATION SERVICED 28,078 ORTHOPEDIC/REHABILITATION CASES FOR A TOTAL OF 36,013 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O)

(Expenses $ 707,575,974 including grants of $ 0) (Revenue $ 1,253,439,630)

4e **Total program service expenses ▶** 1,208,207,137

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,395		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	3		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	14,438		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	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)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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		Yes	
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		Yes	
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		Yes	
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		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOSEPH M LEMAIRE 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 (732) 751-7500

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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								19,455,331	0	3,686,127

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 ▶ 1,333

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHR ARCHITECTS INC, 1111 LOUISIANA 26TH FLOOR HOUSTON, TX 77002	ARCHITECTURE	6,597,059
EMERACUTE CARE MEDICAL CO-NE INC, 440 STEVENS AVE SUITE 150 SOLANA BEACH, CA 92075	MEDICAL	6,461,206
TURNER CONSTRUCTION COMPANY, 1500 SPRING GARDEN STREET STE 220 PHILADELPHIA, PA 19130	CONSTRUCTION	4,461,221
UNITEX TEXTILE RENTAL SERVICE, 161 SOUTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550	LAUNDRY	4,133,665
LF DRISCOLL CO LLC, 8 PRESIDENTIAL BOULEVARD BALA CYNWYD, PA 19004	CONSTRUCTION	3,912,556

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 ▶ 228

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	1,850,718			
	d	Related organizations . . . 1d	1,681,460			
	e	Government grants (contributions) 1e	6,510,289			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	18,194,058			
	g	Noncash contributions included in lines 1a-1f $	39,470			
	h	**Total.** Add lines 1a-1f . . . . . ▶	28,236,525			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	1,672,581,493	1,672,581,493	
	b	MPI PROGRAM SERVICE REVENUE	541900	92,209,138	92,209,138	
	c	OTHER HEALTHCARE RELATED REVENUE	541900	28,771,396	28,678,110	93,286
	d	LABORATORY REVENUE	621500	6,050,791	6,050,791	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶		1,799,612,818		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,176,802	31	12,176,771
	4	Income from investment of tax-exempt bond proceeds . . ▶		278,934		278,934
	5	Royalties . . . . . ▶		0		
		(i) Real	(ii) Personal			
	6a	Gross rents	35,539,187			
	b	Less rental expenses	23,961,325			
	c	Rental income or (loss)	11,577,862	0		
	d	Net rental income or (loss) . . . . . ▶		11,577,862	-12,084	11,589,946
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	69,732,743	42,224		
	b	Less cost or other basis and sales expenses	65,768,018	10,344		
	c	Gain or (loss)	3,964,725	31,880		
	d	Net gain or (loss) . . . . . ▶		3,996,605		3,996,605
	8a	Gross income from fundraising events (not including $ 1,850,718 of contributions reported on line 1c) See Part IV, line 18 . . a	924,298			
	b	Less direct expenses . . . b	924,298			
	c	Net income or (loss) from fundraising events . . ▶		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	63,400			
	b	Less direct expenses . . . b	31,700			
	c	Net income or (loss) from gaming activities . . . ▶		31,700		31,700
	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	MANAGEMENT FEE INCOME	900099	3,324,745	428,164	2,896,581
	b	CAFETERIA	722514	2,658,841		2,658,841
	c	DAY CARE	624410	2,378,303	745,576	1,632,727
	d	All other revenue		780,518		780,518
	e	**Total.** Add lines 11a-11d . . . . . ▶		9,142,407		
	12	**Total revenue.** See Instructions . . . . . ▶		1,865,053,653	1,799,519,532	1,254,973	36,042,623

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	331,310	331,310		
2 Grants and other assistance to domestic individuals See Part IV, line 22	209,750	209,750		
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	20,124,448	18,112,004	2,012,444	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	663,818,373	540,616,482	120,136,355	3,065,536
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,858,777	2,908,152	25,887,703	62,922
9 Other employee benefits	75,394,331	17,961,246	57,112,531	320,554
10 Payroll taxes	52,468,321	9,443,792	42,799,496	225,033
11 Fees for services (non-employees)				
a Management	4,030,967	215,615	3,815,352	
b Legal	3,319,688	850	3,318,838	
c Accounting	728,925		728,925	
d Lobbying	595,129		595,129	
e Professional fundraising services See Part IV, line 17	118,750			118,750
f Investment management fees	1,629,235		1,501,026	128,209
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	132,633,676	125,976,163	6,620,331	37,182
12 Advertising and promotion	9,716,030	146,519	9,388,640	180,871
13 Office expenses	57,277,657	38,267,477	18,810,196	199,984
14 Information technology	24,621,741	2,897,576	21,724,165	
15 Royalties	1,835,506	1,210,611	624,895	
16 Occupancy	43,302,035	17,938,905	25,079,034	284,096
17 Travel	2,479,182	1,349,939	1,063,853	65,390
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,771,933	897,305	849,396	25,232
20 Interest	30,386,025	5,292,789	25,093,236	
21 Payments to affiliates	13,222,700	2,195,863	10,605,072	421,765
22 Depreciation, depletion, and amortization	67,044,113	53,729,796	13,234,516	79,801
23 Insurance	32,062,374	9,537,397	22,453,049	71,928
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	199,709,827	199,038,910	670,917	
b PURCHASED SERVICES	70,260,843	49,968,442	20,163,919	128,482
c PHARMACEUTICAL SUPPLIES	68,643,871	68,643,871		
d REPAIRS & MAINTENANCE	30,365,644	20,380,448	9,985,196	
e All other expenses	24,929,553	20,935,925	3,745,494	248,134
25 **Total functional expenses.** Add lines 1 through 24e	1,661,890,714	1,208,207,137	448,019,708	5,663,869
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		188,738	1	47,822
	2	Savings and temporary cash investments		300,392,485	2	382,043,765
	3	Pledges and grants receivable, net		15,684,566	3	14,140,838
	4	Accounts receivable, net		145,036,910	4	158,275,514
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		26,794,057	8	32,143,730
	9	Prepaid expenses and deferred charges		11,649,403	9	6,477,977
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,899,897,413			
	b	Less accumulated depreciation	10b 1,008,524,056	865,984,356	10c	891,373,357
	11	Investments—publicly traded securities		750,775,272	11	928,603,827
	12	Investments—other securities See Part IV, line 11		47,343,921	12	50,207,250
	13	Investments—program-related See Part IV, line 11		94,621,287	13	98,796,029
	14	Intangible assets		4,415,932	14	4,377,293
	15	Other assets See Part IV, line 11		80,593,486	15	92,744,322
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,343,480,413	16	2,659,231,724
Liabilities	17	Accounts payable and accrued expenses		166,753,310	17	184,990,074
	18	Grants payable		0	18	0
	19	Deferred revenue		1,423,249	19	1,537,078
	20	Tax-exempt bond liabilities		583,133,070	20	692,725,223
	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		26,387,136	23	28,283,507
	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		388,631,593	25	410,810,046
	26	**Total liabilities.** Add lines 17 through 25		1,166,328,358	26	1,318,345,928
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,040,725,111	27	1,193,621,750
	28	Temporarily restricted net assets		92,688,329	28	103,701,605
	29	Permanently restricted net assets		43,738,615	29	43,562,441
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,177,152,055	33	1,340,885,796
	34	Total liabilities and net assets/fund balances		2,343,480,413	34	2,659,231,724

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,865,053,653
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,661,890,714
3	Revenue less expenses Subtract line 2 from line 1	3	203,162,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,177,152,055
5	Net unrealized gains (losses) on investments	5	-6,862,161
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	-32,567,037
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,340,885,796

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 01-0649794

Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

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			
Thomas J Kononowitz Chairperson/Trustee	3 0 6 0	X		X				0	0	0
William Lawless PhD Vice Chairperson/Trustee	3 0 3 0	X		X				0	0	0
Meredyth R Armitage Secretary/Trustee	3 0 6 0	X		X				0	0	0
Joseph Mancini Treasurer/Trustee	3 0 6 0	X		X				0	0	0
Steven G Littleson President, MHC/Trustee	55 0 5 0	X		X				1,217,636	0	199,108
Peter S Reinhart Esq Imm Past Chairperson/Trustee	3 0 0 0	X		X				0	0	0
Kathleen T Ellis Trustee	3 0 0 0	X						0	0	0
Susan Hassmiller RN PhD Trustee	3 0 0 0	X						0	0	0
Maureen Murphy PhD Trustee	3 0 0 0	X						0	0	0
Ashok Veldanda MD Trustee	3 0 0 0	X						0	0	0

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			
Peter S Falvo Jr Esq Trustee	3 0 3 0	X						0	0	0
Roger Thompson MD Trustee	3 0 0 0	X						0	0	0
Gordon N Litwin Esq Trustee	3 0 3 0	X						0	0	0
Peter Wegener Esq Trustee	3 0 0 0	X						0	0	0
Anthony T Scardella MD Trustee	3 0 0 0	X						0	0	0
John J Flynn Trustee	3 0 0 0	X						0	0	0
Serena DiMaso Esq Trustee	3 0 6 0	X						0	0	0
Frank Sharp MD Trustee	3 0 0 0	X						2,936	0	0
John K Lloyd FACHE President/CEO - Trustee	55 0 5 0	X		X				2,013,124	0	1,136,528
Norman V Buttaci Trustee	3 0 0 0	X						0	0	0

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			
Steven Lisser MD Trustee	30 00	X						0	0	0
Michael F Lospinuso MD Trustee	30 00	X						0	0	0
Bonnie Robinson-Gallaro MD Trustee	30 00	X						0	0	0
Cornelius Gallagher MD Trustee	30 00	X						0	0	0
Thomas Yu MD Trustee	30 00	X						30,000	0	0
William Himelman Esq Chairperson/Trustee	30 30	X		X				0	0	0
Edward R McGlynn Esq Vice Chairperson/Trustee	30 30	X		X				0	0	0
Fern Esposito Secretary/Treasurer/Trustee	30 30	X		X				0	0	0
Marie G Tambaro CCRN Trustee	30 00	X						0	0	0
Brian Roper MD Trustee	30 00	X						9,000	0	0

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			
Peter Raben Chairperson/Trustee	3 0 6 0	X		X				0	0	0
Salvatore Inciardi Pres/Trustee, Sr VP Bus Dev	52 0 3 0	X		X				693,194	0	132,309
Michele Mendelson VP & Sec/Trustee, VP Home Care	50 0 0 0	X		X				319,582	0	64,675
Maris Lown Trustee	3 0 3 0	X						0	0	0
Georgina E Petillo Trustee	3 0 3 0	X						0	0	0
Bernard Natelson Trustee	3 0 3 0	X						0	0	0
Janice Sweeney Trustee	3 0 3 0	X						0	0	0
Joseph M Lemaire Treas/Trust,EVP/PARTNER CO OPS	55 0 5 0	X		X				1,197,027	0	420,864
Martin M Barger Esq Chairperson/Trustee	3 0 0 0	X		X				0	0	0
Ronald Schrader Secretary/Trustee	3 0 0 0	X		X				0	0	0

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			
Christopher Carton Treasurer/Trustee	30 00	X		X				0	0	0
Kenneth Fitzsimmons Esq Trustee	30 00	X						0	0	0
John A Giunco Jr Esq Trustee	30 30	X						0	0	0
Maurice Meyer III Trustee	30 00	X						0	0	0
Barry Weshnak Trustee	30 00	X						0	0	0
Richard A Goldman Vice Chairperson/Trustee	30 30	X		X				0	0	0
Peter Cancro Secretary/Trustee	30 30	X		X				0	0	0
Nancy Mulheren Treasurer/Trustee	30 30	X		X				0	0	0
Joseph Stampe Pres/Trustee, Pres Foundations	550 00	X		X				368,594	0	77,271
Joseph Berardo Jr Trustee	30 30	X						0	0	0

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			
Thomas J Dolan Trustee	3 0 3 0	X						0	0	0
Eric M Kirsch CFA Trustee	3 0 3 0	X						0	0	0
Philip J Scaduto Trustee	3 0 3 0	X						0	0	0
Steven M Scopellite Trustee	3 0 3 0	X						0	0	0
Carol Stillwell Secretary/Trustee	3 0 0 0	X		X				0	0	0
Martin F Pfleger Esq Treasurer/Trustee	3 0 0 0	X		X				0	0	0
Gregory A Buontempo Trustee	3 0 0 0	X						0	0	0
Moon Choo Trustee	3 0 0 0	X						0	0	0
Asaad Hani Samra MD Trustee	3 0 0 0	X						0	0	0
Angelo DeRosa Trustee	3 0 0 0	X						0	0	0

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			
Adnan M Pristas MD Trustee	3 0 0 0	X						0	0	0
Andrij Rudko Trustee	3 0 0 0	X						0	0	0
William Allingham Trustee	3 0 0 0	X						0	0	0
Mollie Giamanco Trustee	3 0 0 0	X						0	0	0
Evaristo Stanziale Trustee	3 0 0 0	X						0	0	0
Ross Zimmerman Trustee	3 0 0 0	X						0	0	0
Timothy J Hogan Trustee, Regional Pres RMC/BCH	55 0 0 0	X		X				1,004,632	0	145,926
Jennifer Smith Trustee, Exec Dir RMCF & BCHF	40 0 0 0	X						164,151	0	27,923
Philip L Pernicone Secretary/Trustee	3 0 0 0	X		X				0	0	0
Vincent J Puma Treasurer/Trustee	3 0 0 0	X		X				0	0	0

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			
J Scott Ferguson Trustee	30.00	X						0	0	0
Karen A Goldblatt Trustee	30.00	X						0	0	0
William S Walsh Trustee	30.00	X						0	0	0
Suzanne Citron Trustee	30.00	X						0	0	0
John F Reinhardt Trustee	30.00	X						0	0	0
Marilyn G Trapani Trustee	30.00	X						0	0	0
T Burt Barham Trustee	30.00	X						0	0	0
William C Black Trustee	30.00	X						0	0	0
Walter R Earle II Trustee	30.00	X						0	0	0
Kenneth D Nahum DO Trustee	30.00	X						0	0	0

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			
Robert L Sweeney DO Trustee	30 00	X						20,309	0	0
Stephen J Denholtz Trustee	30 00	X						0	0	0
Robert W Mullen Trustee	30 00	X						0	0	0
Richard M Neibart MD Trustee	30 00	X						0	0	0
Kenneth N Sable MD Trustee, President JSUMC	550 00	X		X				707,009	0	37,139
Pamela N Talarico Trustee	30 00	X						0	0	0
Holly R Hubbell Lonsdale Secretary/Trustee	30 00	X		X				0	0	0
Robert G Harms Treasurer/Trustee	30 00	X		X				0	0	0
Edward J Dimon Esq Trustee	30 00	X						0	0	0
Russell Lucas Trustee	30 00	X						0	0	0

