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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
The Cooper Health System A New Jersey Non-Profit Corporation
% DOUGLAS E SHIRLEY

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1 Federal Street Suite NW2-400

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

**D Employer identification number**
21-0634462

E Telephone number
(856) 382-6502

G Gross receipts $ 1,271,471,215

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

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ www Cooperhealth org

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

L Year of formation 1875 | M State of legal domicile NJ

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
TO SERVE, TO HEAL AND TO EDUCATE COOPER ACCOMPLISHES ITS MISSION THROUGH INNOVATIVE AND EFFECTIVE SYSTEMS OF CARE AND BY BRINGING PEOPLE AND RESOURCES TOGETHER, CREATING VALUE

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 7,500 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 654 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 21,230 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 16,271 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 36,713,605 | 38,667,358 |
| | 9 | Program service revenue (Part VIII, line 2g) | 966,309,164 | 1,071,228,885 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 10,157,764 | 8,083,827 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 17,225,863 | 12,728,963 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,030,406,396 | 1,130,709,033 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 149,600 | 123,750 |
| | 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) | 552,353,871 | 608,906,724 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 416,610,876 | 450,365,914 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 969,114,347 | 1,059,396,388 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 61,292,049 | 71,312,645 |
| Net Assets or Fund Balances | | | **Beginning of Current Year** | **End of Year** |
| | 20 | Total assets (Part X, line 16) | 964,503,019 | 1,024,940,284 |
| | 21 | Total liabilities (Part X, line 26) | 516,591,027 | 511,392,711 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 447,911,992 | 513,547,573 |

## 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**

****** 2016-11-10
Signature of officer Date

DOUGLAS SHIRLEY 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 |
|---|---|---|---|---|
| Frank Giardini | Frank Giardini | | | P00532355 |

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

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

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

**Part III** **Statement of Program Service Accomplishments**

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 833,642,071 including grants of $ 123,750 ) (Revenue $ 1,071,228,885 )

The Cooper Health System, A New Jersey Non-Profit Corporation (CHS) is a New Jersey Non-Profit Organization CHS is comprised of three divisions The Cooper University Hospital (CUH), Cooper University Physicians (CUP) and MD Anderson Cooper Cancer Center The CUH includes the operations of Cooper Hospital/University Medical Center and the Children's Regional Hospital at Cooper, as well as programs focusing on ambulatory diagnostic and treatment services, wellness and prevention, and many other health services The CUP consists primarily of the employed medical staff MD Anderson Cooper Cancer Center provides cancer patients with the most advanced diagnostic and treatment technologies available For the year ended December 31, 2015, CHS provides the following statistics Total inpatient admissions including births and NICU/trans births 29,473 patients Total outpatient volume not including emergency room cases that were admitted 334,238 patients Total patient days 151,793 Total bed days 188,705 Total inpatient surgical volume 17,823

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

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

**4d** Other program services (Describe in Schedule O )

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

**4e** **Total program service expenses ▶** 833,642,071

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 900 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 7,500 | | | |
| 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 ▶<br>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** 23 | | | |
| | 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** 19 | | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

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

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

## Section C. Disclosure

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records
▶DOUGLAS E SHIRLEY ONE COOPER PLAZA Camden, NJ 08103 (856) 342-2443

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |

| | | (D) | (E) | (F) |
|---|---|---|---|---|
| **1b** | **Sub-Total** ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** ▶ | 19,219,735 | 0 | 333,435 |

**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 ▶ 1,169

| | | | 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 |
|---|---|---|
| HESSERT CONSTRUCTION,<br>15 W Stow Rd<br>MARLTON, NJ 08053 | CONSTRUCTION | 8,165,876 |
| atlantic ambulance corporation,<br>po box 35654<br>NEWARK, NJ 07193 | healthcare services | 3,712,641 |
| P Agnes Inc,<br>2101 Penrose Avenue<br>PHILADELPHIA, PA 19145 | construction | 2,842,230 |
| ATOS Medical,<br>Dept CH 17589<br>PALATINE, IL 600557589 | healthcare services | 5,739,557 |
| EPIC SYSTEMS CORP,<br>PO BOX 35654<br>MILWAUKEE, WI 53288 | IT services | 3,728,045 |

**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 ▶ 206

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | 1a | Federated campaigns . . | 1a | | | | | 
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c | | | | |
| | d | Related organizations . . . | 1d 2,223,596 | | | | |
| | e | Government grants (contributions) | 1e 36,433,778 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 9,984 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . . . . ▶ | | 38,667,358 | | | |
| **Program Service Revenue** | | | Business Code | | | | |
| | 2a | NET PATIENT SERVICE REVENUE | 541900 | 1,046,771,570 | 1,046,771,570 | | |
| | b | OTHER HEALTHCARE RELATED REVENUE | 541900 | 24,179,134 | 24,179,134 | | |
| | c | EDUCATION | 541900 | 278,181 | 278,181 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . . . . . ▶ | | 1,071,228,885 | | | |
| **Other Revenue** | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . . . ▶ | | 8,559,212 | | 21,230 | 8,537,982 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | 0 | | | |
| | 5 | Royalties . . . . . . . . . . . ▶ | | 0 | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | (i) 102,673 / (ii) | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | (i) 102,673 / (ii) 0 | | | | |
| | d | Net rental income or (loss) . . . . . . . . ▶ | | 102,673 | | | 102,673 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) 140,286,797 / (ii) | | | | |
| | b | Less cost or other basis and sales expenses | (i) 140,762,182 / (ii) | | | | |
| | c | Gain or (loss) | (i) -475,385 / (ii) | | | | |
| | d | Net gain or (loss) . . . . . . . . . . . ▶ | | -475,385 | | | -475,385 |
| | 8a | Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . | a | | | | |
| | b | Less direct expenses . . . . | b | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| | b | Less direct expenses . . . | b | | | | |
| | c | Net income or (loss) from gaming activities . . . ▶ | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | a | | | | |
| | b | Less cost of goods sold . . | b | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | 0 | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | CAFETERIA/KIOSK/COFFEE SHOP/GIFT SHOP | 900099 | 4,326,972 | | | 4,326,972 |
| | b | PARKING | 812930 | 817,482 | | | 817,482 |
| | c | MANAGEMENT FEE | 900099 | 507,244 | | | 507,244 |
| | d | All other revenue . . . . | | 6,974,592 | | | 6,974,592 |
| | e | **Total.** Add lines 11a–11d . . . . . . . ▶ | | 12,626,290 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . . ▶ | | 1,130,709,033 | 1,071,228,885 | 21,230 | 20,791,560 |

**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 | 123,750 | 123,750 | | |
| **2** Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | 0 | | |
| **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| **4** Benefits paid to or for members | 0 | | | |
| **5** Compensation of current officers, directors, trustees, and key employees | 13,473,430 | 6,545,058 | 6,928,372 | |
| **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 | 500,141,663 | 388,938,563 | 111,203,100 | |
| **8** Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 14,049,639 | 10,818,222 | 3,231,417 | |
| **9** Other employee benefits | 48,559,867 | 37,391,098 | 11,168,769 | |
| **10** Payroll taxes | 32,682,125 | 25,415,477 | 7,266,648 | |
| **11** Fees for services (non-employees) | | | | |
| **a** Management | 8,094,181 | 1,356,666 | 6,737,515 | |
| **b** Legal | 682,707 | 74,185 | 608,522 | |
| **c** Accounting | 397,732 | | 397,732 | |
| **d** Lobbying | 335,103 | 335,103 | | |
| **e** Professional fundraising services See Part IV, line 17 | 0 | | | |
| **f** Investment management fees | 419,547 | | 419,547 | |
| **g** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 41,721,845 | 23,941,692 | 17,780,153 | |
| **12** Advertising and promotion | 4,603,585 | 26,212 | 4,577,373 | |
| **13** Office expenses | 176,067,695 | 172,544,585 | 3,523,110 | |
| **14** Information technology | 0 | | | |
| **15** Royalties | 0 | | | |
| **16** Occupancy | 34,623,902 | 25,896,105 | 8,727,797 | |
| **17** Travel | 722,121 | 420,294 | 301,827 | |
| **18** Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| **19** Conferences, conventions, and meetings | 1,396,747 | 1,154,585 | 242,162 | |
| **20** Interest | 12,757,750 | | 12,757,750 | |
| **21** Payments to affiliates | 0 | | | |
| **22** Depreciation, depletion, and amortization | 36,598,598 | 36,598,598 | | |
| **23** Insurance | 13,256,275 | 13,255,645 | 630 | |
| **24** Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| **a** BAD DEBT EXPENSE | 60,797,927 | 60,797,927 | | |
| **b** MISCELLANEOUS EXPENSE | 57,890,199 | 28,008,306 | 29,881,893 | |
| **c** | | | | |
| **d** | | | | |
| **e** All other expenses | | | | |
| **25** **Total functional expenses.** Add lines 1 through 24e | 1,059,396,388 | 833,642,071 | 225,754,317 | 0 |
| **26** **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X** **Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 144,215,173 | 1 | 84,572,803 |
| | 2 | Savings and temporary cash investments | | 21,133,818 | 2 | 60,281,141 |
| | 3 | Pledges and grants receivable, net | | 3,880,944 | 3 | 5,211,144 |
| | 4 | Accounts receivable, net | | 105,885,761 | 4 | 128,204,710 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 15,781,400 | 7 | 15,781,400 |
| | 8 | Inventories for sale or use | | 19,663,331 | 8 | 22,583,074 |
| | 9 | Prepaid expenses and deferred charges | | 9,774,986 | 9 | 7,808,474 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 909,881,628 | | | |
| | b | Less accumulated depreciation | 10b 500,753,897 | 370,504,993 | 10c | 409,127,731 |
| | 11 | Investments—publicly traded securities | | 264,577,224 | 11 | 275,460,578 |
| | 12 | Investments—other securities See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 434,430 | 14 | 367,508 |
| | 15 | Other assets See Part IV, line 11 | | 8,650,959 | 15 | 15,541,721 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 964,503,019 | 16 | 1,024,940,284 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 109,401,721 | 17 | 122,154,335 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 13,672,791 | 19 | 18,438,961 |
| | 20 | Tax-exempt bond liabilities | | 270,246,676 | 20 | 261,873,500 |
| | 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 | | 13,350,040 | 23 | 12,435,400 |
| | 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 | | 109,919,799 | 25 | 96,490,515 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 516,591,027 | 26 | 511,392,711 |
| 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 | | 447,472,992 | 27 | 513,108,573 |
| | 28 | Temporarily restricted net assets | | 0 | 28 | 0 |
| | 29 | Permanently restricted net assets | | 439,000 | 29 | 439,000 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 447,911,992 | 33 | 513,547,573 |
| | 34 | Total liabilities and net assets/fund balances | | 964,503,019 | 34 | 1,024,940,284 |

**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 | 1,130,709,033 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,059,396,388 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 71,312,645 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 447,911,992 |
| 5 | Net unrealized gains (losses) on investments | 5 | -13,781,167 |
| 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 | 8,104,103 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 513,547,573 |

**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 ______<br>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<br>☐ 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<br>☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

**Additional Data**

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| George E Norcross III<br>Chairman of the Board/Trustee | 3 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| ADRIENNE KIRBY PHD<br>PRES&CEO-COOPER UNIV HLTH/TTEE | 48 0<br>7 0 | X | | X | | | | 1,551,126 | 0 | 27,767 |
| MICHAEL E CHANSKY MD<br>TRUSTEE/CHIEF, EMERGENCY MED | 55 0<br>0 0 | X | | | | | | 623,799 | 0 | 10,888 |
| Leon D Dembo Esq<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Dennis M DiFlorio<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Generosa Grana MD<br>Trustee/Dir Cooper Cancer Ins | 52 0<br>3 0 | X | | | | | | 804,169 | 0 | 11,272 |
| Paul Katz MD<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Ali A Houshmand PhD<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Duane D Myers<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Annette Reboli MD<br>Trustee | 3 0<br>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) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Robert A Saporito DDS<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Roland Schwarting MD<br>Trustee/Chief, Pathology | 55 0<br>0 0 | X | | | | | | 647,567 | 0 | 10,136 |
| William A Schwartz Jr<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Harvey A Snyder MD<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Kris Singh PhD<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| M Allan Vogelson JSC Ret<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Peter S Amenta MD PhD<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Joseph C Spagnoletti<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Sidney R Brown<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Phoebe A Haddon JD LLM<br>Trustee | 3 0<br>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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Philip A Norcross Esq<br>Trustee | 3 0<br>3 0 | X | | | | | | 0 | 0 | 0 |
| Steven E Ross MD<br>Trustee/Dept of Surgery | 55 0<br>0 0 | X | | | | | | 564,520 | 0 | 10,479 |
| Susan Weiner<br>Trustee | 3 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| Carolyn E Bekes MD<br>Chief Academic Affairs | 55 0<br>0 0 | | | X | | | | 125,364 | 0 | 4,646 |
| Douglas Shirley<br>Chief Financial Officer | 51 0<br>4 0 | | | X | | | | 1,006,681 | 0 | 32,124 |
| Gary Lesneski<br>Sr EVP/ General Counsel | 55 0<br>0 0 | | | X | | | | 1,069,389 | 0 | 27,562 |
| Jane M Tubbs<br>Board Secretary | 37 0<br>3 0 | | | X | | | | 65,834 | 0 | 1,689 |
| Anthony Mazzarelli MDJDMBA<br>Chief Medical Officer, SVP OPS | 55 0<br>0 0 | | | X | | | | 818,896 | 0 | 10,872 |
| Stephanie Conners<br>SEVP, COO, CNO | 55 0<br>0 0 | | | X | | | | 771,147 | 0 | 11,175 |
| Robin L Perry MD<br>Chief, Dept of Ob Gyn | 55 0<br>0 0 | | | | X | | | 609,886 | 0 | 11,164 |

## 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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Douglas Allen<br>VP Human Resource(Ret Oct2015) | 52 0<br>3 0 | | | | X | | | 372,004 | 0 | 9,288 |
| Lawrence S Miller MD<br>Chief, Orthopedic Surgery | 55 0<br>0 0 | | | | X | | | 1,122,119 | 0 | 10,958 |
| William G Smith MBA<br>VP Chief Accounting Officer | 46 0<br>9 0 | | | | X | | | 413,819 | 0 | 9,943 |
| Jeffrey P Carpenter MD<br>Chief of Surgery | 55 0<br>0 0 | | | | X | | | 1,223,114 | 0 | 11,272 |
| Louis Bezich<br>SVP Strategic Alliances | 55 0<br>0 0 | | | | X | | | 406,121 | 0 | 9,487 |
| Elizabeth Green<br>VP Human Resource | 55 0<br>0 0 | | | | X | | | 292,575 | 0 | 16,556 |
| Kevin O'Dowd<br>SEVP-chief administrative off | 55 0<br>0 0 | | | | X | | | 747,373 | 0 | 649 |
| Michael Rosenbloom MD<br>Head, Div of Cardiothoracic Sg | 55 0<br>0 0 | | | | | X | | 1,547,946 | 0 | 11,273 |
| Richard Y Highbloom MD<br>Surgeon | 55 0<br>0 0 | | | | | X | | 1,110,011 | 0 | 31,837 |
| Frank W Bowen III MD<br>Surgeon | 55 0<br>0 0 | | | | | X | | 1,301,364 | 0 | 9,707 |

## 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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Richard Lackman MD<br>Orthopaedic Oncologist | 55 0<br>0 0 | | | | | X | | 880,977 | 0 | 10,540 |
| Adam Elfant MD<br>Assc Division Head-Dept of Med | 55 0<br>0 0 | | | | | X | | 1,143,934 | 0 | 32,151 |