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			
Harriet Donnelly Trustee	3 0 0 0	X						0	0	0
Louis John Dughi Esq Trustee	3 0 0 0	X						0	0	0
Thomas R Lake III MD Trustee	3 0 0 0	X						15,900	0	0
A Dale Bud Mayo Trustee	3 0 0 0	X						0	0	0
Joseph Leone Introna Trustee	3 0 0 0	X						0	0	0
Elizabeth A Kelly Trustee	3 0 0 0	X						0	0	0
Arthur K Mark MD Trustee	3 0 0 0	X						5,400	0	0
James A Urner Trustee	3 0 0 0	X						0	0	0
Dean Q Lin Pres/Trustee, President OMC	55 0 0 0	X		X				701,800	0	101,650
Matthew Lang Trustee, Executive Dir OMCF	40 0 0 0	X						126,541	0	23,497

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			
Peter T Roselle Secretary/Trustee	30.00	X		X				0	0	0
Joseph Albertelli Treasurer/Trustee	30.00	X		X				0	0	0
Hilary DiPiero Trustee	30.00	X						0	0	0
Shawn Reynolds Trustee	30.00	X						0	0	0
Jonathan B Schultz Trustee	30.00	X						0	0	0
Charles E Komar Trustee	30.00	X						0	0	0
Richard J Saker Trustee	30.00	X						0	0	0
Danielle Sherwood-Schultz Trustee	30.00	X						0	0	0
Benedict J Torcivia Jr Trustee	30.00	X						0	0	0
Mary Vaden Eisenstadt Trustee	30.00	X						0	0	0

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			
Negin Noorchashm Griffith MD Trustee	30 00	X						0	0	0
Lore Macdonald Trustee	30 00	X						0	0	0
Robert M Rechnitz Trustee	30 00	X						0	0	0
Deborah Mathis Secretary/Trustee	30 00	X		X				0	0	0
Joseph T O'Donnell Treasurer/Trustee	30 00	X		X				0	0	0
Michael Aaron DO Trustee	30 00	X						0	0	0
Peter S Goldman Trustee	30 00	X						0	0	0
John Imperato Trustee	30 00	X						0	0	0
Robert J Simmons Trustee	30 00	X						0	0	0
Joan M Hart Trustee	30 00	X						0	0	0

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			
Joseph P Lattanzi MD Trustee	3 0 0 0	X						23,750	0	0
Angela Ominski Trustee	3 0 0 0	X						0	0	0
Sean Kauffman Trustee	3 0 0 0	X						0	0	0
Robert R Stohrer Trustee	3 0 0 0	X						0	0	0
Edward Walters Jr Trustee	3 0 0 0	X						0	0	0
Joseph P Coyle Trustee, President SOMC	55 0 0 0	X		X				739,396	0	86,329
Deborah B Allen Trustee, ED SOMCF to 11/27/15	40 0 0 0	X						128,781	0	16,929
Phyllis Buttermark Trustee	3 0 0 0	X						0	0	0
Helen Dondzila Trustee	3 0 0 0	X						0	0	0
Kara Schultz Esq Trustee	3 0 0 0	X						0	0	0

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			
Barbara Schmidt Trustee	3 0 0 0	X						0	0	0
Barbara Bordoni Trustee	3 0 0 0	X						0	0	0
Noel Stanek Trustee	3 0 0 0	X						0	0	0
Alfred Schiavetti Jr Chairperson/Trustee	3 0 0 0	X		X				0	0	0
James Bollerman Treasurer/Trustee	3 0 0 0	X		X				0	0	0
James Renna Trustee	3 0 0 0	X						0	0	0
William Lewis CPA Trustee	3 0 0 0	X						0	0	0
Timothy Nolan 11 - 130 EVP Meridian Health Solutions	60 0 0 0				X			760,510	0	10,588
Patrick Young Eff 53115 EVP Meridian Health Solutions	60 0 0 0				X			326,444	0	13,847
Ann B Gavzy Esq Sr VP Legal Affairs	55 0 0 0				X			697,979	0	153,839

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			
Rebecca Weber Sr VP & Chief Information Off	55 0 0 0				X			595,120	0	155,394
Sherrie String Sr VP Human Resources	55 0 0 0				X			546,487	0	83,587
Kim Carpenter MD Sr VP Clinical Effectiveness	55 0 0 0				X			461,748	0	67,199
Maureen Sintich Sr VP of Nursing	55 0 0 0				X			423,263	0	46,153
Marty Scott Eff 3215 Sr VP Chief Quality Officer	55 0 0 0				X			398,282	0	26,719
Joseph Reichman MD VP Clinical Effectiveness	50 0 0 0				X			444,685	0	28,436
Robert Palermo VP Finance	50 0 0 0				X			440,270	0	79,134
Terry Manna VP Managed Care	50 0 0 0				X			392,561	0	59,065
Marilyn Koczan VP Patient Financial Services	50 0 0 0				X			385,565	0	71,636
Ian Leber MD VP Clinical Effectiveness	50 0 0 0				X			380,178	0	46,233

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			
Richard Hand VP Finance	50 0 0 0				X			355,957	0	56,797
Theodore Zaleski MD VP Clinical Effectiveness	50 0 0 0				X			350,597	0	36,138
Vincent J Vivona DO JD FACP VP Clinical Eff (eff 8/2/15)	50 0 0 0				X			236,247	0	34,881
Mark Krasna MD Oncology Medical Director	50 0 0 0					X		866,325	0	39,988
Alan Colicchio MD Neurosciences Medical Director	50 0 0 0					X		508,192	0	39,739
Frank Goldstein VP Physician Services	50 0 0 0					X		504,632	0	65,072
James A Clarke MD VP Primary Care	50 0 0 0					X		476,323	0	40,693
James Molloy VP Government Relations	50 0 0 0					X		415,204	0	60,841

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 **1 0**

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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total10					2,095,101	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
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		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
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		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
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		No
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		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
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		No
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		No
b	A family member of a person described in (a) above?	11b		No
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		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0	
2	Recoveries of prior-year distributions	2	0	
3	Other gross income (see instructions)	3	0	
4	Add lines 1 through 3	4	0	
5	Depreciation and depletion	5	0	
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	0	
7	Other expenses (see instructions)	7	0	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	

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	0	
b	Average monthly cash balances	1b	0	
c	Fair market value of other non-exempt-use assets	1c	0	
d	**Total** (add lines 1a, 1b, and 1c)	1d	0	
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) 0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	
3	Subtract line 2 from line 1d	3	0	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6	Multiply line 5 by 035	6	0	
7	Recoveries of prior-year distributions	7	0	
8	**Minimum Asset Amount** (add line 7 to line 6)	8	0	

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2	Enter 85% of line 1	2		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4	Enter greater of line 2 or line 3	4		0
5	Income tax imposed in prior year	5		0
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 **Total annual distributions.** Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2015 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. 0			
e From 2014. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2015 distributable amount			0
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2015 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b			
c Excess from 2013. 0			
d From 2014. 0			
e From 2015. 0			

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 A, PART I	THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR MERIDIAN HOSPITALS CORPORATION, THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 OUTLINED BELOW IS THE PUBLIC CHARITY STATUS FOR ALL OTHER SUBORDINATE ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 HEALTH INNOVATIONS UNLIMITED, INC , SCHEDULE A, PART I, LINE 9, INTERNAL REVENUE CODE SECTION 509(a)(2) ORGANIZATION, JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC , SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509 (a)(1) ORGANIZATION, OCEAN MEDICAL CENTER FOUNDATION, INC , SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(a)(1) ORGANIZATION, MERIDIAN HEALTH FOUNDATION, INC , SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509 (a)(1) ORGANIZATION, MERIDIAN HEALTH REALTY CORPORATION, SCHEDULE A, PART I, LINE 11, INTERNAL REVENUE CODE SECTION 509(a)(3) ORGANIZATION, MERIDIAN HOME CARE SERVICES, INC , SCHEDULE A, PART I, LINE 9, INTERNAL REVENUE CODE SECTION 509(a)(2) ORGANIZATION, MERIDIAN NURSING AND REHABILITATION, INC , SCHEDULE A, PART I, LINE 9, INTERNAL REVENUE CODE SECTION 509(a)(2) ORGANIZATION, MERIDIAN PRACTICE INSTITUTE, INC , SCHEDULE A, PART I, LINE 9, INTERNAL REVENUE CODE SECTION 509(a)(2) ORGANIZATION, RIVERVIEW MEDICAL CENTER FOUNDATION, INC , SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(a)(1) ORGANIZATION, SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC , SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(a)(1) ORGANIZATION BAYSHORE COMMUNITY HOSPITAL FOUNDATION, INC , SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(a)(1) ORGANIZATION
SCHEDULE A, PART IV, SECTION D, QUESTION 3	The supported organizations have a significant voice in this organizations investment policies and in directing the use of this organizations income or assets since they are all affiliates within Meridian Health, a tax-exempt integrated healthcare delivery system All organizations, in keeping with the charitable mission of Meridian Health and in furthering the continuum of care, work together to provide medically necessary healthcare services to all individuals in a nondiscriminatory manner regardless of race, color, creed, sex, national origin or ability to pay
SCHEDULE A, PART IV, SECTION E, QUESTION 2A	IN ACCORDANCE WITH ITS STATED MISSION AND CHARITABLE PURPOSES, MERIDIAN HEALTH REALTY CORPORATION FURTHERS THE EXEMPT PURPOSES OF ITS SUPPORTED ORGANIZATIONS BY ACQUIRING, CONSTRUCTING, FINANCING, OPERATING AND OWNING OR LEASING PROPERTY FOR THEIR BENEFIT IN 2015, MERIDIAN HEALTH REALTY CORPORATION PROVIDED SUPPORT TO MERIDIAN HOSPITALS CORPORATION BY TRANSFERRING LAND TO BE USED TO CONSTRUCT THE HOPE TOWER
SCHEDULE A, PART IV, SECTION E, QUESTION 2B	THE ACTIVITIES OF MERIDIAN HEALTH REALTY CORPORATION DESCRIBED ABOVE IN OUR RESPONSE TO PART IV, SECTION E, QUESTION 2A CONSTITUTE ACTIVITIES THAT, BUT FOR MERIDIAN HEALTH REALTY CORPORATION'S INVOLVEMENT, THE SUPPORTED ORGANIZATIONS WOULD NORMALLY BE INVOLVED AS IT IS NECESSARY FOR THEM TO CONSTRUCT, FINANCE, OPERATE, OWN OR LEASE PROPERTY IN ORDER TO FURTHER THEIR EXEMPT PURPOSES AND PROVIDE THE BEST HEALTH CARE SERVICES TO THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 01-0649794
Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Form 990, Sch A, Part I, Line 11g - 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		
(A) MERIDIAN HOSPITALS CORPORATION	223471515		Yes		2,095,101	0
(A) MERIDIAN NURSING & REHABILITATION INC	521772578		Yes		0	0
(B) MERIDIAN PRACTICE INSTITUTE INC	061755235		Yes		0	0
(C) MERIDIAN HOME CARE SERVICES INC	222731440		Yes		0	0
(D) JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION INC	222342452		Yes		0	0
(E) OCEAN MEDICAL CENTER FOUNDATION INC	222361311		Yes		0	0
(F) RIVERVIEW MEDICAL CENTER FOUNDATION INC	222333524		Yes		0	0
(G) MERIDIAN HEALTH FOUNDATION INC	300107825		Yes		0	0
(H) SOUTHERN OCEAN MEDICAL CENTER FOUNDATION INC	222666099		Yes		0	0
(I) BAYSHORE COMMUNITY HOSPITAL FOUNDATION INC	222367109		Yes		0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES	01-0649794

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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)	0	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	595,129	595,129
c	Total lobbying expenditures (add lines 1a and 1b)	595,129	595,129
d	Other exempt purpose expenditures	1,661,295,586	1,700,743,871
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,661,890,715	1,701,339,000
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	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)	250,000	250,000
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? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	534,345	603,981	620,687	595,129	2,354,142
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures				0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

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TY 2015 Affiliated Group Schedule

Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

EIN: 01-0649794

Affiliated Group Business Name:	Meridian Health System Inc
Address. Either US or Foreign Type:	1350 CAMPUS PARKWAY NEPTUNE, NJ 07753
EIN:	22-3474145
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	595,129
Total Lobbying Expenditures:	595,129
Other Exempt Purpose Expenditures:	1,700,743,871
Total Exempt Purpose Expenditures:	1,701,339,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Meridian Health System Inc
Address. Either US or Foreign Type:	1350 CAMPUS PARKWAY NEPTUNE, NJ 07753
EIN:	22-3474145
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	595,129
Total Lobbying Expenditures:	595,129
Other Exempt Purpose Expenditures:	1,700,743,871
Total Exempt Purpose Expenditures:	1,701,339,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	51,115,204	45,754,653	44,107,000	40,932,000	39,461,000
b	Contributions	30,000	139,000	167,000	561,000	1,868,000
c	Net investment earnings, gains, and losses	-131,390	5,361,551	1,620,653	2,754,000	-252,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,940,389	140,000	140,000	140,000	145,000
f	Administrative expenses					
g	End of year balance	49,073,425	51,115,204	45,754,653	44,107,000	40,932,000

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

- a Board designated or quasi-endowment ▶ 55 530 %
- b Permanent endowment ▶ 44 470 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		59,628,459		59,628,459
b Buildings		990,553,939	384,797,399	605,756,540
c Leasehold improvements		12,040,590	6,384,575	5,656,015
d Equipment		754,690,460	602,435,328	152,255,132
e Other		82,983,965	14,906,754	68,077,211
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				891,373,357

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	410,810,046

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

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

Complete if the organization answered 'Yes' on 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' on 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
SCHEDULE D, PART V, QUESTION 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES THE FOUNDATIONS OF MERIDIAN HEALTH HAVE A PRACTICE OF APPROPRIATING FOR DISTRIBUTION EACH YEAR THE FIRST 5% OF THE CURRENT EARNINGS ON ENDOWMENT FUNDS IN ESTABLISHING THIS PRACTICE, THE FOUNDATIONS CONSIDERED THE DURATION AND PRESERVATION OF THE FUNDS, THE PURPOSES OF BOTH THE FUND AND MERIDIAN, THE GENERAL ECONOMIC CONDITIONS INCLUDING THE EFFECTS OF INFLATION OR DEFLATION, THE INVESTMENT POLICY AND EXPECTED TOTAL INCOME RETURN AND APPRECIATION ON THE INVESTMENTS, AND OTHER RESOURCES OF MERIDIAN ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATIONS EXPECT THE CURRENT SPENDING PRACTICE TO ALLOW ITS ENDOWMENTS TO GROW AT AN ANTICIPATED RATE OF 3% ANNUALLY

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 01-0649794
Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
PARTY PAYORS	104,662,666
ACCRUED PENSION & RETIREMENT	86,780,132
DUE TO RELATED PARTIES	8,029,126
RESIDENT DEPOSITS	409,433
OTHER LONG-TERM LIABILITIES	85,140,395
CHARITABLE GIFT ANNUITY	337,246
CHARITABLE REMAINDER TRUST	13,725
OTHER CURRENT LIABILITIES	55,254,037
FAIR VALUE OF DERIVATIVE INSTRUMENTS	70,131,566
SECURITY DEPOSITS	51,720

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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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

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			Program Services	FINANCIAL VEHICLE	17,143,130
(2)	Central America and the Caribbean			Investments		4,236,793
(3)						
(4)						
(5)						
3a	Sub-total					21,379,923
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					21,379,923

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.

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

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

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, FOREIGN FORMS	Meridian Health System, Inc (EIN 22-3474145) is the sole member of Meridian Hospitals Corporation (EIN 22-3471515) and Coastal Medical Insurance Limited (EIN 98-0166769) Pursuant to an alternative risk financing arrangement, Meridian Hospitals Corporation made payments to Coastal Medical Insurance Limited that did not qualify as insurance premiums for federal tax purposes In accordance with federal tax principles, such payments were treated as constructive dividends by Meridian Hospitals Corporation to Meridian Health System, Inc followed by constructive capital contributions by Meridian Health System, Inc to Coastal Medical Insurance Limited under Code Section 351

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	THE ANGELETTI GROUP LLC HARRISON HOUSE PO BOX 188 NEW VERNON, NJ 07976	FUNDRAISING CONSULTING		No	0	118,750	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	0	118,750	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NJ

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 MHF GALA (event type)	(b) Event #2 SPORTS CLASSIC (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,040,523	406,840	1,327,653	2,775,016
	2 Less Contributions	718,388	289,380	842,950	1,850,718
	3 Gross income (line 1 minus line 2)	322,135	117,460	484,703	924,298
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			16,500	16,500
	7 Food and beverages	138,362	73,575	223,605	435,542
	8 Entertainment	17,000		55,676	72,676
	9 Other direct expenses	166,773	43,885	188,922	399,580
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				924,298
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			63,400	63,400
Direct Expenses	2 Cash prizes			31,700	31,700
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				31,700
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				31,700

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

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

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ MICHELLE CASSERLY

Address ▶ 1350 CAMPUS PARKWAY
NEPTUNE, NJ 07753

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ MICHELLE CASSERLY

Gaming manager compensation ▶ $

Description of services provided ▶ SPECIAL EVENTS COORDINATOR

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		23,188	21,972,015	11,317,650	10,654,365	0 770 %
b Medicaid (from Worksheet 3, column a)		132,613	183,519,129	154,312,649	29,206,480	2 100 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		155,801	205,491,144	165,630,299	39,860,845	2 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,056,192	0	2,056,192	0 150 %
f Health professions education (from Worksheet 5)			31,649,817	8,224,463	23,425,354	1 680 %
g Subsidized health services (from Worksheet 6)		53,784	235,500,807	201,612,739	33,888,068	2 440 %
h Research (from Worksheet 7)			2,137,339	863,960	1,273,379	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			360,063	0	360,063	0 030 %
j **Total.** Other Benefits		53,784	271,704,218	210,701,162	61,003,056	4 390 %
k **Total.** Add lines 7d and 7j		209,585	477,195,362	376,331,461	100,863,901	7 260 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	59,543,204		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	29,940,716		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	442,055,442
6	Enter Medicare allowable costs of care relating to payments on line 5	6	394,880,132
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	47,175,310
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	HEALTH VILLAGE IMAG	RADIOLOGY MEDICAL SERVICES	50 %		50 %
2	SOUTHERN OCEAN CTY				
3	DIALYSIS CLINIC LLC	DIALYSIS MEDICAL SERVICES	24 5 %		24 5 %
4	SOUTHERN OCEAN HLTH				
5	ALLIANCE INC	MEDICAL SERVICES	57 1 %		42 9 %
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? **5**

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MERIDIAN HOSPITALS CORP & SUB

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 15

			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	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) www meridianhealth com			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MERIDIAN HOSPITALS CORP & SUB

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) www meridianhealth com			
b	☐ The FAP application form was widely available on a website (list url) www meridianhealth com			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www meridianhealth com			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

MERIDIAN HOSPITALS CORP & SUB

Name of hospital facility or letter of facility reporting group

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

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation

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? **32**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8	

Additional Data

Software ID:
Software Version:
EIN: 01-0649794
Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?
5

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	JERSEY SHORE UNIVERSITY MEDICAL CTR 1945 ROUTE 33 NEPTUNE,NJ 07753 WWW MERIDIANHEALTH COM 11303	X	X	X	X		X	X			1
2	RIVERVIEW MEDICAL CENTER ONE RIVER PLAZA RED BANK,NJ 07701 WWW MERIDIANHEALTH COM 11305	X	X				X	X			1
3	OCEAN MEDICAL CENTER 425 JACK MARTIN BLVD BRICK,NJ 08724 WWW MERIDIANHEALTH COM 11505	X	X				X	X			1
4	SOUTHERN OCEAN MEDICAL CENTER 1140 RT 72 WEST MANAHAWKIN,NJ 08050 WWW MERIDIANHEALTH COM 11504	X	X					X			1
5	BAYSHORE COMMUNITY HOSPITAL 727 NORTH BEERS STRET HOLMDEL,NJ 07733 WWW MERIDIANHEALTH COM 11301	X	X					X			1

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

_____

	Name and address	Type of Facility (describe)
1	THE JANE H BOOKER OP DIALYSIS CENTER 2441 HWY 33 FORTUNATO PLACE NEPTUNE,NJ 07753	OUTPATIENT DIALYSIS
1	OCEAN MEDICAL CENTER DIALYSIS 1640 ROUTE 88 SUITE 102 BRICK,NJ 08724	OUTPATIENT DIALYSIS
2	BOOKER OUTPATIENT DIALYSIS CENTER 48 EAST FRONT STREET RED BANK,NJ 07701	OUTPATIENT DIALYSIS
3	OCEAN CARE CENTER 1517 RICHMOND AVENUE POINT PLEASANT,NJ 08742	URGENT CARE LABORATORY SERVICES
4	MERIDIAN OP REHAB SVCS AT NEPTUNE 2100 CORLIES AVENUE SUITE 2 NEPTUNE,NJ 07753	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY
5	PARK PLACE COMM MENTAL HEALTH CENTER 1101 BOND STREET ASBURY PARK,NJ 07712	GROUP THERAPY, FAMILY THERAPY, PSYCHIATRIC EVALUATION
6	MERIDIAN LIFE FITNESS AND REHABILITATION 801 ARNOLD AVENUE POINT PLEASANT,NJ 08742	PHYSICAL THERAPY/FITNESS
7	JANE H BOOKER FAMILY HEALTH CTR AT JSUMC 1828 WEST LAKE AVENUE NEPTUNE,NJ 07753	CLINIC
8	THE SLEEP CARE CENTER AT JSUMC 1809 CORLIES AVENUE SUITE 3 NEPTUNE,NJ 07753	SLEEP LAB
9	SOMC CLINICSLEEP CTR - NAUTILUS HEALTH 53 NAUTILUS DRIVE MANAHAWKIN,NJ 08050	CLINIC/SLEEP LAB
10	RIVERVIEW OUTPATIENT BEHAVIORAL HEALTH 661 SHREWSBURY AVENUE SHREWSBURY,NJ 07702	MENTAL HEALTH/ SUBSTANCE ABUSE/ ADULT PARTIAL/ O/P SERVICES
11	MERIDIAN REHABILITATION AT HOLMDEL 100 COMMONS WAY SUITE 120 HOLMDEL,NJ 07733	PHYSICAL THERAPY
12	JSMC OUTPATIENT BEHAVIORAL HEALTH 402 RT 35 NEPTUNE,NJ 07754	CHILDREN'S PARTIAL HOSPITAL/ MEDICATION MONITORING/ THERAPEUTIC NURSERY O/P SVCS
13	MERIDIAN REHABILITATION AT MANALAPAN 195 RT 9 SOUTH MANALAPAN,NJ 07726	REHAB
14	JERSEY SHORE OP BEHAVIORAL HEALTH 1200 JUMPING BROOK ROAD NEPTUNE,NJ 07753	PHYSICAL, GROUP & FAMILY THERAPY/MEDICATION MANAGEMENT/ SUBSTANCE ABUSE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
16	MERIDIAN REHABILITATION AT FORKED RIVER 730 LACEY ROAD FORKED RIVER,NJ 08731	PHYSICAL THERAPY
1	CENTER FOR SLEEP DISORDERS 2446 CHURCH ROAD SUITE 3A TOMS RIVER,NJ 08753	SLEEP LAB
2	MERIDIAN REHAB AT LITTLE EGG HARBOR 279 MATHISTOWN ROAD LITTLE EGG HARBOR,NJ 08087	PHYSICAL THERAPY/OCCUPATIONAL THERAPY
3	Southern Ocean County Dialysis Clinic 1301 Rt 72 W Manahawkin,NJ 08050	Dialysis Medical Services
4	Health Village Imaging LLC 1301 Rt 72 W Manahawkin,NJ 08050	Radiology Medical Services
5	OCEAN MEDICAL CTRFAMILY HEALTH CTR 1608 RT 88 SUITE 207 BRICK,NJ 08724	CLINIC
6	THE CTR FOR SLEEP MEDICINE AT BAYSHORE 678 NORTH BEERS STREET HOLMDEL,NJ 07733	SLEEP LAB
7	CENTER FOR WOUND HEALING AT BAYSHORE 735 NORTH BEERS STREET HOLMDEL,NJ 07733	WOUND HEALING
8	JACKSON HEALTH VILLAGE LABORATORY 27 SOUTH COOKS BRIDGE RD SUITE M12 JACKSON,NJ 08527	LABORATORY SERVICES
9	MERIDIAN REHABILITATION AT JACKSON 27 SOUTH COOKS BRIDGE RD SUITE M10 JACKSON,NJ 08527	REHABILITATIVE CARE
10	SOUTHERN OCEAN CENTER FOR HEALTH 730 LACEY ROAD FORKED RIVER,NJ 08731	LABORATORY SERVICES RADIOLOGY
11	SOUTHERN OCEAN CENTER FOR HEALTH 279 MATHISTOWN ROAD LITTLE EGG HARBOR,NJ 08087	LABORATORY SERVICES RADIOLOGY
12	MERIDIAN CANCER CARE 27 S COOKS BRIDGE ROAD STE M7 JACKSON,NJ 08527	CANCER CARE
13	MERIDIAN CANCER CARE AT BCH 735 NORTH BEERS STREET HOLMDEL,NJ 07733	CANCER CARE
14	MERIDIAN REAHAB OP THERAPY MANAHAWKIN 56 NAUTILUS DRIVE MANAHAWKIN,NJ 08050	REHABILITATIVE CARE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

_____

	Name and address	Type of Facility (describe)
31	MERIDIAN CARDIAC REHAB & IMAGING 27 S COOKS BRIDGE ROAD STE 11 1 JACKSON,NJ 08527	REHABILITATIVE CARE, RADIOLOGY
1	MERIDIAN FITNESS WELLNESS - MANAHAWKIN ROUTE 9 SOUTH STAFFORD TWP,NJ 08092	PHYSICAL THERAPY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 21

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	203	209,750			

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

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 1	OVER THE YEARS, MERIDIAN HEALTH HAS BEEN FORTUNATE TO OFFER SUPPORT TO CHARITABLE ORGANIZATIONS THROUGH CHARITABLE DONATIONS IN MERIDIAN HEALTH'S COMMUNITY SERVICE AREA ADDITIONALLY, MERIDIAN ENCOURAGES ITS LEADERS, PHYSICIANS, AND TEAM MEMBERS TO SERVE ON THESE LOCAL CHARITABLE ORGANIZATION BOARDS AND COMMITTEES TO ENSURE THAT CONTRIBUTIONS OFFERED THROUGH MERIDIAN ARE UTILIZED APPROPRIATELY MERIDIAN ESTABLISHES AN ANNUAL AMOUNT TO BE DONATED TO SUPPORT OTHER LOCAL TAX-EXEMPT CHARITIES AND UTILIZES THE FOLLOWING CRITERIA IN EVALUATING THE NUMEROUS REQUESTS RECEIVED FROM LOCAL TAX-EXEMPT CHARITIES - GROUPS THAT PROMOTE AWARENESS OF HEALTH-RELATED ISSUES, - COMMUNITY ASSOCIATIONS THAT HELP THOSE IN NEED OF BASIC NECESSITIES INCLUDING, BUT NOT LIMITED TO, FOOD, CLOTHING, AND SHELTER, - ORGANIZATIONS THAT ENCOURAGE YOUNG PEOPLE TO ACHIEVE THEIR POTENTIAL, USE THEIR IMAGINATION, AND KEEP THEM SAFE FROM HARM, AND - SOCIAL SERVICES THAT PROVIDE RELIEF AND COUNSELING TO THOSE SUFFERING FROM ABUSE MERIDIAN VERIFIES THE USE OF CONTRIBUTED FUNDS BY ATTENDING SUPPORTED EVENTS, REQUESTING COPIES OF JOURNAL ADS OR PROOF OF "FUNDED-BY" SIGNAGE, REVIEWING ORGANIZATIONAL ANNUAL REPORTS, AND VOLUNTEERING WITH THESE ORGANIZATIONS TO ENSURE THE ADVANCEMENT OF THE SUPPORTED MISSION IN 2015, THE AMOUNT OF GRANTS PAID TO INDIVDUAL ORGANIZATIONS IN AMOUNTS EQUAL TO OR LESS THAN $5,000 WAS A TOTAL OF $108,945
SCHEDULE I, PART III	SCHOLARSHIPS ARE AWARDED BASED ON AN ANALYSIS OF CRITERIA OF ESTABLISHED POLICY SET BY MERIDIAN HEALTH SYSTEM, INC THE SCHOLARSHIP RECIPIENTS ARE SELECTED BY A COMMITTEE OF THE ORGANIZATION BASED ON AN A REVIEW AND ANALYSIS OF THE OBJECTIVE AND NONDISCRIMINATORY CRITERIA