**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**
The Cooper Health System A New Jersey Non-Profit Corporation

**Employer identification number**
21-0634462

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

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

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

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

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? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 | |
| 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** | | |
| **2** | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | **2** | | |
| **3a** | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | **3a** | | |
| **b** | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination* | **3b** | | |
| **c** | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use* | **3c** | | |
| **4a** | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below* | **4a** | | |
| **b** | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | **4b** | | |
| **c** | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes* | **4c** | | |
| **5a** | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | **5a** | | |
| **b** | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | **5b** | | |
| **c** | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | **5c** | | |
| **6** | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | **6** | | |
| **7** | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)* | **7** | | |
| **8** | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)* | **8** | | |
| **9a** | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | **9a** | | |
| **b** | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | **9b** | | |
| **c** | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | **9c** | | |
| **10a** | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below* | **10a** | | |
| **b** | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)* | **10b** | | |
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | **11c** | | |

**Part IV Supporting Organizations** (continued)

## Section B. Type I Supporting Organizations

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

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally-Integrated Supporting Organizations

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

**a** ☐ The organization satisfied the Activities Test Complete **line 2** below

**b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

**c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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

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

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

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

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

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

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

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

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

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

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

**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 |
|---|---|
| The Cooper Health System A New Jersey Non-Profit Corporation | 21-0634462 |

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
| 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) | | |
| **b** | Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** | Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** | Other exempt purpose expenditures | | |
| **e** | Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** | Lobbying nontaxable amount Enter the amount from the following table in both columns | | |

| **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 |

| | | (a) | (b) |
|---|---|---|---|
| **g** | Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** | Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** | Subtract line 1f from line 1c If zero or less, enter -0- | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ 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 | | | | | |
| **b** | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** | Total lobbying expenditures | | | | | |
| **d** | Grassroots nontaxable amount | | | | | |
| **e** | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| **f** | Grassroots lobbying expenditures | | | | | |

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

| | *For each "Yes" response 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? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 298,730 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 36,373 |
| j | Total Add lines 1c through 1i | | | 335,103 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

**Part IV** **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| Lobbying Activity Explanation | During 2015, the Organization incurred the following lobbying expenditures The organization paid independent firms $298,730 to provide lobbying consulting services and to engage in lobbying efforts on behalf of the organization The organization incurred internal expenses for salaries and benefits of $57,500 where its professionals participated in lobbying efforts The organization was a member of certain industry organizations, all of which engage in lobbying efforts on behalf of their member hospitals The portion of these dues allocated to lobbying expenditures for 2015 is detailed below and in total is $36,373 New Jersey Council of Teaching Hospitals $6,375 New Jersey Hospital Association $22,498 Hospital Alliance of New Jersey $7,500 |

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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**
The Cooper Health System A New Jersey Non-Profit Corporation

**Employer identification number**
21-0634462

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

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

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

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

| | | | 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 | 439,000 | 439,000 | 439,000 | 439,000 | 439,000 |
| b | Contributions | | | | | |
| c | Net investment earnings, gains, and losses | | | | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 439,000 | 439,000 | 439,000 | 439,000 | 439,000 |

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

The percentages 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) | | No |
| | (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) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 0 | 4,083,182 | | 4,083,182 |
| b Buildings | 0 | 277,347,286 | 60,089,659 | 217,257,627 |
| c Leasehold improvements | 0 | 165,436,378 | 92,051,941 | 73,384,437 |
| d Equipment | 0 | 463,014,782 | 348,612,297 | 114,402,485 |
| e Other | 0 | 0 | 0 | 0 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 409,127,731 |

**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 |
| SETTLEMENTS-3RD PARTY PAYORS, CURR | 10,123,557 |
| SELF-INSURED RESERVES, CURRENT | 18,548,943 |
| SELF-INSURED RESERVES, NON-CURRENT | 47,574,520 |
| ACCRUED RETIREMENT BENEFITS | 11,965,013 |
| DUE TO AFFILIATES | 6,113,763 |
| SETTLEMENTS-3RD PARTY PAYORS, N/C | 2,164,719 |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 96,490,515 |

**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 | 1,063,814,275 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -13,781,167 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | -53,113,591 | | |
| e | Add lines **2a** through **2d** | | | 2e | -66,894,758 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,130,709,033 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12 ) | | | 5 | 1,130,709,033 |

## 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 | 998,178,914 |
| 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 | 998,178,914 |
| 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 | 419,547 | | |
| b | Other (Describe in Part XIII ) | 4b | 60,797,927 | | |
| c | Add lines **4a** and **4b** | | | 4c | 61,217,474 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 1,059,396,388 |

## 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, Line 4 | Intended uses of endowment funds Restricted Funds are used to support the charitable activities and programs of the organization and its affiliates |

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN | Schedule D, Part XII, Line 4b Reclass Provision for Bad Debt (60,797,927) |
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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**
The Cooper Health System A New Jersey Non-Profit Corporation

**Employer identification number**
21-0634462

## Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | | | | | | |
| b Medicaid (from Worksheet 3, column a) | 1 | 11,005 | 271,413,219 | 210,150,000 | 61,263,219 | 6 130 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | 1 | 11,005 | 271,413,219 | 210,150,000 | 61,263,219 | 6 130 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 67 | 186,028 | 1,330,600 | 533,812 | 796,788 | 0 080 % |
| f Health professions education (from Worksheet 5) | 30 | 1,739 | 71,809,000 | 24,528,000 | 47,281,000 | 4 730 % |
| g Subsidized health services (from Worksheet 6) | 2 | 26 | 1,480 | | 1,480 | 0 % |
| h Research (from Worksheet 7) | 1 | 27 | 1,028,168 | 542,268 | 485,900 | 0 050 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 42 | | 138,799 | | 138,799 | 0 010 % |
| j **Total.** Other Benefits | 142 | 187,820 | 74,308,047 | 25,604,080 | 48,703,967 | 4 870 % |
| k **Total.** Add lines 7d and 7j | 143 | 198,825 | 345,721,266 | 235,754,080 | 109,967,186 | 11 000 % |

**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 | | 1,259,294 | 1,069,426 | 189,868 | 0 020 % |
| 2 | Economic development | 1 | | 55,000 | | 55,000 | 0 010 % |
| 3 | Community support | 12 | 695 | 1,262,758 | 617,188 | 645,570 | 0 060 % |
| 4 | Environmental improvements | 1 | | 4,342 | | 4,342 | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | 4 | 70 | 7,492 | | 7,492 | |
| 7 | Community health improvement advocacy | 4 | 110 | 5,527 | | 5,527 | |
| 8 | Workforce development | 5 | 780 | 55,052 | | 55,052 | 0 010 % |
| 9 | Other | | | | | | |
| 10 | **Total** | 29 | 1,655 | 2,649,465 | 1,686,614 | 962,851 | 0 100 % |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | | 1 | Yes | |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 60,797,927 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | | |

**Section B. Medicare**

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 187,529,000 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 216,921,000 | | |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -29,392,000 | | |
| 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**

| | | | Yes | No |
|---|---|---|---|---|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | Yes | |

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

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

**Part V Facility Information**

| **Section A. Hospital Facilities** (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | | 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 | | | | | | | | | | |
| | | | | | | | | | | | |
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**Part V Facility Information** *(continued)*

## Section B. Facility Policies and Practices

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

**Name of hospital facility or letter of facility reporting group** COOPER HEALTH SYSTEM

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

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | Yes | |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| a | ☐ A definition of the community served by the hospital facility | | | |
| b | ☐ Demographics of the community | | | |
| c | ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☐ How data was obtained | | | |
| e | ☐ The significant health needs of the community | | | |
| f | ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☐ The process for consulting with persons representing the community's interests | | | |
| i | ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 13 | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☐ Hospital facility's website (list url) www cooperhealth org | | | |
| b | ☐ Other website (list url) | | | |
| c | ☐ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 14 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes | |
| a | If "Yes" (list url) SEE SUPPLEMENTAL INFORMATION | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | No |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | No |
| b | If "Yes" 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)