Additional Data

Software ID:
Software Version:
EIN: 01-0649794
Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1035 HOOPER AVE TOMS RIVER,NJ 08753	16-0743902	501(C)(3)	23,750				RESEARCH SUPPORT
AMERICAN HEART ASSOCIATION 208 WEST END AVE BRIDGEWATER,NJ 08807	13-5613797	501(C)(3)	40,275				RESEARCH SUPPORT
HOLIDAY EXPRESS Inc 1184 OCEAN AVE C-8 SEA BRIGHT,NJ 07760	22-3470019	501(C)(3)	11,000				SAFETY & WELLNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 33093 NEWARK,NJ 071880093	53-0196605	501(C)(3)	7,500				SAFETY & WELLNESS
MONMOUTH PARK CHARITY FUND 175 OCEANPORT AVE OCEANPORT,NJ 07757	22-6063135	501(C)(3)	10,000				SAFETY & WELLNESS
TWO RIVER THEATER COMPANY Inc 21 BRIDGE AVE RED BANK,NJ 07701	52-1857757	501(C)(3)	10,000				ART & CULTURE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONMOUTH COUNCIL BOY SCOUTS OF AMERICA 705 GINESI DRIVE MORGANVILLE,NJ 07751	21-0634963	501(C)(3)	5,500				CHILDREN'S HEALTH
THE COMMUNITY YMCA 113 TINDALL RD MIDDLETOWN,NJ 07748	21-0635051	501(C)(3)	5,750				SAFETY & WELLNESS
MARCH OF DIMES FOUNDATION 1010 EAST PARK BLVD CRANBURY,NJ 08512	13-1846366	501(C)(3)	6,500				HEALTH & WELLNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS 174 MAIN STREET EATONTOWN,NJ 07724	22-2155416	501(C)(3)	10,500				CHILDREN'S HEALTH
SUSAN G KOMEN TWO PRINCESS RD SUITE D LAWRENCEVILLE,NJ 08648	73-2052349	501(C)(3)	10,000				RESEARCH SUPPORT
BROOKDALE COMMUNITY COLLEGE 765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	22-1849485	501(C)(3)	8,150				HIGHER EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC MONMOUTH 1158 WAYSIDE RD TINTON FALLS,NJ 07712	22-2545563	501(c)(3)	5,500				COMMUNITY SUPPORT
HACKENSACK UNIV MEDICAL CTR FOUNDATION 360 ESSEX ST STE 301 HACKENSACK,NJ 07601	22-2339534	501(c)(3)	16,250				HEALTHCARE
RARITAN BAY HEALTHCARE FOUNDATION INC 530 NEW BRUNSWICK AVENUE PERTH AMBOY,NJ 08861	22-2656665	501(C)(3)	8,400				HEALTHCARE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANABEL FOUNDATION INC 483 HARDING ROAD RED BANK,NJ 07704	59-3812015	501(C)(3)	7,500				CHILDREN'S HEALTH
GIRL SCOUTS OF THE JERSEY SHORE INC 242 ADELPHIA ROAD FARMINGDALE,NJ 07727	21-0731966	501(C)(3)	11,500				SAFETY & WELLNESS
JOHN F KENNEDY MEDICAL CENTER FOUNDATION INC 98 JAMES STREET EDISON,NJ 08820	22-2315044	501(C)(3)	6,500				HEALTHCARE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREFERRED BEHAVIORAL HEALTH OF NJ INC 700 AIRPORT ROAD LAKEWOOD,NJ 08701	22-2196988	501(C)(3)	6,040				MENTAL HEALTH
NJ VIETNAM VETERANS MEMORIAL FOUNDATION PO BOX 648 HOLMDEL,NJ 07733	22-2918698	501(C)(3)	6,000				ART & CULTURE
MICHAEL GERARD PUHARIC MEMORIAL FUND INC PO BOX 787 MATAWAN,NJ 07747	22-3761121	501(C)(3)	5,750				CHILDREN'S HEALTH

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on 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 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 1, AS TAXABLE WAGES AND WERE REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR FORMS 990 OF THE ORGANIZATION STEVEN G LITTLESON, $228,197, SALVATORE INCIARDI, $146,625, TIMOTHY J HOGAN, $158,408, DEAN Q LIN, $32,141, JOSEPH P COYLE, $124,459, ANN B GAVZY, ESQ , $133,475, REBECCA WEBER, $44,948, SHERRIE STRING, $29,263, ROBERT PALERMO, $35,464, MARILYN KOCZAN, $28,735, AND RICHARD HAND, $13,925 The amount reflected in Schedule J, Part II, Column B(iii) for the following individual includes an amount of compensation that was provided to the individual in accordance with his employment contract and terms of employment at Meridian Health and in accordance with Meridian Health's compensation review and approval process described in our response to Core Form, Part VI, Question 15 to ensure compensation is reasonable and at fair market value rates The amount outlined herein was included in the individual's 2015 form W-2, Boxes 1 and 5, as taxable wages Joseph M Lemaire, $170,000 THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN (C) FOR THE FOLLOWING INDIVIDUALS INCLUDES A RETENTION BONUS WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER RECEIVE THIS BENEFIT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, AS TAXABLE WAGES JOHN K LLOYD, FACHE, $350,000 AND REBECCA WEBER, $70,000 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN (C) FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT 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 2015 FORM W-2, AS TAXABLE WAGES JOSEPH M LEMAIRE, $348,103, JOSEPH STAMPE, $34,800, DEAN Q LIN, $71,300, REBECCA WEBER, $20,600, SHERRIE STRING, $57,600, KIM CARPENTER, $57,600, MAUREEN SINTICH, $16,900, ROBERT PALERMO, $15,600, MARILYN KOCZAN, $13,800 AND RICHARD HAND, $13,600 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN (C) FOR THE FOLLOWING INDIVIDUALS INCLUDE INTEREST CREDITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT 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 2015 FORM W-2, AS TAXABLE WAGES STEVEN G LITTLESON $131,654, JOHN K LLOYD, FACHE, $668,977, SALVATORE INCIARDI, $65,149, JOSEPH M LEMAIRE, $30,210, TIMOTHY HOGAN, $80,176, JOSEPH COYLE, $32,173 AND ANN B GAVZY, ESQ , $94,175
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOXES 1 AND 5 AS TAXABLE WAGES 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 AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) FOR THE FOLLOWING INDIVIDUALS REPRESENT UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THAT BECAME TAXABLE IN 2015 BECAUSE THEY WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE, AND WERE REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR FORMS 990 OF THE ORGANIZATION THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2015 FORM W-2, BOX 1, AS TAXABLE WAGES STEVEN G LITTLESON, $228,197, SALVATORE INCIARDI, $146,625, TIMOTHY J HOGAN, $158,408, DEAN Q LIN, $32,141, JOSEPH P COYLE, $124,459, ANN B GAVZY, ESQ , $133,475, REBECCA WEBER, $44,948, SHERRIE STRING, $29,263, ROBERT PALERMO, $35,464, MARILYN KOCZAN, $28,735, AND RICHARD HAND, $13,925

Additional Data

Software ID:
Software Version:
EIN: 01-0649794
Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Steven G Littleson President, MHC/Trustee	(I)	689,432	280,000	248,204	166,302	32,806	1,416,744	228,197
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
1John K Lloyd FACHE President/CEO - Trustee	(I)	1,140,835	800,000	72,289	1,082,972	53,556	3,149,652	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
2Salvatore Inciardi Pres/Trustee, Sr VP Bus Dev	(I)	356,817	180,000	156,377	108,951	23,358	825,503	146,625
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
3Michele Mendelson VP & Sec/Trustee, VP Home Care	(I)	225,603	65,000	28,979	32,085	32,590	384,257	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
4Joseph M Lemaire Treas/Trust,EVP/PARTNER CO OPS	(I)	787,587	200,000	209,440	386,113	34,751	1,617,891	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
5Joseph Stampe Pres/Trustee, Pres Foundations	(I)	286,302	70,000	12,292	42,600	34,671	445,865	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
6Timothy J Hogan Trustee, Regional Pres RMC/BCH	(I)	606,049	184,000	214,583	113,132	32,794	1,150,558	158,408
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
7Jennifer Smith Trustee, Exec Dir RMCF & BCHF	(I)	158,783	3,200	2,168	7,800	20,123	192,074	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
8Kenneth N Sable MD Trustee, President JSUMC	(I)	676,196	0	30,813	0	37,139	744,148	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
9Dean Q Lin Pres/Trustee, President OMC	(I)	484,297	137,500	80,003	80,425	21,225	803,450	32,141
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
10Matthew Lang Trustee, Executive Dir OMCF	(I)	124,406	0	2,135	3,406	20,091	150,038	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
11Joseph P Coyle Trustee, President SOMC	(I)	431,451	138,500	169,445	60,824	25,505	825,725	124,459
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
12Timothy Nolan 11 - 130 EVP Meridian Health Solutions	(I)	70,039	650,000	40,471	7,800	2,788	771,098	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
13Patrick Young Eff 53115 EVP Meridian Health Solutions	(I)	310,909	0	15,535	0	13,847	340,291	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
14Ann B Gavzy Esq Sr VP Legal Affairs	(I)	416,799	120,000	161,180	130,452	23,387	851,818	133,475
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
15Rebecca Weber Sr VP & Chief Information Off	(I)	397,679	120,000	77,441	131,998	23,396	750,514	44,948
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
16Sherrie String Sr VP Human Resources	(I)	392,348	95,000	59,139	66,725	16,862	630,074	29,263
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
17Kim Carpenter MD Sr VP Clinical Effectiveness	(I)	371,567	74,600	15,581	34,846	32,353	528,947	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
18Maureen Sintich Sr VP of Nursing	(I)	376,372	28,000	18,891	22,774	23,379	469,416	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
19Marty Scott Eff 3215 Sr VP Chief Quality Officer	(I)	377,508	0	20,774	0	26,719	425,001	0
	(II)	0	- 0	- 0	- 0	- 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Joseph Reichman MD VP Clinical Effectiveness	(I)	335,815	66,300	42,570	26,496	1,940	473,121	0
	(II)	0	0	0	0	0	0	0
1 Robert PalermoVP Finance	(I)	298,572	80,000	61,698	44,890	34,244	519,404	35,464
	(II)	0	0	0	0	0	0	0
2 Terry Manna VP Managed Care	(I)	301,966	65,000	25,595	27,191	31,874	451,626	0
	(II)	0	0	0	0	0	0	0
3 Marilyn Koczan VP Patient Financial Services	(I)	271,825	55,000	58,740	67,500	4,136	457,201	28,735
	(II)	0	0	0	0	0	0	0
4 Ian Leber MD VP Clinical Effectiveness	(I)	290,946	63,000	26,232	9,125	37,108	426,411	0
	(II)	0	0	0	0	0	0	0
5 Richard HandVP Finance	(I)	259,523	55,000	41,434	38,259	18,538	412,754	13,925
	(II)	0	0	0	0	0	0	0
6 Theodore Zaleski MD VP Clinical Effectiveness	(I)	303,482	26,700	20,415	4,444	31,694	386,735	0
	(II)	0	0	0	0	0	0	0
7 Vincent J Vivona DO JD FACP VP Clinical Eff (eff 8/2/15)	(I)	217,217	0	19,030	3,877	31,004	271,128	0
	(II)	0	0	0	0	0	0	0
8 Mark Krasna MD Oncology Medical Director	(I)	695,904	154,934	15,487	7,800	32,188	906,313	0
	(II)	0	0	0	0	0	0	0
9 Alan Colicchio MD Neurosciences Medical Director	(I)	477,814	0	30,378	7,800	31,939	547,931	0
	(II)	0	0	0	0	0	0	0
10 Frank Goldstein VP Physician Services	(I)	361,755	90,000	52,877	41,747	23,325	569,704	0
	(II)	0	0	0	0	0	0	0
11 James A Clarke MD VP Primary Care	(I)	386,666	77,000	12,657	9,125	31,568	517,016	0
	(II)	0	0	0	0	0	0	0
12 James Molloy VP Government Relations	(I)	314,724	90,000	10,480	38,135	22,706	476,045	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579FDA8	06-24-2004	14,725,000	CONSTRUCT & EQUIP FACILITY		X		X		X
B	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579FHG1	05-18-2006	18,390,000	REFUND 1993 SERIES		X		X		X
C	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579FJQ7	11-22-2006	5,100,000	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,570,000	2,645,000	1,600,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	16,032,128	18,390,000	5,207,649	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	205,792	365,791	56,802	
8	Credit enhancement from proceeds	62,695	65,353	21,731	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	15,763,641	0	0	
11	Other spent proceeds	0	17,958,856	5,129,116	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2007	2006	2007	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X		X			
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		WELLS FARGO		0			
c	Term of hedge				12 %				
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS CONSISTS OF	INVESTMENT EARNINGS

Return Reference	Explanation
THE DIFFERENCE BETWEEN THE ISSUE PRICE OF $200,595,000 AND TOTAL PROCEEDS	OF $215,645,153 FOR THE BOND ISSUED ON 12/21/2011 CONSISTS OF ORIGINAL ISSUE PREMIUM OF $15,044,485 ORIGINAL ISSUE DISCOUNT OF ($6,028) AND INVESTMENT PREMIUM OF $11,696 Proceeds were used to refund the following New Jersey Health Care Facilities Financing Authority Revenue Bond issues - Jersey Shore Medical Center Obligated Group Issue, Series 1994, dated July 1, 1994 - Southern Ocean County Hospital Issue, Series 1997, dated November 15, 1997 - Meridian Health System Obligated Group Issue, Series 1999, dated July 1, 1999 - Southern Ocean County Hospital Issue, Series 2001, dated July 1, 2001

Return Reference	Explanation
PROCEEDS FROM THE BOND ISSUED ON 10/3/2012 WITH AN ISSUE PRICE OF	$135,415,000 were used to refund the following New Jersey Health Care Facilities Financing Authority Revenue Bond issues - Meridian Health System Obligated Group Issue, Series 2003B, dated February 20, 2003 - Meridian Health System Obligated Group Issue, Series 2007 Tranche III, dated December 13, 2007 - Meridian Health System Obligated Group Issue, Series 2007 Tranche IV, dated December 13, 2007

Return Reference	Explanation
THE DIFFERENCE BETWEEN THE ISSUE PRICE OF $29,525,000 AND TOTAL PROCEEDS	OF $33,452,081 FOR THE BOND ISSUED ON 5/8/2013 CONSISTS OF ORIGINAL ISSUE PREMIUM OF $3,926,469 AND INVESTMENT EARNINGS OF $612 Proceeds were used to refund the New Jersey Health Care Facilities Financing Authority Revenue Bayshore Community Hospital Issue, Series 2002, dated 1/15/2002

Return Reference	Explanation
PART IV, LINE 2C - THE COMPUTATION FOR THE BOND ISSUED ON 12/13/2007 WAS	COMPUTED ON DECEMBER 13, 2012 AND COMPLETED ON FEBRUARY 6, 2013

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number

01-0649794

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579FSE4	12-13-2007	242,125,000	CONSTRUCT & EQUIP FACILITY		X		X		X
B	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579FW25	12-21-2011	200,595,000	REFUND PRE-2003 BONDS		X		X	X	
C	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579F2D4	10-03-2012	135,415,000	REFUND POST-2002 BONDS		X		X	X	
D	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084	64579F3H4	05-08-2013	29,525,000	REFUND PRE-2003 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,300,000	47,674,977	4,650,000	4,625,000
2	Amount of bonds legally defeased	97,000,000	0	0	0
3	Total proceeds of issue	246,107,361	215,645,153	135,415,716	33,452,081
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,673,677	1,402,562	13,412	435,471
8	Credit enhancement from proceeds	4,507,965	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	239,925,719	214,242,591	135,402,304	33,016,610
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2011	2011	2013

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X					X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X				X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 110 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %				0 %		
6	Total of lines 4 and 5		0 110 %				0 %		
7	Does the bond issue meet the private security or payment test?		X				X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X				X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X				X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number

01-0649794

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTH	22-1987084		11-02-2015	130,000,000	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	361,111			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	130,000,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	130,000,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2015			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		3 100 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		3 100 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance 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) PATRICK DELANEY	Fam Mem - Trustee/OFFICER	47,049	EMPLOYEE		No
(2) Larson Whelan	Fam Mem - Trustee/OFFICER	79,273	Employee		No
(3) Geralynn Koczan	Family Member - Key Empl	11,867	Employee		No
(4) William Koczan	Family Member - Key Empl	15,689	Employee		No
(5) Peter Litwin	Family Member - Trustee	126,713	Employee		No
(6) Caitlin Coyle	Fam Mem - Trustee/OFFICER	49,963	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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	39,470	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319079946