Name of hospital facility or letter of facility reporting group: COOPER HEALTH SYSTEM

| | | | 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) see supplemental information | | | |
| b | ☐ The FAP application form was widely available on a website (list url) see supplemental information | | | |
| c | ☐ A plain language summary of the FAP was widely available on a website (list url) see supplemental information | | | |
| 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**

| | | | Yes | No |
|---|---|---|---|---|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a | ☐ Reporting to credit agency(ies) | | | |
| b | ☐ Selling an individual's debt to another party | | | |
| c | ☐ Actions that require a legal or judicial process | | | |
| d | ☐ Other similar actions (describe in Section C) | | | |
| e | ☐ None of these actions or other similar actions were permitted | | | |

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

**Name of hospital facility or letter of facility reporting group** COOPER HEALTH SYSTEM

| | | | Yes | No |
|---|---|---|---|---|
| 19 | Did the hospital facility or other authorized 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<br>a ☐ Reporting to credit agency(ies)<br>b ☐ Selling an individual's debt to another party<br>c ☐ Actions that require a legal or judicial process<br>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)<br>a ☐ Notified individuals of the financial assistance policy on admission<br>b ☐ Notified individuals of the financial assistance policy prior to discharge<br>c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills<br>d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy<br>e ☐ Other (describe in Section C)<br>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<br>a ☐ The hospital facility did not provide care for any emergency medical conditions<br>b ☐ The hospital facility's policy was not in writing<br>c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br>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<br>a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged<br>b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged<br>c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged<br>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 |
|---|---|
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| | |

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **46**

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

## Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

| Form and Line Reference | Explanation |
|---|---|
| PART I, LINE 3C | ELIGIBILITY FOR DISCOUNTED CARE THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2015 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FEDERAL POVERTY GUIDELINES ("FPG") ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE Part I, Line 7G FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS |

| Form and Line Reference | Explanation |
| --- | --- |
| PART I, LINE 7, COLUMN F | PERCENT OF TOTAL EXPENSES THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $60,797,927 |

| Form and Line Reference | Explanation |
| --- | --- |
| PART II | COMMUNITY BUILDING ACTIVITIES THE HEALTH OF THE SURROUNDING COMMUNITIES IS OF COOPER'S UTMOST CONCERN FROM HEALTHCARE PROGRAMS FOR THE COMMUNITY TO EDUCATIONAL AND EMPLOYMENT PROGRAMS, COOPER STRIVES TO BE A RESPONSIBLE, INVOLVED COMMUNITY ADVOCATE PLEASE SEE SCHEDULE O FOR THE COMMUNITY BENEFIT STATEMENT |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, SECTION A, LINES 2 & 4 | BAD DEBT EXPENSE BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM THE FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES COOPER HEALTH SYSTEM PREPARES AND ISSUES AUDITED FINANCIAL STATEMENTS THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE COOPER HEALTH SYSTEM THE HEALTH SYSTEM PROVIDES CARE TO THOSE WHO MEET THE STATE OF NEW JERSEY PUBLIC LAW 1992 (CHAPTER 160) CHARITY CARE CRITERIA CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED CHARGES THE HEALTH SYSTEM MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THE COST OF SERVICES PROVIDED AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY IS ESTIMATED USING INTERNAL COST DATA AND IS CALCULATED BASED ON THE HEALTH SYSTEMS COST ACCOUNTING SYSTEM THE TOTAL DIRECT AND INDIRECT AMOUNT OF CHARITY CARE PROVIDED, DETERMINED ON THE BASIS OF COST, WAS $29,093,000 AND $36,650,000 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY THE HEALTH SYSTEM'S PATIENT ACCEPTANCE POLICY IS BASED UPON ITS MISSION STATEMENT AND ITS CHARITABLE PURPOSES ACCORDINGLY, THE HEALTH SYSTEM ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THIS POLICY RESULTS IN THE HEALTH SYSTEM'S ASSUMPTION OF SIGNIFICANT PATIENT RECEIVABLE CREDIT RISKS TO THE EXTENT THAT THE HEALTH SYSTEM REALIZES ADDITIONAL LOSSES RESULTING FROM SUCH HIGHER CREDIT RISKS AND PATIENTS THAT ARE NOT IDENTIFIED OR DO NOT MEET THE HEALTH SYSTEM'S DEFINED CHARITY CARE POLICY, SUCH ADDITIONAL LOSSES ARE INCLUDED IN THE PROVISION FOR BAD DEBTS CHAPTER 160 ESTABLISHED THE CHARITY CARE SUBSIDY FUND AND THE HOSPITAL RELIEF SUBSIDY FUND TO PROVIDE A MECHANISM AND FUNDING SOURCE TO COMPENSATE CERTAIN HOSPITALS FOR CHARITY CARE AND OTHER SERVICES THE AMOUNTS ARE SUBJECT TO CHANGE FROM YEAR TO YEAR BASED ON AVAILABLE STATE BUDGET AMOUNTS AND ALLOCATION METHODOLOGIES EFFECTIVE JULY 1, 2014, THE STATE REPLACED THE HOSPITAL RELIEF SUBSIDY FUND WITH A NEW PAYMENT MECHANISM REFERRED TO AS THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT POOL (DSRIP) DSRIP WILL BE AVAILABLE TO CERTAIN HOSPITALS THAT ARE ABLE TO ESTABLISH PERFORMANCE IMPROVEMENT ACTIVITIES IN ONE OF EIGHT SPECIFIED CLINICAL IMPROVEMENT AREAS COOPER HEALTH SYSTEM QUALIFIED UNDER THE DIABETES LONG-TERM COMPLICATIONS ADMISSION RATE METRIC DSRIP WILL COVER THE PERIOD OF JULY 1 TO JUNE 30 OF EACH PROSPECTIVE FISCAL YEAR FOLLOWING THE INITIAL PROJECT PERIOD, THE SUBSIDY CAN BE ADJUSTED POSITIVELY OR NEGATIVELY DEPENDING ON THE PERFORMANCE DURING THE FUTURE PERIOD THE OUTCOME REMAINS TO BE DETERMINED |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, SECTION B, LINE 8 | Medicare costs were derived from the 2015 Medicare Cost Report Medicare underpayments (shortfall) and bad debt are community benefit and associated costs, in our opinion, should be includable on the Form 990, Schedule H, Part I As outlined more fully below, the organization believes that these services and related costs promote the health of the community as a whole and are rendered in conjunction with the organization's charitable tax-exempt purposes and mission in providing medically necessary healthcare services to all individual's in a non-discriminatory manner without regard to race, color, creed, sex, national origin, religion or ability to pay and consistent with the community benefit standard promulgated by the IRS The community benefit standard is the current standard for a hospital for recognition as a tax-exempt and charitable organization under internal revenue code (IRC) section 501(c)(3) The organization is recognized as a tax-exempt entity and charitable organization under IRC section 501(c)(3) Although there is no definition in the tax code for the term "charitable", a regulation promulgated by the department of the treasury provides some guidance and states that "the term charitable is used in IRC section 501(c) (3) in its generally accepted legal sense,provides examples of charitable purposes, including the relief of the indigent or unprivileged, the promotion of social welfare, and the advancement of education, religion, and science Note it does not explicitly address the activities of hospitals In the absence of explicit statutory or regulatory requirements applying the term "charitable" to hospitals, it has been left to the IRS to determine the criteria hospitals must meet to qualify as IRC section 501(c)(3) charitable organizations The original standard was known as the charity care standard This standard was replaced by the IRS with the community benefit standard which is the current standard |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, SECTION C, LINE 9B | COLLECTION PRACTICES THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED OUR POLICY IS TO COMPLY WITH THE REQUIREMENTS OF THE AFFORDABLE CARE ACT AS WELL AS IRC SECTION 501(R) EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX, OR ABILITY TO PAY PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, QUESTION 2 | NEEDS ASSESSMENT Cooper Health System (CHS) conducts a review of key factor information annually which includes a review of healthcare utilization of its service area population by services (urology, cardiology, obstetrics, etc ) For determining increased or decreased health needs, healthcare service estimates and forecasts (both inpatient and outpatient), assessments of local demographic and socioeconomic information, review of health status/needs assessments and studies conducted by external parties, including not limited to a community health needs assessment completed and approved by Cooper Health System in December 2014 as required by IRC Section 501(r) CHS is in a diverse suburban location serving diverse communities ranging from inner city communities in Camden to more affluent suburban areas CHS is located in Camden, Camden County Camden County is the fifth most populous county in the state with 37 municipalities CHS is committed to service for its communities and serves both inner city and suburban areas About 40 percent of its inpatients are of minority race/ethnicity In addition, approximately 10 percent of its patients are of underinsured and uninsured payer categories |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, QUESTION 3 | PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE It is the policy of Cooper University Hospital to assist uninsured and underinsured patients with hospital and physician bills by providing discounts and payment plan options when eligibility for Medicaid or Charity Care have been exhausted due to excess income or resources 1 Patients are screened for all potential third party liability resources, including Cooper related grants 2 Referrals directed to uninsured patient coordinator originate from accounts receivable management and data services, physician offices, clinics and any other Cooper Hospital, off campus, facilities and can be made prior to or after a specified date of service(s) 3 Uninsured patient coordinator contacts physician departments to inform them of patient need for discount, secures discounted rates, and forwards to patient 4 Patients are quoted prices by the uninsured patient coordinator that corresponds to Medicare expected reimbursement rates for outpatient procedures and Medicare base diagnosis-related group rate for inpatient hospitalizations 5 All discounted rates are presented to the patient as well as payment plan options using the pricing estimate software tool that stores and prints standard estimates for patients 6 Uninsured discount plan insurance and adjustments are posted to Hospital and Professional billing system when appropriate 7 The uninsured patient coordinator determines and distributes patient payments amongst all hospital and physician departments |