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES	01-0649794

Return Reference	Explanation
CORE FORM, PART I, SUMMARY	THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED IN THE CORE FORM IS FOR MERIDIAN HOSPITALS CORPORATION, THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL OTHER SUBORDINATE ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 - MERIDIAN NURSING AND REHABILITATION, INC , 6 VOTING, 5 INDEPENDENT, - MERIDIAN HOME CARE SERVICES, INC , 9 VOTING, 6 INDEPENDENT, - HEALTH INNOVATIONS UNLIMITED, INC , 9 VOTING, 6 INDEPENDENT, - MERIDIAN HEALTH FOUNDATION, INC , 12 VOTING, 8 INDEPENDENT, - JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC , 23 VOTING, 18 INDEPENDENT, - RIVERVIEW MEDICAL CENTER FOUNDATION, INC , 19 VOTING, 12 INDEPENDENT, - OCEAN MEDICAL CENTER FOUNDATION, INC , 18 VOTING, 13 INDEPENDENT, - SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, 24 VOTING, 19 INDEPENDENT, - BAYSHORE COMMUNITY HOSPITAL FOUNDATION, 19 VOTING, 15 INDEPENDENT, - MERIDIAN PRACTICE INSTITUTE, INC , 4 VOTING, 1 INDEPENDENT, - MERIDIAN HEALTH REALTY CORPORATION, 11 VOTING, 10 INDEPENDENT, - MERIDIAN AMBULATORY VENTURES, INC , 9 VOTING, 7 INDEPENDENT

Return Reference	Explanation
CORE FORM, PART III, STMT OF PROGRAM SERVICE ACCOMPLISHMENTS	Meridian's Continuum of Care ---------- Meridian Health offers its communities convenient care close to home From preventative screenings to diagnostic medicine, inpatient to in-home care, fitness to rehab Meridian offers it all across one seamless continuum Were there with you every step of your wellness journey Thats Meridian Health Thats Taking Care of New Jersey Population Health as a Priority ---------- Population Health looks at health care from a different perspective Instead of treating patients when theyre sick, Population Health allows us to improve patient health and prevent sickness from occurring or worsening Population Health at Meridian grew significantly in 2015 adding team members, growing its clinically integrated network, and expanding its number of payor partnerships Population Health also implemented new online, data-driven tools, enhancing patient care and providing physicians with a new level of insight Getting Connected ---------- Meridian Health is leveraging its Cerner HealtheIntent platform to improve patient care and engagement across its more than 100 locations The multi-purpose solution enables Meridian Health to collect patient data across its continuum of care, helping improve outcomes and lower costs Meridian Health has already implemented 13 disease and wellness registries and is in the process of executing 10 additional registries, giving physicians better insight into their patients and helping proactively expose gaps in care Meridian Health is also using Crimson Population Risk Management Platform in order to manage cost and quality, putting Meridians vast clinical data to work Putting Care First ---------- Meridian Health is dedicated to delivering the best care to its patients and that is why were redesigning the current care management model across the continuum of care A successful care management program will work seamlessly across Meridian from hospital to home care, benefitting both Meridian patients and team members by ensuring patient care is delivered safely, effectively, and efficiently Team members and team leaders have been meeting regularly in order to gain a deeper understanding of todays current care model, uncover areas of improvement, and identify where care can be streamlined Meridian CardioVascular Network ---------- Meridian CardioVascular Network provides the regions most complete, most coordinated heart and vascular care Our heart and vascular experts, who tout years of professional service, offer highly advanced and personalized care others simply cannot From breakthrough treatments, such as the Watchman Left Atrial Appendage Closure Implant procedure, to milestones in achievements, including more than 100 annual Transcatheter Aortic Valve Replacement (TAVR) procedures and a bounty of awards, Meridians CardioVascular Network certainly has a heart of gold when it comes to the heart of the matter our cardiovascular patients In 2015, Jersey Shore performed 790 cardiac surgeries and 13,846 procedures in our cardiac catheterization and electrophysiology labs Meridian never skips a beat when it comes to the highest quality cardiovascular care Although Meridian Health was formed in 1997, its cardiac surgery program began at Jersey Shore in 1990 with humble beginnings and cardiology roots dating back over 100 years Those humble beginnings would later grow into remarkable achievements and impressive volumes across Meridian With over 150 specialists now involved in cardiovascular care, Meridian CardioVascular Network has grown into a top-tier quality program in New Jersey, rivaling programs in New York City and Philadelphia Meridian CardioVascular Network is one of the largest programs in the state with Jersey Shore among the top three largest programs in New Jersey for angioplasty, electrophysiology, and cardiac surgery In a time when, nationally, cardiac surgery has declined significantly, Meridian continues to grow its volumes and provide the highest-quality service available in the area In fact, there have been nearly 20,000 surgeries since the inception of the program While our cardiac surgery patient volumes speak volumes about our program, weve also had some great things said about us ---------- Meridian Healths Community of LifeSavers Program received The New Jersey Hospital Associations 2015 Health, Research, and Educational Trust (HRET) Community Outreach Award Meridian Health received a 3-Star Designation for Coronary Artery Bypass Grafting by the Society of Thoracic Surgeons (STS) Meridian Health was the first and only New Jersey health care system recognized as a center of excellence in treating patients with chest pain by the Society of Cardiovascular Patient Care (SCPC) Jersey Shore University Medical Center - Get With The Guidelines Heart Failure Gold-Plus Quality Achievement Award - American College of Cardiologys NCDR ACTION Registry Get With The Guidelines Platinum Performance Achievement Award - American Heart Associations Mission Lifeline Heart Attack Receiving Center Accreditation - American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) - Healthgrades Cardiac Surgery Excellence Award - U S News & World Report rated Jersey Shore high-performing for heart bypass surgery and heart failure procedures - Intersocietal Commission Accreditation for ECHO Laboratories Ocean Medical Center - Get With The Guidelines Heart Failure Gold Quality Achievement Award - American College of Cardiology Foundations NCDR ACTION Registry Get With The Guidelines Gold Performance Achievement Award - American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Bayshore Community Hospital - Get With The Guidelines Heart Failure Silver-Plus Quality Achievement Award - Mission Lifeline Silver Receiving Center Award - American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Riverview Medical Center - American Heart Associations Mission Lifeline Heart Attack Receiving Center Accreditation - American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) - Intersocietal Commission Accreditation for ECHO Laboratories Southern Ocean Medical Center - American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) A Breakthrough Treatment for Atrial Fibrillation The experts of Meridian CardioVascular Network are committed to the active advancement of cardiovascular research, treatment, and patient care Jersey Shore University Medical Center became the first hospital in New Jersey to perform the newly approved Watchman Left Atrial Appendage Closure Implant procedure, providing patients with non-valvular atrial fibrillation an alternative to long-term "blood-thinning" warfarin medication By targeting the place in the heart that produces blood clots which can cause a stroke, the new Watchman technology provides an exciting alternative to warfarin a medication with many lifestyle and diet implications For this program specifically, Meridian ranks among the leaders in the state and top tier nationally A TAVR Milestone 100 Procedures and Counting Jersey Shore recently marked the success of its Transcatheter Aortic Valve Replacement (TAVR) program by completing the 100th procedure in 2015 and is on pace to do more than 150 in 2016 TAVR is a minimally invasive treatment for patients with critical aortic stenosis, giving new hope to patients who are inoperable due to other co-existing medical conditions For most patients with severe aortic stenosis, traditional treatment meant a surgical procedure known as Aortic Valve Replacement, but now more than 100 patients with severe aortic stenosis that were once considered too high risk for traditional surgery have received this innovative treatment option innovative treatment option Meridian Cancer Care ---------- With a $128 million investment, Meridian Health is improving cancer care for the communities we serve with six expansion projects By upgrading our facilities, providing even more advanced cancer treatment technology, investing in new cancer specialists, and perfecting a multi-disciplinary approach to care, we are elevating cancer services and truly BuildingHope

Return Reference	Explanation
CORE FORM, PART III - CONTINUED	Meridians plan began with a brand new cancer center at Meridian Health Village at Jackson, which opened last April Shortly after, Meridian broke ground on a 29,000-square-foot expansion at Riverview Medical Center that will feature physical, visual, and technical upgrades In November, Bayshore Community Hospital celebrated the opening of its new multi-disciplinary cancer clinic that is enhancing cancer services for the residents of Holmdel and the surrounding community Jersey Shore University Medical Center also broke ground on its HOPE Tower Project a $265 million building development on the hospitals east campus that will provide a new healing outpatient experience for the community and will include a dedicated cancer center and clinical academic center Earlier this year, Southern Ocean Medical Center marked a milestone in its cancer expansion as the new infusion suite opened to patients And, most recently, Ocean Medical Center kicked off their construction project to mark the beginning of their new cancer clinic expansion which will include a 22,200-square-foot renovation on campus, and 6,500-square-foot addition off campus, and will provide a state-of-the-art healing environment for outpatient treatment and services With these investments, Meridian is well positioned to provide a personal and compassionate experience to each and every patient we have the privilege of caring for But dont just take our word for it In 2015, The Commission on Cancer of the American College of Surgeons granted three-year accreditation to the cancer program at Meridian Health, making it the first health system in New Jersey to be recognized as an Integrated Network Cancer Program This elite recognition further acknowledges the high-quality cancer care we provide Meridian Neuroscience ---------- Life can change in the blink of an eye, which is why Meridian Health offers the regions most complete lineup of neuroscience services for stroke, spine injuries, concussion, epilepsy, brain tumors, movement, memory disorders, and more including the regions only Stroke Rescue Center and medical innovations that are reshaping lives Jersey Shores Stroke Rescue Center Reaches a Milestone Last fall, Jersey Shore University Medical Center celebrated the 10th Anniversary of its Stroke Rescue Center, a truly innovative and progressive program that has saved countless lives in our community When stroke symptoms occur, every minute counts Effective treatment delivered within the first three hours is critical to limiting the damaging effects of stroke Jersey Shore's Stroke Rescue Center and board-certified neurologists are available 24 hours a day, seven days a week Jersey Shore is also the only hospital in the region to be both a state-designated Comprehensive Stroke Center and a nationally accredited Primary Stroke Center This means Jersey Shore meets the highest national standards for safety and quality Recognizing the Best Jersey Shore was recognized as a Best Hospital for 2015-16 in New Jersey and the New York metro area by U S News & World Report for neurology and neuroscience Jersey Shore ranked number five in New Jersey and number 10 in the New York metro area This means that Jersey Shore was ranked in the top 10 percent in the country in these specialties! Meridian Health also received the 2015 Get With The Guidelines Stroke Gold Plus Quality Achievement Awards from the American Heart Association for the stroke programs at Jersey Shore, Ocean, and Riverview Additionally, Bayshore and Southern Ocean Medical Center have received the Get With The Guidelines Stroke Silver Plus Quality Achievement Award The Get With The Guidelines awards recognize the facilities commitment and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines Meridian Orthopedics ---------- Meridian continued its exciting relationship with womens professional soccer team Sky Blue FC as the title sponsor for the teams 2015 season Meridians orthopedic and rehabilitation staff provides the players, including Christie Rampone, Olympic gold medalist and K Hovnanian Children's Hospital spokesperson, with high-quality evaluation and treatment as an extension of the great care provided to the community at large Partnering with Sky Blue also helps Meridian to educate families and fans across the state about the importance of health and wellness and the potential that exist in young girls who are determined and work hard Research -------- An academic medical center provides patients and the community with health care for everyday needs and the most specialized services for complex diseases, illnesses and injuries, teaches generations of health care professionals with an eye on training the right mix of providers for tomorrows needs, and engages in research that improves lives Between making headlines and publishing works in esteemed journals, to leading the way in clinical trials, the academic team has certainly been making waves on the research and education scene Examples of notable feats and achievements include - Rachael Polis, D O , an Obstetrics and Gynecology resident graduate, was the lead author of "Yoga in Pregnancy," an article published last November Her research was conducted while she was a resident at Jersey Shore University Medical Center and has been featured on National Public Radio and promoted by Reuters, USA Today, WebMD, and other major media outlets It was also published in Obstetrics and Gynecology, the most influential journal in the field - Research projects and related publications by Alexander Shifrin, M D , regarding the diagnosis and treatment of medullary thyroid cancer, led to revised guidelines by the American Thyroid Association, as well as development and acceptance of a standardized test for genetic testing - Ashish Patel, M D , and the clinical research team at Jersey Shore were one of the top five sites nationally for enrollment to study the FLEXION catheter for atrial flutter ablation Dr Patel successfully treated the first non-research patient shortly after FDA approval, making Jersey Shore the third hospital in the U S to make this technology available As a progressive organization, Meridian is also working to bring even more clinical trials to the communities we serve In 2015, Meridian Health enrolled more than 2,000 patients in clinical trials Finally, Ocean Medical Center has received approval to establish a Graduate Medical Education (GME) program It will require a few years to implement, but it puts Ocean on a track to create a future training ground for family medicine and psychiatric physicians These are specialties that are in short supply and will be new areas of focus to complement the GME programs at Jersey Shore, as well as the relationship with Seton Hall Medical School First Lady Mary Pat Christie and former Health Commissioner Mary E ODowd were welcomed to Jersey Shore University Medical Center last June where they announced $4 4 million in grants to establish Autism Medical Homes and to advance research in the understanding, prevention, evaluation, and treatment of the biologically-based disorder Jersey Shore was a fortunate grant recipient and will receive approximately $400,000 over two years Funding will be used to launch an Autism Care Coordination Program at K Hovnanian Childrens Hospital The Autism Medical Homes pilot project is designed to improve health outcomes for children with Autism Spectrum Disorder (ASD) by bringing together primary care providers, subspecialists, and ASD providers to treat the whole person Were hopeful that the implementation of medical homes for autism will alleviate some of the challenges faced each day by families caring for children with autism and provide tangible improvements in the health care setting New Jersey is a national leader in early intervention and education of children with autism which affects about one in 45 children across the Garden State Home is Where Your Care Is ---------- Meridian At Home continued its leadership in providing a full continuum of exceptional home care services, programs, and products, as well as being an innovator in supporting new models of care to reduce readmissions, population health initiatives, and participating in national demonstration projects

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CORE FORM, PART III - CONTINUED	As part of a collaborative effort with Meridian Healths ACO and efforts to reduce readmissions, Meridian At Home introduced a program that allowed patients discharged from the hospital to leave for home with the Meridian Care on Call Now medical alert and assistance technology This pilot program put medical assistance just a click away by using their pendant, provided follow-up phone calls, and led to costs savings and reductions in readmissions during the initial weeks after release from the hospital Meridian At Home also introduced a specialty Orthopedic Program for same-day surgery and joint replacement patients to coordinate home rehabilitation therapy This specialized program allows patients to receive therapy immediately after surgery in the comfort of their home, and return to daily activities sooner and at lower cost Meridian Hospice continued its commitment to advancing hospice care, and was selected as one of only 140 hospice organizations across the country to participate in the Medicare Care Choices Model demonstration project The project, which will include Meridian Hospice participation in 2017, will allow patients facing advanced illness to continue to be actively treated by their physicians, while also receiving palliative care from hospice providers This Centers for Medicare & Medicaid Services (CMS) demonstration project, and Meridians involvement, may revolutionize how medical treatment and hospice care can work interdependently iMPak Health Forms Collaborative Agreement with HP ---------- One of the greatest opportunities to improve clinical outcomes is thought to exist in the period of time "in between" care in between doctors visits, Emergency Room visits, and hospital stays The emergence of mobile health has been based on leveraging mobile technology to fill in the gaps that have historically existed as a result of the disconnectedness between providers and patients during the "in between" period iMPak Health recently announced that it entered into a collaborative agreement with Hewlett-Packard to leverage the HP Pro Slate 10 EE G1 Healthcare Tablet as a part of its mobile strategy The immediate value to iMPak Health is the great performance and rugged features of the HP Pro Slate 10 EE G1 adds to the Kraken medication management and journal symptom management solutions In addition, it delivers powerful computing capability enabling it to offer patient-tailored "solutions" for tracking health and providing timely and responsive health-related content The initial projects have focused around pediatric patients suffering from asthma, end-stage renal disease, and patients being discharged from the hospital after open-heart procedures Integrative Health and Medicine Program Comes to Life with $10 Million in Donations ---------- In mid-2015, Meridian Health announced two substantial gifts totaling $10 million $5 million was donated to Riverview Medical Center Foundation to support the launch of an integrative health and medicine program Inspired by the gift, and with the program underway, an additional $5 million was donated toward the initiative as well Integrative medicine is not just a philosophy or approach around whole-person care - its about additional interventions that focus on looking at a persons emotional, mental, and spiritual status along with the physiology of the disease or illness The Meridian Integrative Health and Medicine Program will come to life this year to provide wellness and preventive medicine to our communities through outreach events and a new Center of Integrative Health & Medicine in Meridian Health Village at Jackson Our program will focus on incorporating evidence-based medicine and multi-disciplinary collaboration in the delivery of world-class, integrative patient-centered care, and will address five pillars of wellness (nutrition, activity, resilience, purpose, and sleep) by providing care for patients with conditions such as sleep disorders, chronic pain, cancer, depression, anxiety, stress, cardiovascular disease, and womens health-related conditions Community Benefit Report ========== At Meridian Health, our mission to improve the health status of the communities we serve is at the heart of our charitable roots Providing the community support for managing chronic conditions and access to reliable health information, as well as opportunities to participate in health promotion activities, are central to our goal of improving community health and well-being To this end, our hospitals actively collaborate with community partners such as schools, senior centers, places of worship, local non-profit organizations, health departments, employers, and others on a variety of health initiatives In 2015, Meridian devoted more than $128 million in community benefits An estimated 100,000 community members participate in a health promotion activity each year These programs include preventive health screenings, support groups, health education seminars, and presentations, as well as health awareness events They are all delivered by a dedicated team of health care professionals and physicians, many of whom volunteer their time to educate our community on health topics focused on preventing disease, managing chronic conditions, and improving overall quality of life Many of our programs can be delivered in both English and Spanish, and language interpreters are made available as needed Meridians Community Outreach team has received special training in health literacy as well as cultural competence Identifying Community Health Needs ---------- Meridian Health plays a lead role in working with many different organizations throughout Monmouth and Ocean counties to identify and address the health issues that impact our community the most This collaborative effort is referred to as a Community Health Needs Assessment and is available online In 2015, Meridian Health embarked on a strategic process of reassessing the areas health care needs We surveyed over 1,000 households in Monmouth and Ocean counties to gather local residents views of their communitys most critical health needs In addition, we invited input from public health experts, physicians, and community and business leaders, as well as analyzed public health data Findings from the assessment highlighted several health concerns for our community including access to health care services, as well as cancer, diabetes, heart disease and stroke, injury and violence, mental health, nutrition, physical activity and weight, respiratory diseases, and substance abuse With the Community Health Needs Assessment as our guide, Meridian prepares its annual community benefits plan, part of our overall strategic plan, aligning activities and resources toward those priority health needs as well as engaging a variety of community organizations for collaboration on interventions Each hospital has prepared an implementation strategy that contains the specific programs and resources that will be deployed against each health priority Community Advisory Committees ---------- Meridian convenes several Community Advisory Committees whose mission is to assist us in identifying and addressing local health care needs, including health care disparities affecting communities of color, the underserved, and those with special needs Committee members represent a cross section of the community in terms of age, gender, religion, ethnicity, interests, and professional status Currently, more than 150 people from the surrounding area serve as members of Meridians Community Advisory Committees Preventing Disease Through Early Detection ---------- Nearly 40,000 preventive health screenings were performed in our community in 2015, including, AngioScreen stroke risk assessments, blood pressure, cholesterol, glucose, BMI, memory, hearing, diabetic retinopathy, breast, colon-rectal cancer, skin cancer, and more Participants receive individualized testing from medical professionals and are counseled by nurse educators who provide information about their results and referrals for follow-up care when necessary Partners in Cancer Control ---------- Meridian partners with several community organizations who share the mission of reducing New Jerseys cancer burden and improving health outcomes Of all cancer cases in New Jersey, female breast cancer accounts for 15 percent, lung 12 6 percent, colorectal 8 7 percent, and skin 5 percent, according to the American Cancer Society Knowing your risk and early detection are two of the best ways to reduce your risk for cancer

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CORE FORM, PART III - CONTINUED	Meridians Every Woman Counts Program, in partnership with Susan G Komen, will increase annual mammography screenings for low-income, uninsured, and underinsured women in Monmouth and Ocean counties by collaborating with local nonprofit organizations that are successful in engaging hard-to-reach communities such as the elderly, Hispanic, black, LGBT, undocumented immigrants, and the homeless Through this collaborative program, culturally and linguistically appropriate breast health education will be provided to 1,400 women, 75 percent of whom will demonstrate an increase in knowledge about breast health All women will be referred for mammograms and connected with NJCEED, Meridians Pink Fund, or Komen grant funds A total of 400 mammogram vouchers will be distributed and 150 diagnostic screenings will be provided for women who require additional testing due to screening abnormalities Transportation assistance for mammogram appointments and navigation throughout the continuum of care will also be provided, as needed Colon cancer is one of the most preventable and, if detected early, the most treatable forms of cancer The Ocean Monmouth Health Alliance (OMHA) has set a goal for New Jersey to reach an 80 percent screening rate by 2018 and Meridian is actively participating in this challenge In 2015, over 1,000 community members attended a seminar, 530 accepted a take-home stool test kit, and, of those, 63 resulted in a positive screening These at-risk individuals were contacted by a nurse navigator who arranged for follow-up care The OMHA is a regional chronic disease prevention coalition funded by the Office of Cancer Control and Prevention, part of the New Jersey Department of Health Meridian partners with OMHA on their annual Choose Your Cover skin cancer screening at the beach In 2015, we performed 398 screenings at beaches and other sites in Monmouth and Ocean counties Since 2008, the program has screened over 7,000 people throughout the state and is a national model Managing Chronic Disease ---------- Take Control of Your Health is an evidence-based chronic disease self-management program Complementing a physicians plan of care, this educational program offers participants tools, resources and support to live a healthier life Studies have shown that participants who complete the training report improved health status and quality of life, had greater energy and fewer social limitations, as well as reduced hospitalizations and fewer emergency room visits Providing Opportunities to Learn ---------- Over 10,000 children were educated on how to eat right, stay fit, be safe, and act responsibly through our Pawsitive Action Program Our childrens health education programs include classroom-based presentations from The Pawsitive Action Team, including Doctor Bernard, Hopscotch, and Picatso, who are mascots for the K Hovnanian Childrens Hospital at Jersey Shore University Medical Center Other programs include Hands-only CPR training, SafeSitter babysitting certification, asthma awareness and management, injury prevention programs, distracted driving, and sports and concussion injury prevention, among others Providing broad CPR training to the community has been part of Meridians educational offerings for years In 2015, Meridian taught nearly 20,000 individuals, which includes students, health care workers, fire fighters, police, teachers, EMTs, and community members The Community of LifeSavers program trained nearly 5,000 students from 21 schools Our community now has an army of rescuers who are ready, willing, and able to put their skills in action in the event of an emergency In addition, Meridian is proud to offer support through charitable donations to a host of worthy, local not-for-profit organizations who share in our mission to improve the health status of the community Meridian also encourages our leaders, physicians, and team members to serve on a variety of boards and community groups dedicated to improving the quality of life in our neighborhoods As a socially conscious member of the community, Meridian focuses its charitable giving on the areas that support or are aligned with our charitable mission In 2015, Meridian provided $600,000 in cash and in-kind support Training the Next Generation of Health Care Providers ---------- Training the next generation of health care providers is vital to providing a foundation for sound health in our community Meridian encourages the development of physicians, nurses, medical technologists, and those entering allied health professions by supporting their education and offering clinical experience in our hospitals Through our extensive Community Outreach Program, medical students and residents also regularly participate in health promotion activities where they learn to recognize and identify community needs and health disparities, improve health literacy communication skills and cultural sensitivity, and foster an appreciation for population health management In 2015, Meridian provided $27 1 million in benefits, which helps support medical training Caring for All Members of the Community ---------- ---------- As a not-for-profit health care provider, Meridian Health is the regional leader in providing innovative and accessible health care programs and services to individuals, families, and communities throughout Monmouth and Ocean counties Everyone deserves access to quality care regardless of their ability to pay In 2015, Meridian provided $21 3 million in charity care and other uncompensated care, serving as a health care safety net for our communitys most vulnerable populations In addition, Meridian dedicated $1 2 million in subsidizing vital health services such as outpatient dialysis, behavioral health services, and family health clinics Through a grant in partnership with the FoodBank of Monmouth and Ocean counties, Meridian Health employs 24 certified application counselors help to improve access to care through health insurance and financial counseling Over 16,000 individuals were provided with navigation services for financial assistance including charity care, family care, and financial counseling Staying Connected ---------- Its never been easier to connect with Meridian Opportunities to learn can be found at our hospitals, conference centers, and Meridian Fitness & Wellness locations, as well as right in your own community the local library, senior center, school, employer, and now even at the shopping mall In fact, more than 47,000 people attended an educational seminar in 2015 Meridian regularly publishes two free consumer magazines HealthViews and KidViews to educate and inform residents of Monmouth and Ocean counties on timely and relevant health topics The magazines contain Meridians calendar of events where residents can find free community education and screening programs, as well as a variety of health and wellness tips Meridians family of Web sites offer an extensive, free health library (in English and Spanish) and attract nearly 2 million people each year Online visitors can take a health assessment quiz, learn about diagnostic and surgical procedures, find a doctor, and register for a class or health screening and more Finally, Meridian provides free 24/7 call center services to the community to locate physicians, health care services, and support groups, as well as to register for health education and screening programs In 2015, the call center handled nearly 35,000 calls Jersey Shore University Medical Center ========== Jersey Shore University Medical Center is the regional provider of cardiac surgery and is home to the only trauma center and stroke rescue center in the region Through the hospitals clinical research program, and its affiliation with Rutgers Robert Wood Johnson Medical School, Jersey Shore serves as an academic center dedicated to advancing medical knowledge, training future physicians and providing the community with access to promising medical breakthroughs

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CORE FORM, PART III - CONTINUED	HOPE Tow er A Thoughtful and Accessible Health Care Experience ---------- Jersey Shore broke ground last November on HOPE Tow er a $265 million dollar building development on the hospitals east campus that w ill provide a new healing outpatient experience for the community HOPE Tow ers expected date of completion is early 2018 Guided by a patient-centered approach tow ards care and informed by the latest medical breakthroughs, HOPE Tow er expands upon Jersey Shores comprehensive services by providing a thoughtful and accessible health care experience The development includes HOPE Tow er a ten-story medical office building housing a dedicated cancer center, outpatient imaging services, a clinical academic center, an innovative simulation laboratory, and a nine-level parking garage building w ith more than 1,500 new parking spaces for patients, guests, and team members HOPE Tow er w ill allow us to expand our services in a modern, healing environment w ith access to leading clinicians and the latest medical breakthroughs A Sound So Sw eet ---------- Jersey Shore introduced a cochlear implant surgery program in Monmouth and Ocean counties, providing new hope for children and adults, w hether theyre born deaf or experience hearing loss later in life, to talk on the phone, listen to music, and hear the voices of their friends and loved ones There are currently 36 million Americans w ho are living w ith some degree of hearing loss w hich is expected to double by 2030 An Endoscopy First ---------- Jersey Shore now performs endoscopic surgery w ith the new AXIOS stent for the treatment of pancreatic pseudocysts, fluid and tissue filled cavities that form in the pancreas This is the first stent that is specifically designed for drainage of a pancreatic pseudocyst and provides a minimally invasive option for patients w ho may suffer from this painful and potentially serious condition K Hovnanian Childrens Hospital and Meridian Pediatric Netw ork ========== K Hovnanian Childrens Hospital is the first childrens hospital in Monmouth and Ocean counties As the regions first and most comprehensive pediatric program, K Hovnanian Childrens Hospital is committed to advancing pediatric care Most recently, it introduced NICVIEW to its Neonatal Intensive Care Unit - an innovative video streaming technology designed for parents and families to enjoy virtual visits w ith their babies receiving care in the Neonatal Intensive Care Unit (NICU) w hen they cant be there An Expanded Home for the NICU and Maternity ---------- The hospital unveiled an expanded Neonatal Intensive Care Unit, along w ith a dedicated antepartum unit for w omen w ith high-risk pregnancies, ensuring the critical needs of the communitys most vulnerable new borns are met, and providing the best care available for w omen experiencing high-risk pregnancies The 8,168 square foot NICU provides nine new private NICU patient rooms and tw o tw in rooms for a total of 13 new NICU bassinets The NICU also features Michaels Feat Family Room a dedicated space w here NICU parents and families can relax in a calm and peaceful setting w ith convenient access to amenities, including a sitting area, a show er, and a w asher/dryer Jersey Shore also renovated six private labor and delivery rooms for a total of 32 private maternity rooms The rooms feature soothing decor, a sleeper chair for parents, and private bathrooms offering mothers a more comfortable environment as they w elcome their new borns into the w orld Generous Gift Supports the Child Life Program ---------- K Hovnanian Childrens Hospital received a $250,000 donation that w ill help fund the Child Life Program at K Hovnanian Childrens Hospital, w hich focuses on supporting the emotional w ell-being of young patients and their families during a hospital stay The gift allow s the Childrens Hospital to make upgrades to the hospitals playrooms, enhance the music therapy program, and expand Child Life services to the Pediatric Emergency Department and Neonatal Intensive Care Unit Donor Support Propels Pediatric Palliative Care Program ---------- There is nothing more tragic than a child suffering from a serious illness Thanks to support from donors, K Hovnanian Childrens Hospital is implementing a pediatric palliative care initiative to provide better care for children suffering from chronic, potentially life-limiting conditions and their families Funding w ill support the creation of a physical space (Liams Room) that w ill serve as a "home aw ay from home" for children and families during any period of care at K Hovnanian Childrens Hospital In addition, funding w ill support clinical education for team members in the key components and implementation of leading pediatric palliative care practices The goal of Meridians Pediatric Palliative Care Program is to add life to the childs years, not simply years to the childs life Ocean Medical Center ========== Ocean Medical Center experienced yet another exciting year that w as filled w ith change and accomplishments Outstanding financial performance paved the w ay for future grow th plans, due in large part to a record number of people served and strong relationships w ith physicians Paired w ith an exceptional team of clinicians and support staff, quality care and a memorable patient experience w ere at the forefront of all guest interactions and made Ocean a destination for outstanding care Dynamic Grow th Leads to Big Plans ---------- One of the most notable accomplishments of 2015 w as Oceans financial performance At a time w hen many other hospitals are struggling, high inpatient and emergency volumes, as w ell as higher acuity patients, contributed to a record-setting financial year for the facility Emergency Department visits at Ocean and Ocean Care Center reached an all-time high of more than 86,000 and grow th in admissions neared 15,000 Construction w as approved for a new 36-bed patient care unit w ith private rooms in the third floor shell over the Emergency Department, and funding for renovations to existing patient rooms Additionally, the medical center added more staffing to accommodate volume demands and support a high-quality patient experience Physician Support Strengthens Resources for the Community ---------- Physician collaboration continues to be one of the unique features of Oceans culture 2015 w as the first full year collaborating w ith Jersey Coast Vascular Institute, w here they now accept an expanded base of payors and have opened access to a tremendous volume of patients Oceans robotic surgery volume continued to accelerate, and has even surpassed volumes at other hospitals in the region Physicians from surrounding hospitals joined Oceans medical staff and are helping to grow the Orthopedic Surgery Program, and a new anesthesia practice and OB/GYN practice are enhancing specialty services for the local community A Relentless Quest for Quality and Service Excellence ---------- Behind all these services and programs is an exceptional team, w hich is to be commended for all their efforts to achieve such great outcomes Quality care is at the heart of their efforts, and Ocean received a grade "A" in 2015 from The Leapfrog Group for quality outcomes, and saw a reduction in hospital-acquired infections There is alw ays room for improvement, and the team is up to the task In fact, their focus and commitment to the organization w as evident as our 2015 team member engagement score ranked Ocean Medical Center in the top tw o percent nationally, and over 125 team members participated in Simulation Lab activities to learn techniques to improve upon interpersonal skills and enhance the patient experience enhance the patient experience enhance the patient experience Riverview Medical Center ========== Riverview Medical Center had an outstanding year, w hich included the groundbreaking of its new cancer care facility Recognition of key programs and the grow th of many service areas helped lead the hospital to a banner year Riverview continues to attract renow ned physicians, and w ith the assistance of many caring clinicians and team members, has performed complex medical cases w ith great outcomes, making it a destination of choice for emergent and planned visits