| Form and Line Reference | Explanation |
|---|---|
| PART VI, QUESTION 4 | community information THE ORGANIZATION IS IN A DIVERSE URBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN CAMDEN TO MORE AFFLUENT SUBURBAN AREAS THIS ORGANIZATION IS LOCATED IN CAMDEN, IN CAMDEN COUNTY CAMDEN COUNTY IS THE EIGHTH MOST POPULOUS COUNTY IN THE STATE WITH 37 MUNICIPALITIES THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS CAMDEN COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS ABOUT 50 6 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY IN ADDITION, APPROXIMATELY 10 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES |

| Form and Line Reference | Explanation |
|---|---|
| PART VI, QUESTION 5 | PROMOTION OF COMMUNITY HEALTH This organization operates consistently with the following criteria outlined in IRS Revenue Ruling 69-545 1 The organization provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients, 2 The organization operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3 The organization maintains an open medical staff, with privileges available to all qualified physicians, 4 Control of the organization rests with its Board of Trustees, which is comprised of independent civic leaders and other prominent members of the community, and 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, QUESTION 6 | AFFILIATED HEALTH CARE SYSTEM Cooper Health System (CHS) is committed to enhancing the overall health status of the community by providing the highest quality healthcare and related services CHS strives to exceed the patients' expectations emphasizing commitment, competence, collaboration, communication, and compassion The respective roles of CHS and its affiliates in promoting the health of the communities served is as follows - Cooper Medical Services, Inc is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code Section 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code Section 509(a)(3) The organization supports the charitable purposes, programs and services of the Cooper Health System - The Cooper Foundation is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code Section 501(C)(3) and as a non-private foundation pursuant to Internal Revenue Code Section 509(A)(1) The organization receives charitable contributions and grants from various sources and disburses grants to primarily Cooper Health System for its mission and programs, but also to other Internal Revenue Code Section 501(c)(3) organizations - The Cooper Health System Worker's Compensation Trust is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code Section 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code Section 509(a)(3) The organization provides worker's compensation insurance coverage to employees of the Cooper Health System - Cooper Healthcare Services is a for-profit entity whose sole shareholder is Cooper Health System The organization is located in Camden, New Jersey The company is a holding company with zero activity - C & H Collection Services, Inc is a for-profit entity whose sole shareholder is Cooper Healthcare Services The company is located in Camden, New Jersey The company provides collection services for Cooper Health System and other companies - Cooper Healthcare Properties, Inc is a for-profit entity whose sole shareholder is Cooper Healthcare Services The organization is located in Camden, New Jersey The organization provides property management services |

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

## Additional Data

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

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

| Section A. Hospital Facilities<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**1**<br><br>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 | Cooper Health System<br>One Cooper Plaza<br>Camden, NJ 08103<br>www cooperhealth org<br>10402 | X | X | X | X | | X | X | X | Level 1 Trauma | A |

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

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

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

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

____________________

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 1 | Cooper Cancer Inst - HematologyOncology<br>1000 Salem Road Suite C<br>Willingboro, NJ 08046 | Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services |
| 1 | Cooper Surgery Center<br>900 Centennial Boulevard Suite F<br>Voorhees, NJ 08043 | Outptient Surgery Center ambulatory care, Outpatient surgery center |
| 2 | CMC Department of Medicine Group PA<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 3 | Cooper Outpatient Diagnostic Center<br>3 cooper Plaza 1st Floor<br>Camden, NJ 08103 | Labs, X-rays, pre-admission testing |
| 4 | Cooper Surgical Associates PA<br>3 Cooper Plaza Ste 403<br>Camden, NJ 08103 | physician office |
| 5 | Cooper Digestive Health Inst Endoscopy<br>501 Fellowship Road<br>Mt Laurel, NJ 08054 | 50% surgery procedures and 50% physician offices |
| 6 | Cooper Physician Offices PA<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 7 | lab draw station<br>1103 n kings highway<br>cherry hill, NJ 08034 | lab draws |
| 8 | Cooper Anesthesia Associates PC<br>501 Fellowship Road Ste 102<br>Mt Laurel, NJ 08054 | physician office |
| 9 | Dept of Radiation Oncology - Voorhees<br>900 Centennial Boulevard Suite D<br>Vorhees, NJ 08043 | Outpatient Radiation Oncology ambulatory care, Outpatient radiation oncology |
| 10 | physical therapy<br>1101 N kings highway<br>cherry hill, NJ 08034 | physical therapy services |
| 11 | Cooper Cancer Inst - HematologyOncology<br>900 Centennial Boulevard Suite M<br>Voorhees, NJ 08043 | Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services |
| 12 | Cooper University Emergency Physicians<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 13 | Cooper University Radiology PC<br>1103 North Kings Hwy Ste 103<br>cherry hill, NJ 08034 | physician office |
| 14 | Cooper Cancer Inst - Gynecology Oncology<br>900 Centennial Boulevard Suite F<br>Voorhees, NJ 08043 | Outpatient Infusion Therapy ambulatory care, outpatient infusion therapy services |