Return Reference	Explanation
CORE FORM, PART III - CONTINUED	Unique and New at Riverview ---------- With the help of its talented physicians, Riverviews surgical services saw significant growth in 2015 One procedure that was introduced is called Combined Endoscopic and Laparoscopic Surgery, or CELS This procedure combines the expertise of a gastroenterologist, as well as a surgeon, to remove large or hard-to-reach polyps without the need to remove part of the colon It is an innovative procedure that is performed by only a few medical centers in the country Riverview additionally introduced a life-changing device for acid reflux sufferers called LINX, which is a small, flexible band of interlinked titanium beads with magnetic cores, which prevent reflux from the stomach into the esophagus Also launched in 2015 was BARRXX, which consists of radio frequency ablation to treat chronic heartburn or Gastroesophageal Reflux Disease, commonly known as GERD With the implementation of LINX and BARRXX, combined with the dramatic increase of esophageal cancers across the county, Riverview is uniquely positioned to become an expert in the field of esophageal diseases Beautiful Inside and Out ---------- In 2015, Riverview was honored to be recognized by several organizations For the first year ever, Riverview placed within the Top 20 on Soliant Healths "Most Beautiful Hospital in the U S " list Additionally, the hospital was recognized as a "Best Hospital for Hip and Knee Replacement" by U S News & World Report, placing number nine in New Jersey and number 18 in the New York metro area Furthermore, Riverview achieved a safety score within the top 10 in New Jersey, outranking national major teaching hospitals Equipment, Experience, Excellence ---------- Since mammography became common place in the 1980s, the mortality rate from breast cancer among American women has decreased by 35 percent This is largely due to early detection and improved treatment In 2015, Riverview proudly played a large part in helping women in the surrounding communities stay healthy Beyond its spa-like amenities, the Womens Center utilizes Tomosynthesis, the most advanced mammography screening technology available, and highly trained radiologists to read results and perform biopsies This combination of equipment and experience means that in 2015, Riverview diagnosed 371 women with breast cancer Of those, 88 percent fell into the "early, localized, or operable" category, which means that a diagnosed woman would have to undergo less extensive surgery, less frequent or aggressive chemotherapy, and that the rate of mastectomies would be reduced Southern Ocean Medical Center ========== Despite industry trends, Southern Ocean Medical Center experienced strong financial performance throughout the past year and succeeded in adding private patient rooms and additional staff to improve the delivery of care The extraordinary efforts of the team didnt go unnoticed, as several programs received accolades for their quality outcomes, and relationships with members of the medical staff continued to be a critical component to success Enhanced Resources for Booming Demands ---------- With an increase of 7 5 percent in admissions and 17 percent inpatient surgeries over the prior year, strong financial performance throughout 2015 enabled Southern Ocean Medical Center to make significant changes to care delivery The medical center opened the second floor Medical/Surgical Unit, which created 18 private rooms This contributed to great results in throughput for patients being admitted and a decrease in Emergency Department wait times as well as patients who would have left without treatment Additionally, through special recruitment efforts, Southern Ocean welcomed 57 nurses and 51 support team members, which truly improved the delivery of care and helped to improve the patient experience Recognition for Extraordinary Efforts ---------- Receiving third-party endorsements is always a nice reminder of the great care that is delivered Southern Ocean received accolades including the American Heart Association Get With The Guidelines Silver Award for Stroke, recertification of the Cardiac Rehabilitation Program, accreditation for the Center for Sleep Disorders in Toms River, and a deficiency-free annual survey of the Transitional Care Unit Physician Contributions a Key Factor to Success ---------- In addition to having an amazing hospital team, Southern Oceans medical staff is a critical component to success In 2015, the Medical Executive Committee implemented computerized physician order entry (CPOE) and reached record utilization rates Medical expertise such as that of orthopedic surgeon Stanley Michael, M D , resulted in his appointment as medical director of the Center for Joint Health, and brought new attention to the anterior approach for hip replacement The medical center expanded its footprint in the Toms River area with the opening of a new Bariatric Weight Loss Center, furthering the reach of Southern Oceans skilled surgeons and one of the premier service offerings Building HOPE at Southern Ocean ---------- In September of 2016, Southern Ocean Medical Center will expand its cancer care program to accommodate multi-disciplinary care and technological capabilities that will better serve our oncology patients and their families Meridian Cancer Care at Southern Ocean Medical Center will provide a state-of-the-art healing environment of over 16,000 square feet for outpatient treatment and services, and will feature the newest radiation technologies (including a TrueBeam linear accelerator), 20 new infusion stations in a comfortable healing environment, and dedicated and experienced medical professionals Bayshore Community Hospital ========== With several programs and services receiving accreditations and praise from experts both in-state and on a national level, Bayshore Community Hospital continued to make a name for itself this year With a focus on the patient experience, providing the highest level of care, and the implementation of industry best practices, Bayshore saw fantastic patient outcomes and, as a result, continues to be an incredible support for its community members Foundation for the Future ---------- Throughout 2015, Bayshore invested in facility upgrades that are often invisible to patients and guests, but essential to maintaining a highly functioning hospital Changes included renovations to Same-Day Surgery, the Operating Room, Intensive Care Unit patient rooms, and common areas such as public restrooms Bayshore also upgraded and replaced equipment such as the chiller, air handler unit, and fire suppression system, as well as changed lighting to more energy-efficient bulbs Additionally, the hospital expanded emergency power throughout the facility, purchased new lab analyzers, and added remote monitoring of room pressure for the OR and Sterilization Department All of these changes set the foundation for bigger projects to come, including the construction of a state-of-the-art Emergency Department estimated to open in 2019 Time is Muscle ---------- When someone is experiencing a cardiac event such as a heart attack, every minute counts The moment a patient arrives at the hospital, a clock is started to measure the amount of time it takes to get that patient to the catheterization lab to begin interventional treatment such as an angioplasty This time is known as door-to-balloon time Across the country, the average is 90 minutes Thanks to the dedication of Bayshores physicians, nurses, security personnel, and others, Bayshore is beating that time with an average of 47 minutes In fact, Bayshores time is so good that in 2015, the hospital received the American Heart Association Mission Lifeline Silver Award for best-practice guidelines and data-based quality measures Aiming High and Delivering ---------- Hospitals are judged by the public in a variety of ways One such way is through patient satisfaction scores, called HCAHPS, which measures a patients perception of their hospital experience Across the country, getting high scores is a challenge Patients are more knowledgeable than ever about their care and expectations are high Thats why its even more impressive that Bayshores results are above average for care in several departments, including the Emergency Department, Center for Wound Healing, and Womens Center

Return Reference	Explanation
CORE FORM, PART III, LINE 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTH CARE 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 WHICH INCLUDES A DESCRIPTION OF ADDITIONAL PROGRAM SERVICES BY ENTITY

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	JOHN K LLOYD, FACHE AND NORMAN BUTTACI - BUSINESS RELATIONSHIP

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	MERIDIAN HEALTH SYSTEM, INC ("MHS") IS THE SOLE MEMBER OF ALL SUBORDINATE ORGANIZATIONS INCLUDED IN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 OTHER THAN HEALTH INNOVATIONS UNLIMITED, INC ("HIU") MHS HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS MERIDIAN HOME CARE SERVICES, INC , A SUBORDINATE INCLUDED IN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990, HAS THE RIGHT TO ELECT THE MEMBERS OF HIU'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN HIU'S BYLAWS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	DURING 2015, THE ORGANIZATIONS INCLUDED IN THIS GROUP RETURN WERE AFFILIATES OF MERIDIAN HEALTH SYSTEM, INC ("MHS"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM MHS WAS THE TAX-EXEMPT PARENT OF THE SYSTEM IN MAY 2015, MHS SIGNED A DEFINITIVE AGREEMENT WITH HACKENSACK UNIVERSITY HEALTH NETWORK ("NETWORK") TO MERGE BOTH PARENT ORGANIZATIONS, CREATING ONE INTEGRATED HEALTHCARE DELIVERY SYSTEM KNOWN AS HACKENSACK MERIDIAN HEALTH, INC ("HMH"), TO BETTER MEET THE NEEDS OF MANY NEW JERSEY COMMUNITIES THE MERGER BECAME EFFECTIVE UPON THE RECEIPT OF REGULATORY APPROVALS ON JULY 1, 2016 THIS GROUP FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF HMH'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") FOLLOWING A REVIEW BY HMH'S COMPLIANCE AND AUDIT COMMITTEE HMH'S BOARD OF TRUSTEES HAS ASSUMED THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE THIS FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS MHS RETAINED A FIRM OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS WITH EXPERIENCE AND EXPERTISE IN HEALTH CARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION ("CPA FIRM") TO REVIEW AND FILE THE FORM 990 MERIDIAN PREPARED A DRAFT OF THE FORM 990, WHICH WAS THEN REVIEWED BY OTHER APPROPRIATE INTERNAL STAFF FOR ACCURACY THE DRAFT WAS THEN REVIEWED BY THE CPA FIRM AND PRESENTED TO THE MEMBERS OF HMH'S COMPLIANCE AND AUDIT COMMITTEE AND THEREAFTER TO EACH VOTING MEMBER OF HMH'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
CORE FORM 990, PART VI, SECTION B, QUESTION 12C	MERIDIAN HEALTH, INC , THE TAX-EXEMPT PARENT ORGANIZATION OF MERIDIAN HEALTH, A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM, HAS ADOPTED A SYSTEM-WIDE CONFLICT OF INTEREST POLICY WHICH IS APPLICABLE TO ALL OF ITS SUBSIDIARY ORGANIZATIONS THE ORGANIZATIONS REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH THE SYSTEM'S CONFLICT OF INTEREST POLICY ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES OF EACH ORGANIZATION ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE WITH RESPECT TO ANY APPLICABLE TRANSACTIONS AND RELATIONSHIPS THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S SENIOR VICE PRESIDENT AND GENERAL COUNSEL FOR REVIEW THE SENIOR VICE PRESIDENT AND GENERAL COUNSEL THEN PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES, AND PRESENTS THE SUMMARY TO THE SYSTEM'S EXECUTIVE COMMITTEE FOR ITS REVIEW, DISCUSSION AND ACTION (IF NEEDED) DURING THE YEAR, THE SENIOR VICE PRESIDENT AND GENERAL COUNSEL ALSO MONITORS ON-GOING TRANSACTIONS IN LIGHT OF THE SUMMARY TO ENSURE THAT ANY POTENTIAL CONFLICTS OF INTEREST ARE APPROPRIATELY HANDLED IN COMPLIANCE WITH THE POLICY

Return Reference	Explanation
CORE FORM 990, PART VI, SECTION B, QUESTION 15B	THE ORGANIZATIONS ARE AFFILIATES WITHIN A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM IN WHICH MERIDIAN HEALTH SYSTEM, INC IS THE TAX-EXEMPT PARENT ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") OF MERIDIAN HEALTH SYSTEM, INC IS RESPONSIBLE FOR REVIEWING THE EXECUTIVE COMPENSATION OF THE PRESIDENT AND KEY EMPLOYEES (SENIOR MANAGEMENT) OF THE PARENT AND ALL OF THE SUBSIDIARY ORGANIZATIONS THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY, APPROVED BY THE EXECUTIVE COMMITTEE AND GOVERNING BODY, WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES COMPENSATION AND BENEFITS THE EXECUTIVE COMPENSATION PHILOSOPHY RECOGNIZES THE SIZE AND COMPLEXITY OF THE HEALTH CARE SYSTEM AND THE CRITICAL NEED TO HAVE AND RETAIN EXECUTIVES THAT CONSISTENTLY DEMONSTRATE SUPERIOR LEVELS OF PERFORMANCE SO THAT THE HEALTH SYSTEM CAN FULFILL ITS CHARITABLE MISSION THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS, INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED ON AT LEAST AN ANNUAL BASIS TO ENSURE THAT THE "TOTAL COMPENSATION" OF THE PRESIDENT, OTHER OFFICERS AND EACH SENIOR MANAGEMENT KEY EMPLOYEE IS REASONABLE TO ASSIST WITH THE REVIEW, THE COMMITTEE ENGAGES THE SERVICES OF A NATIONALLY RECOGNIZED INDEPENDENT CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS, AND RECEIVES REGIONAL MARKET DATA FOR COMPARABLE ORGANIZATIONS, A REPORT SUMMARIZING SUCH DATA, AND AN OPINION LETTER RELATING TO THE REASONABLENESS OF EACH EXECUTIVE'S TOTAL COMPENSATION AND BENEFITS ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMITTEE'S MEETINGS TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE COMMITTEE. THE INDEPENDENT COMMITTEE UTILIZES THE OUTSIDE MARKET DATA COMPARABILITY AND BASED UPON THE ORGANIZATION'S PERFORMANCE, BUSINESS JUDGMENT CONSIDERATIONS, AND THE INDIVIDUAL'S PERFORMANCE ESTABLISHES COMPENSATION FOR EACH INDIVIDUAL THE COMPREHENSIVE REVIEW PROCESS UTILIZED BY THE COMMITTEE QUALIFIES FOR THE REBUTTABLE PRESUMPTION UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 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 WITHIN THE MEANING OF THE REGULATIONS UNDER SECTION 4958, 2 THE AUTHORIZED BODY OBTAINS AND RELIES UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, WHICH COMPARABILITY DATA IS PROVIDED AND ANALYZED BY SULLIVAN COTTER AND ASSOCIATES, INC , A WELL-REGARDED EXPERT IN THE AREA OF NOT-FOR-PROFIT HEALTH CARE COMPENSATION, AND 3 THE AUTHORIZED BODY ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION, AGAIN AS REQUIRED IN THE REGULATIONS AS APPROPRIATE, THE AUTHORIZED BODY SUPPLEMENTS THE COMPARABILITY DATA WITH OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THE REASONABLENESS OF THE COMPENSATION PAID, INCLUDING AN ANALYSIS OF INDIVIDUAL GOALS AND OBJECTIVES, ORGANIZATIONAL PERFORMANCE, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS, AND WRITTEN OFFERS FROM COMPETING ORGANIZATIONS THE APPROVED COMPENSATION ARRANGEMENTS BY THE EXECUTIVE COMMITTEE ARE REPORTED IN EXECUTIVE SESSION TO THE GOVERNING BOARD BY THE SENIOR MEMBER OF THE CONSULTING FIRM

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE SUBORDINATE ORGANIZATIONS INCLUDED IN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN MERIDIAN HEALTH, A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM ("SYSTEM") CERTAIN SUBORDINATE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 HAVE ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE SYSTEM'S FINANCIAL STATEMENTS WERE INCLUDED WITH EACH TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW ALSO, EACH SUBORDINATE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY IN ADDITION, THE ORGANIZATIONS MAKE AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE, WWW MERIDIANHEALTH COM, THEIR CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN INDIVIDUALS, INCLUDING, BUT NOT LIMITED TO, JOHN K LLOYD, FACHE, STEVEN G LITTLESON AND JOSEPH M LEMAIRE WHO, AS PART OF THE SENIOR MANAGEMENT TEAM AT MERIDIAN HEALTH, A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM, WORKED FULL-TIME FOR MERIDIAN HEALTH AND RECEIVED COMPENSATION AND BENEFITS FROM MERIDIAN HOSPITALS CORPORATION, AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT UNDER INTERNAL REVENUE CODE 501(C)(3) AND A SUBORDINATE WITHIN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990, FOR SERVICES RENDERED TO MERIDIAN HEALTH PLEASE NOTE THAT THIS FORM 990 REFLECTS THE FINANCIAL ACTIVITY AND OTHER INFORMATION OF THE SUBORDINATE ORGANIZATIONS INCLUDED IN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING BUT DOES NOT INCLUDE ALL RELATED ORGANIZATIONS PART VII INCLUDES, AS OF DECEMBER 31, 2015, THE MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 IN ADDITION, PART VII INCLUDES THE REMAINING TOP FIVE HIGHEST PAID EMPLOYEES AMONGST ALL ENTITIES COMBINED AFTER OFFICERS AND KEY EMPLOYEES OF ALL ORGANIZATIONS INCLUDED IN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 THESE MEMBERS ARE LISTED IN ORDER OF TRUSTEE, OFFICER, KEY EMPLOYEE AND HIGHEST PAID EMPLOYEES OUTLINED BELOW IS A SUMMARY OF THE BOARD OF TRUSTEES BY ORGANIZATION [* indicates the member serves on more than one board reported on this group return] Meridian Hospitals Corporation ---------- - Thomas J Kononowitz * - William Lawless, Ph D * - Meredyth R Armitage * - Joseph Mancini * - Steven G Littleson * - Peter S Reinhart, Esq - Kathleen T Ellis - Susan Hassmiller, R N , Ph D - Maureen Murphy, Ph D - Ashok Veldanda, M D - Peter S Falvo, Jr , Esq * - Roger Thompson, M D - Gordon N Litwin, Esq * - Peter Wegener, Esq - Anthony T Scardella, M D - John J Flynn - Serena DiMaso, Esq * - Frank Sharp, M D - John K Lloyd, FACHE * - Norman V Buttaci - Michael F Lospinuso, M D - Bonnie Robinson-Gallaro, M D - Steven Lisser, M D - Cornelius Gallagher, M D - Thomas Yu, M D Meridian Nursing & Rehabilitation ---------- - William Himelman, Esq * - Edward R McGlynn, Esq * - Fern Esposito * - Steven G Littleson * - Marie G Tambaro, CCRN - Brian Roper, M D Meridian Home Care Services ---------- - Peter Raben * - Salvatore Inciardi * - Michele Mendelson * - Meredyth R Armitage * - Maris Lown * - Georgina E Petillo * - Steven G Littleson * - Bernard Natelson * - Janice Sweeney * Health Innovations Unlimited ---------- - Peter Raben * - Salvatore Inciardi * - Michele Mendelson * - Meredyth R Armitage * - Maris Lown * - Georgina E Petillo * - Steven G Littleson * - Bernard Natelson * - Janice Sweeney * Meridian Practice Institute ---------- - John K Lloyd, FACHE * - Steven G Littleson * - Joseph M Lemaire - Thomas J Kononowitz * Meridian Health Realty Corporation ---------- - Martin M Barger, Esq - Peter S Falvo, Jr , Esq * - Ronald Schrader - Christopher Carton - John K Lloyd, FACHE * - Kenneth Fitzsimmons, Esq - William Himelman, Esq * - John A Giunco, Jr , Esq * - Edward R. McGlynn, Esq * - Maurice Meyer, III - Barry Weshnak Meridian Health Foundation ---------- - Serena DiMaso, Esq * - Richard A Goldman * - Peter Cancro * - Nancy Mulheren * - Joseph Stampe * - Joseph Berardo, Jr * - Thomas J Dolan * - Eric M Kirsch, CFA * - John K Lloyd, FACHE * - Joseph Mancini * - Philip J Scaduto * - Steven M Scopellite * Bayshore Community Hospital Foundation ---------- - Serena DiMaso, Esq * - Philip J Scaduto * - Martin F Pfleger, Esq - Carol Stillwell - Joseph Stampe * - Gregory A Buontempo - Moon Choo - Asaad Hani Samra, M D - Angelo DeRosa - Adrian M Pristas, M D - Andriy Rudko - William Allingham - Fern Esposito * - Mollie Giamanco - Evaristo Stanziale - Ross Zimmerman - John K Lloyd, FACHE * - Timothy J Hogan * - Jennifer Smith * Jersey Shore University Medical Center Foundation ---------- - Peter Cancro * - Eric M Kirsch, CFA * - Philip L Perricone - Vincent J Puma - Joseph Stampe * - J Scott Ferguson - Karen A Goldblatt - William S Walsh - Suzanne Citron - John A Giunco, Jr , Esq * - John F Reinhardt - Marilyn G Trapani - T Burt Barham - William C Black - Walter R Earle, II - Kenneth D Nahum, D O - Robert L Sweeney, D O - Stephen J Denholtz - Robert W Mullen - Richard M Neibart, M D - John K Lloyd, FACHE * - Kenneth N Sable, M D - Pamela N Talarico Ocean Medical Center Foundation ---------- - Richard A Goldman * - Joseph Berardo, Jr * - Robert G Harms - Holly R Hubbell Lonsdale - Joseph Stampe * - Edward J Dimon, Esq - Russell Lucas - Harriet Donnelly - Louis John Dughi, Esq - Thomas R Lake, III, M D - A Dale "Bud" Mayo - Joseph Leone Introna - Elizabeth A Kelly - Arthur K Mark, M D - James A Urner - John K Lloyd, FACHE * - Dean Lin - Matthew Lang Riverview Medical Center Foundation ---------- - Nancy Mulheren * - Steven M Scopellite * - Joseph Albertelli - Peter T Roselle - Joseph Stampe * - Hilary DiPiero - Shawn Reynolds - Jonathan B Schultz - Charles E Komar - Richard J Saker - Danielle Sherwood-Schultz - Benedict J Torcivia, Jr - Mary Vaden Eisenstadt - Negin Noorchashm Griffith, M D - Lore Macdonald - Robert M Rechnitz - John K Lloyd, FACHE * - Timothy J Hogan * - Jennifer Smith * Southern Ocean Medical Center Foundation ---------- - Thomas J Dolan * - Joseph Mancini * - Joseph T O'Donnell - Deborah Mathis - Joseph Stampe * - Michael Aaron, D O - Peter S Goldman - John Imperato - Robert J Simmons - Joan M Hart - Joseph P Lattanzi, M D - Angela Ominski - Sean Kauffman - Robert R Stohrer - Edward Walters, Jr - John K Lloyd, FACHE * - Joseph P Coyle - Deborah B Allen - Phyllis Buttermark - Helen Dondzilla - Kara Schultz, Esq - Barbara Schmidt - Barbara Bordoni - Noel Stanek MERIDIAN AMBULATORY VENTURES, INC ---------- - Alfred Schiavetti, Jr - Thomas Kononowitz * - James Bollerman - John K Lloyd, FACHE * - James Renna - Peter Raben * - William Lawless, Ph D * - Gordon N Litwin, Esq * - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA - William Lewis, CPA

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER INCREASE (DECREASE)IN NET ASSETS OR FUND BALANCE INCLUDE - NET TRANSFERS TO/FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS - ($6,938,185), - EQUITY TRANSFER TO AFFILIATES - ($28,974,189), - NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL ACQUISITION - $8,682,134 - CHANGES IN PENSION RELATED ADJUSTMENTS - ($10,751,000), - INCREASE IN INTEREST IN AFFILIATED TAX-EXEMPT FUNDRAISING ORGANIZATIONS, TEMPORARILY RESTRICTED - $15,868,000, - NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL ACQUISITION, TEMPORARILY RESTRICTED - ($8,682,134) - NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATING ACTIVITIES, TEMPORARILY RESTRICTED - ($1,681,807), AND - DECREASE IN INTEREST IN AFFILIATED TAX-EXEMPT FUNDRAISING ORGANIZATIONS, PERMANENTLY RESTRICTED - ($89,856)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	MERIDIAN HOSPITALS CORPORATION IS THE LARGEST ENTITY OF THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING WHICH COMPRISES THIS CONSOLIDATED GROUP FORM 990 PRICEWATERHOUSE COOPERS, L L P , AN INDEPENDENT CPA FIRM, AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF MERIDIAN HOSPITALS CORPORATION AND MERIDIAN NURSING & REHABILITATION, INC FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, RESPECTIVELY PRICEWATERHOUSE COOPERS, L L P ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ADDITIONALLY, PRICEWATERHOUSE COOPERS, L L P AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF MERIDIAN HEALTH SYSTEM, INC AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, RESPECTIVELY, INCLUDING THOSE SUBORDINATE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 PRICEWATERHOUSE COOPERS, L L P ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AN INDEPENDENT CPA FIRM, AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF MERIDIAN HOME CARE SERVICES, INC AND ITS CONTROLLED AFFILIATE, HEALTH INNOVATIONS UNLIMITED, INC , FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE MERIDIAN HEALTH SYSTEM, INC COMPLIANCE AND AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDITS OUTLINED HEREIN WITH RESPECT TO THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 AND THE SELECTION OF AN INDEPENDENT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Employer identification number
01-0649794

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) COASTAL CO-OP OF NJ 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 22-3603146	PURCHASING	NJ	MHC	RELATED	3,212,142	1,760,851		No	0		No	90 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) Section 512 (b)(13) controlled entity? No
COASTAL MEDICAL **(1)**INSURANCE LTD 44 CHURCH STREET 3RD FLOOR HAMILTON, BERMUDA HA 12 BD 98-0166769	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No
(2) Meridian Health Ventures Inc 1350 Campus Parkway Neptune, NJ 07753 22-2550716	HEALTHCARE SVCS	NJ	N/A	C CORP					No
MERIDIAN HEALTH **(3)**MANAGEMENT INC 1350 Campus Parkway Neptune, NJ 07753 22-2620595	HEALTHCARE SVCS	NJ	N/A	C CORP					No

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	OUTLINED BELOW IS A LIST OF SUBORDINATE ORGANIZATIONS INCLUDED AS SUBORDINATES IN THE MERIDIAN HEALTH SYSTEM GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 - MERIDIAN HOSPITALS CORPORATION (FEID 22-3471515) - MERIDIAN NURSING AND REHABILITATION, INC (FEID 52-1772578) - MERIDIAN HOME CARE SERVICES, INC (FEID 22-2731440) - HEALTH INNOVATIONS UNLIMITED, INC (FEID 22-2581430) - MERIDIAN HEALTH FOUNDATION, INC (FEID 30-0107825) - JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION, INC (FEID 22-2342452) - RIVERVIEW MEDICAL CENTER FOUNDATION, INC (FEID 22-2333524) - OCEAN MEDICAL CENTER FOUNDATION, INC (FEID 22-2361311) - SOUTHERN OCEAN MEDICAL CENTER FOUNDATION, INC (FEID 22-2666099) - BAYSHORE COMMUNITY HOSPITAL FOUNDATION, INC (FEID 22-2367109) - MERIDIAN HEALTH REALTY CORPORATION (FEID 22-3200147) - MERIDIAN PRACTICE INSTITUTE, INC (FEID 06-1755235) - MERIDIAN AMBULATORY VENTURES, INC (FEID 45-1227706)
SCHEDULE R, PART V	MERIDIAN HOSPITALS CORPORATION AND CERTAIN OF ITS AFFILIATES ROUTINELY PAY EXPENSES FOR VARIOUS AFFILIATES WITHIN MERIDIAN HEALTH IN THE ORDINARY COURSE OF BUSINESS, INCLUDING THE SUBORDINATE ORGANIZATIONS INCLUDED IN THE MERIDIAN HEALTH SYSTEM, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF MERIDIAN HEALTH SYSTEM, INC , THE TAX-EXEMPT PARENT OF MERIDIAN HEALTH, AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 01-0649794
Name: MERIDIAN HEALTH SYSTEM INC - SUBORDINATES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MERIDIAN HEALTH SYSTEM INC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 22-3474145	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	NA		No
MERIDIAN MEDICAL GROUP-RETAIL CLINIC PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 06-1755228	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN MED GROUP-FACULTY PRACTICE PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 06-1755230	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN MEDICAL ASSOCIATES PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 06-1755233	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN MEDICAL GROUP-PRIMARY CARE PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 14-1981653	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN MEDICAL GROUP-SPECIALTY CAREPC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 14-1981647	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN TRAUMA ASSOCIATES PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 14-1981651	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN OBST & GYN ASSOCIATES PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 06-1755239	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN PEDIATRIC SURGICAL ASSOC PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 77-0720131	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
SHORE REHABILITATION INSTITUTE INC 425 JACK MARTIN BLVD BRICK, NJ 08724 22-3274755	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MHC	Yes	
SOMC MEDICAL GROUP PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 27-1412183	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No
MERIDIAN OCCUPATIONAL HEALTH PC 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 27-2377326	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MH SYSTEM		No