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

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

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

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

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 16 | Cooper Pediatrics PC<br>110 Marter Ave Ste 505<br>Moorestown, NJ 08057 | physician office |
| 1 | Cooper Univ Hospital Rancocas Endoscopy<br>218 Sunset Road<br>Willingboro, NJ 08046 | Outpatient Endoscopy Center ambulatory care, Outpatient endoscopy center |
| 2 | Cooper Pediatric Specialists PC<br>110 Marter Ave Ste 402<br>Moorestown, NJ 08057 | physician office |
| 3 | Cooper Family Medicine PC<br>1001 Lincoln Drive West Ste F<br>Marlton, NJ 08053 | physician office |
| 4 | Women's Care Center<br>3 Cooper Plaza Suite 301<br>Camden, NJ 08103 | Outpatient OB/GYN Services ambulatory care, Outpatient ob/gyn services |
| 5 | Cooper Cyber Knife Center<br>715 Fellowship Road<br>Mt Laurel, NJ 08054 | Outpatient Robotic Radiation ambulatory care, outpatient robotic radiation treatment |
| 6 | Cooper Faculty OB-GYN PC<br>1103 North Kings Hwy Ste 201<br>cherry hill, NJ 08034 | physician office |
| 7 | Radiology Diagnostic<br>1103 N Kings Highway<br>Cherry Hill, NJ 08034 | X-ray |
| 8 | Cooper Urgent Care PC<br>318 S White Horse Pike<br>Audubon, NJ 08106 | physician office |
| 9 | Pulmonary and Family Sleep Center<br>900 Centennial Boulevard Suite JK<br>Voorhees, NJ 08043 | Outpatient Sleep Studies ambulatory care, Outpatient sleep studies |
| 10 | Cooper Pathology PC<br>1 Cooper Plaza Ste 123 A-E<br>Camden, NJ 08103 | physician office |
| 11 | Speech and Hearing<br>3 Cooper Plaza suite 511<br>Camden, NJ 08103 | speech and hearing services |
| 12 | Cooper Gamma Knife and Diagnostic Cntr<br>3 Cooper Plaza Suite 100<br>Camden, NJ 08103 | Stereotactic Radiosurgery ambulatory care, outpatient stereotactic radiosurgery |
| 13 | Cooper Perinatology Associates PC<br>3 Cooper Plaza Ste 300<br>Camden, NJ 08103 | physician office |
| 14 | Radiation Oncology PC<br>900 Centennial Blvd Ste D<br>Vorhees, NJ 08043 | physician office |

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 | Cooper Primary Care at Pennsville PA<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 1 | Cooper GYN Oncology Association PC<br>3 Cooper Plaza Ste 300<br>Camden, NJ 08103 | physician office |
| 2 | Early Intervention Program<br>3 Cooper Plaza Suite 513<br>Camden, NJ 08103 | Outpatient HIV/AIDS Services ambulatory care, Outpatient HIV/AIDS services |
| 3 | Cooper Physical Medicine & Rehabilitatio<br>1101 North Kings Hwy Ste 100<br>cherry hill, NJ 08034 | physician office |
| 4 | CHC Pain Management Center PA<br>3 Cooper Plaza Ste 314<br>Camden, NJ 08103 | physician office |
| 5 | University Urogynecology Association P<br>3 Cooper Plaza Ste 300<br>Camden, NJ 08103 | physician office |
| 6 | Cooper Obstetrical Associates PC<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 7 | CMC Psychiatric Associates PC<br>3 Cooper Plaza Ste 307<br>Camden, NJ 08103 | physician office |
| 8 | CHS Regional Cleft-Craniofacial Program<br>110 Marter Avenue Suite 402<br>Moorestown, NJ 08057 | Cleft-Craniofacial Services ambulatory care, outpatient cleft-craniofacial services |
| 9 | Center for Health and Wellness PC<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 10 | Cooper Imaging Center at Voorhees<br>900 Centennial Boulevard Suite B<br>Voorhees, NJ 08043 | Outpatient Radiology Services ambulatory care, Outpatient radiology services |
| 11 | Cooper Bone and Joint Institute PC<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |
| 12 | Cooper Department of Neuroscience<br>1103 North Kings Hwy Ste 101<br>Camden, NJ 08103 | physician office |
| 13 | Cooper University Trauma Physicians PC<br>3 Cooper Plaza Ste 403<br>Camden, NJ 08103 | physician office |
| 14 | Cooper Medical Supply<br>1 Cooper Plaza<br>Camden, NJ 08103 | physician office |

**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) |
|---|---|
| **46** Critical Care Group PA<br>1 Cooper Plaza 3rd Floor D394<br>Camden, NJ 08103 | physician office |

**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
The Cooper Health System A New Jersey Non-Profit Corporation

**Employer identification number**
21-0634462

## Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 | | | | | | | |
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| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |

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

| **Return Reference** | **Explanation** |
|---|---|
| SCHEDULE I, PART I, QUESTION 2 | Procedure for monitoring use of grant funds inside the U S Grants are monitored by the organization's finance personnel through the utilization of cost centers and other information, including written documentation and receipts |

**Additional Data**

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

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Susan G Komen Breast Cancer Foundation<br>125 South 9th Street<br>Philadelphia, PA 19107 | 75-2949264 | 501(c)(3) | 20,000 | | | | Sponsorship |
| Juvenile Diabetes Research Foundation<br>1415 Rte 70E Ste 502<br>Cherry Hill, NJ 08034 | 23-1907729 | 501(c)(3) | 10,000 | | | | Sponsorship |
| International Healthcare Volunteers<br>PO Box 8231<br>Trenton, NJ 08650 | 72-1530030 | 501(c)(3) | 10,700 | | | | Sponsorship |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NJAFPNJ EMS Conference<br>224 West State Street<br>Trenton, NJ 08608 | 22-6063156 | 501(c)(3) | 15,000 | | | | Sponsorship |
| National Brain Tumor Society<br>55 Chapel St Ste 200<br>Newton, MA 02458 | 04-3068130 | 501(c)(3) | 10,000 | | | | Sponsorship |
| Inspiria Medical Centers Inc<br>SJ Healthcare<br>2950 College Dr Ste 1F<br>Vineland, NJ 08360 | 21-0634484 | 501(c)(3) | 24,050 | | | | Sponsorship |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC 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 |
|---|---|---|---|---|---|---|---|
| Living Beyond Breast Cancer<br>40 M RdSte 104<br>Bala Cynwyd, PA 19004 | 23-2734689 | 501(c)(3) | 6,000 | | | | Sponsorship |
| Head of Schuylkill Regatta<br>7 BOATHOUSE DR<br>Philadelphia, PA 19130 | 35-2366125 | 501(c)(3) | 8,000 | | | | Sponsorship |

**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
The Cooper Health System A New Jersey Non-Profit Corporation

**Employer identification number**
21-0634462

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☐ Tax idemnification and gross-up payments<br>☐ Discretionary spending account<br>☐ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ 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<br>☑ Compensation committee<br>☑ Independent compensation consultant<br>☑ Form 990 of other organizations<br>☐ Written employment contract<br>☑ Compensation survey or study<br>☑ 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 | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | | No |
| | **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?<br>If "Yes," on line 5a or 5b, describe in Part III | 5b | | No |
| **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?<br>If "Yes," on line 6a or 6b, describe in Part III | 6b | | No |
| **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 |
|---|---|
| Part I, Line 7 | Bonuses paid are based on a number of variables including but not limited to individual goal achievements as well as organization operation achievements The final determination of the bonus amount is determined and approved by the board as part of the overall compensation review of the officers and key employees |

**Additional Data**

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable 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 |
|---|---|---|---|---|---|---|---|---|
| 1 ADRIENNE KIRBY PHD PRES&CEO-COOPER UNIV HLTH/TTEE | (i) | 1,060,179 | 475,000 | 15,947 | 9,275 | 18,492 | 1,578,893 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 MICHAEL E CHANSKY MD TRUSTEE/CHIEF, EMERGENCY MED | (i) | 549,348 | 52,750 | 21,701 | 9,275 | 1,613 | 634,687 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Generosa Grana MD Trustee/Dir Cooper Cancer Ins | (i) | 703,222 | 80,000 | 20,947 | 9,275 | 1,997 | 815,441 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Roland Schwarting MD Trustee/Chief, Pathology | (i) | 580,156 | 64,662 | 2,749 | 9,275 | 861 | 657,703 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Douglas Shirley Chief Financial Officer | (i) | 644,132 | 350,166 | 12,383 | 9,275 | 22,849 | 1,038,805 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Gary Lesneski Sr EVP/ General Counsel | (i) | 683,442 | 370,000 | 15,947 | 9,275 | 18,287 | 1,096,951 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Robin L Perry MD Chief, Dept of Ob Gyn | (i) | 561,124 | 46,613 | 2,149 | 9,275 | 1,889 | 621,050 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Douglas Allen VP Human Resource (Ret Oct2015) | (i) | 294,136 | 75,000 | 2,868 | 8,268 | 1,020 | 381,292 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Lawrence S Miller MD Chief, Orthopedic Surgery | (i) | 870,440 | 229,155 | 22,524 | 9,275 | 1,683 | 1,133,077 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 William G Smith MBA VP Chief Accounting Officer | (i) | 301,821 | 110,000 | 1,998 | 8,684 | 1,259 | 423,762 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Jeffrey P Carpenter MD Chief of Surgery | (i) | 1,028,113 | 192,054 | 2,947 | 9,275 | 1,997 | 1,234,386 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Michael Rosenbloom MD Head, Div of Cardiothoracic Sg | (i) | 1,539,999 | 5,000 | 2,947 | 9,275 | 1,998 | 1,559,219 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Richard Y Highbloom MD Surgeon | (i) | 1,102,064 | 5,000 | 2,947 | 9,275 | 22,562 | 1,141,848 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Frank W Bowen III MD Surgeon | (i) | 1,257,836 | 24,500 | 19,028 | 9,275 | 432 | 1,311,071 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 Richard Lackman MD Orthopaedic Oncologist | (i) | 856,559 | 0 | 24,418 | 9,275 | 1,265 | 891,517 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 Anthony Mazzarelli MDJDMBA Chief Medical Officer, SVP OPS | (i) | 557,362 | 250,000 | 11,534 | 9,275 | 1,597 | 829,768 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 Louis Bezich SVP Strategic Alliances | (i) | 296,103 | 90,000 | 20,018 | 9,275 | 212 | 415,608 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 Stephanie Conners SEVP, COO, CNO | (i) | 509,629 | 250,000 | 11,518 | 9,275 | 1,900 | 782,322 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 Adam Elfant MD Assc Division Head-Dept of Med | (i) | 785,406 | 338,952 | 19,576 | 9,275 | 22,876 | 1,176,085 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 Steven E Ross MD Trustee/Dept of Surgery | (i) | 510,819 | 50,000 | 3,701 | 9,275 | 1,204 | 574,999 | 0 |
| | (ii) | 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** Elizabeth Green<br>VP Human Resource | (i) | 232,105 | 60,000 | 470 | 7,512 | 9,044 | 309,131 | 0 |
| | (ii) | 0 | | | | - | -<br>0 | 0 |
| **1** Kevin O'Dowd<br>SEVP-chief administrative off | (i) | 586,102 | 150,000 | 11,271 | 0 | 649 | 748,022 | |
| | (ii) | 0 | | | | - | -<br>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
The Cooper Health System A New Jersey Non-Profit Corporation

Employer identification number
21-0634462

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pool financing Yes | (i) Pool financing No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | CAMDEN COUNTY IMPROVEMENT AUTHORITY | 22-2681222 | 13281QBP9 | 11-18-2014 | 159,117,690 | Refund Issues 12/25/05 & 9/26/04 | | X | | X | | X |
| B | Camden County Improvement Authority | 22-2681222 | 13281QAY1 | 08-01-2013 | 53,048,439 | Various Capital Projects | | X | | X | | X |
| C | New Jersey Economic Dev Auth | 22-2045817 | | 11-09-2009 | 10,000,000 | Construction/Refd issue 2/27/97 | | X | | X | | X |
| D | Camden County Improvement Authority | 22-2681222 | 645918TVS | 11-04-2008 | 50,000,000 | Construction-Bldg, Various Cost | | X | | X | | X |

## Part II Proceeds

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

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

**Part III Private Business Use** *(Continued)*

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** *(Continued)*

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

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

| Return Reference | Explanation |
|---|---|
| Part II, Line 3, Column A | The difference in the issue price and the total proceeds is the investment earnings earned as of 12/31/2015 |

| Return Reference | Explanation |
| --- | --- |
| Part II, Line 3, Column b | The difference in the issue price and the total proceeds is the total investment earnings earned to date and $3,452,000 of proceeds transferred from the 1997 reserve fund |

| Return Reference | Explanation |
| --- | --- |
| Part II, Line 11, Columns a & c | The other spent proceeds relate to the refunding proceeds of the respective issue |

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

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

**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
The Cooper Health System A New Jersey Non-Profit Corporation

**Employer identification number**
21-0634462

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

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | 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) Bonnie J Mannino | Family Member-Perry | 130,687 | Employee | | No |
| (2) JOANNE MAZZARELLI | FAMILY MEMBER-MAZZARELLI | 366,367 | Employee | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part V** **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|---|---|

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319077036 |
|---|---|---|

**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 |
|---|---|
| The Cooper Health System A New Jersey Non-Profit Corporation | 21-0634462 |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI Disclosures | Form 990, Part VI, Section B, Line 11b As part of the tax return preparation process, the organization hired a professional CPA firm with experience and expertise in both healthcare and not-for-profit tax return preparation to prepare the Federal Form 990 The CPA firm's tax professionals worked closely with the organization's finance personnel and other senior management members of the organization and the system to obtain the information needed in order to prepare a complete and accurate tax return The CPA firm prepared a draft Federal Form 990 and furnished it to the organization's finance personnel and other senior management members for their review The organization's finance personnel and other senior management members reviewed the draft Federal Form 990 and discussed questions and comments with the CPA firm Revisions were made to the draft Federal Form 990 where necessary and a final draft was furnished by the CPA firm to the organization's finance personnel and other senior management members for further review and approval The Form 990 is then presented to and reviewed by the members of the Cooper Health System Audit/Ethics & Compliance Committee of the Board of Trustees The Bylaws of the Board of Trustees provide that this Committee of the Board review the annual Federal Tax Return prior to its filing Once that Committee's review and approval process is complete, the completed Form 990 is shared with the entire Board prior to its filing with the IRS FORM 990, SECTION B, PART VI, LINE 12C THE FILING ORGANIZATION IS THE PARENT ENTITY IN THE COOPER HEALTH SYSTEM THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE CHIEF COMPLIANCE OFFICER AND REVIEWED WITH INTERNAL AUDIT, THE FINANCE DEPARTMENT, AND GENERAL COUNSEL BOTH DATA AND A SUMMARY ARE PRESENTED TO THE COOPER HEALTH SYSTEM'S AUDIT/ETHICS & COMPLIANCE COMMITTEE FOR THEIR REVIEW AND DISCUSSION THE ORGANIZATION'S COMPLIANCE AND LEGAL DEPARTMENTS HAVE DEVELOPED PROCESSES TO REVIEW AND PRESENT POTENTIAL CONFLICTS TO THE AUDIT/ETHICS & COMPLIANCE COMMITTEE Form 990, Part VI, Section B, Lines 15A & 15b The organization follows a process for determining the compensation of senior executives which is compliant with the requirements of Internal Revenue Code Section 4958 to enable the organization to receive the rebuttable presumption of reasonableness 1 The organization's Bylaws charge the Audit/Ethics & Compliance Committee with the role of approving the selection of an executive compensation consulting firm and the services, including the methodology that will be employed by that firm, confirms the independence of the executive compensation survey and thereafter recommends to the Executive Committee of the Board the executive compensation survey prepared by the outside consultant The Audit/Ethics & Compliance Committee is comprised entirely of independent members and no member of the Committee is either a member of the Board's Finance Committee or an ex officio member of the Board, or, has had any material financial dealings with the organization, or, otherwise has a conflict or duality of interest or the appearance of a conflict or duality of interest with the organization, 2 The selected outside consulting firm prepares a written, detailed report reviewing compensation for more than 20 senior executives, which documents relevant market comparability data, as well as the methodology, job matches, and survey sources used for the executive compensation review, and includes the firm's opinion that the executives' compensation falls within a reasonable range of competitive market practice applicable to like positions among like organizations under like circumstances, for purposes of compliance with Section 4958 of the Internal Revenue Code, 3 The Executive Committee of the Board is the required internal approval agent for executive compensation In that role the Committee reviews and considers all recommendations made by the Audit/Ethics & Compliance Committee, reviews and approves the report of the outside consulting firm, approves compensation for the affected executives based upon the report and recommendations, and where applicable, recommends to the full Board any actions which the Committee deems necessary in response to the outside consulting firm's report, 4 The actions of both the Audit/Ethics & Compliance and Executive Committees are documented in the minutes of the Committee meetings Additionally, the Executive Committee monitors the organization's compliance with policy regarding compensation of employed physicians By organization policy, the full Board must approve all new and renewed physician contracts for Chiefs and/or Institute Medical Directors, all other physicians who report directly to the organization's President and Chief Executive Officer, all physicians whose base compensation exceeds the 75th percentile of MGMA benchmark data, all physicians who are either corporate officer or Board or Committee members, and, all physicians who have an interest in any entity that refers business to the organization or otherwise has disclosed a potential conflict of interest in his/her annual disclosure survey or supplementary disclosure Form 990, Part VI, Section C, Line 19 The organization has issued tax-exempt bonds to finance various capital improvement projects, renovations and equipment In conjunction with the issuance of these tax-exempt bonds, the organization's financial statements were included with the tax-exempt bond prospectus which was made available to the general public for review In addition, the organization's filed certificate of incorporation and any amendments, BYLAWS AND conflict of interest policy can be viewed on the organization's website |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VII | The Cooper Health System also has one Trustee Emeritus, non-voting members Peter E Driscoll, Esq Part VII reflects certain board trustees or board officers receiving compensation and benefits from the organization including Adrienne Kirby, PhD (Trustee & Officer) Michael E Chansky, MD, PhD (Trustee) Generosa Grana, MD (Trustee) Roland Schw arting, MD (Trustee) Steven E Ross, MD (Trustee) Carolyn E Bekes, MD (Officer) Douglas Shirley (Officer) Gary Lesneski (Officer) Jane M Tubbs (Officer) Anthony Mazzarelli, MD, JD, MBA (Officer) Stephanie Conners (Officer) Please note that remuneration w as for services rendered as full-time employees of the organization, not for services rendered as a voting trustee or officer of the organization's board of trustees |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part XI, Line 9 | Reconciliation of Net Assets change in interest rate sw ap ( 379,466) Change in Pension Benefit Obligation 8,483,349 rounding 220 ---------- Total 8,104,103 |

| Return Reference | Explanation |
|---|---|
| Commnity benefit statement index | References lower right-hand corner page number 1 Background, Page 85 2 Charitable purposes, charity care and community activites, Page 87 3 Vision and Mission of the Cooper Health System, Page 89 4 Signature Programs, Page 89 5 Other Medical Specialties, Page 98 6 Cooper Community Benefit Programs, Page 99 Community Health, Education, Clinical Services, Fundraising, grantwriting, Page 99 Health Professional Education, Page 104 Subsidized Health Services, Page 106 Research-clinical and Community Health, Page 112 Cash-in-kind Contributions to Community Groups, Page 113 Community Building, Page 113 |

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| Community benefit statement | 1) Background Cooper University Health Cares hospital (Cooper University Hospital) is the clinical campus of Cooper Medical School of Rowan University, and a leading provider of health services to southern New Jersey Cooper has been a vital institution in Camden since 1887 In the past decade, Cooper has greatly expanded its facilities and services in Camden and throughout South Jersey Annually, there are more than 1 4 million patient visits to Cooper University Health Care facilities Cooper's main hospital campus is located on the Health Sciences Campus in Camden, New Jersey Cooper has a long history of outreach and service efforts to its local community, including health and wellness programs for the neighborhood, development of three neighborhood parks and a playground, outreach programs in local schools, and partnering with local organizations to rehabilitate nearby residential properties Cooper has also expanded its footprint in the city with the construction of a state-of-the-art medical tower, the MD Anderson Cancer Center at Cooper, and Cooper Medical School of Rowan University MD Anderson Cancer Center at Cooper opened in 2013 at the corner of Haddon Avenue and Martin Luther King Boulevard This freestanding 103,000 square foot facility provides integrated diagnosis, treatment and cancer care Cooper entered into a partnership with MD Anderson, the nations leading cancer center, to offer the most advanced cancer care to patients in South Jersey and the Delaware Valley Today, thousands of New Jersey residents are staying in the Garden State for first-rate cancer care Just having received full LCME accreditation, Cooper Medical School of Rowan University is educating the next generation of physicians The first class graduated in 2016, with the expectation that they will care for the citizens of New Jersey and the United States Cooper also offers training programs for medical students, residents, fellows, and nurses in a variety of specialties Cooper University Health Care has over 6,600 employees and a medical staff of more than 700 physicians in more than 75 specialties Cooper offers a network of comprehensive ambulatory as well as hospital services, which includes prevention and wellness, primary and specialty physician services, hospital care, ambulatory diagnostic and treatment services, and education and support services within southern New Jersey and the entire Delaware Valley Cooper physicians are also involved in ongoing research and development as they keep abreast of changing modalities of medical care As an academic medical center, Cooper continuously attempts to improve patient's quality of life through the research efforts of its medical staff Cooper University Health Care takes pride in its ability to offer a comprehensive array of diagnostic and treatment services The hospital serves as southern New Jersey's major tertiary-care referral hospital for specialized services These signature programs include Level I Southern New Jersey Regional Trauma Center, the MD Anderson Cancer Center at Cooper, the Cooper Heart Institute, the Cooper Bone & Joint Institute, the Cooper Neurological Institute and Critical Care Cooper is also home to The Children's Regional Hospital, the only state-designated children's hospital in South Jersey 2) Charitable Purposes, Charity Care and Community Activities Cooper is recognized by the IRS as an internal revenue code section 501(c)(3) tax-exempt organization Moreover, Cooper operates consistently with the following criteria outlined in IRS revenue ruling 69-545 a) Cooper provides medically necessary health care services to all individuals regardless of ability to pay - including charity care, self-pay, Medicare and Medicaid patients b) Cooper operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year c) Cooper maintains an open medical staff, with privileges in most services available to all qualified physicians d) Cooper is governed by its Board of Trustees which is comprised of independent civic leaders and other prominent members of the community As demonstrated by the above IRS criteria, as well as other information contained herein, the use and control of Cooper is for the benefit of the public and no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally Cooper provides health care services to all persons in a non-discriminatory manner regardless of race, color, creed, sex, national origins or ability to pay Moreover, Cooper provides health care services to patients who meet certain criteria under its charity care policy in compliance with the New Jersey state attorney general without charge or at amounts less than established rates Cooper maintains records to identify and monitor the amount of charity care it provides These records include the amount of charges foregone for services and supplies furnished under its charity care policy Additionally, as outlined herein, Cooper sponsors other charitable programs, which provide substantial benefit to the broader community Such programs include services to the low income and elderly population that require special support, various clinical outreach programs as well as health promotion and education for the general community welfare 3) Vision and Mission of The Cooper Health System Vision Statement Cooper University Health Care will be the premier health care provider in the region, driven by our exceptional people delivering a world-class patient experience, one patient at a time, and through our commitment to educating the providers of the future Mission Statement Our mission is to serve, to heal, to educate We accomplish our mission through innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community |

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| Community benefit statement continued | 4) Signature Programs - Cooper Heart Institute The Cooper Heart Institute is the most comprehensive cardiovascular program in southern New Jersey At Cooper, cardiac patients have access to a w orld-renow ned team of cardiovascular experts, the most advanced technology and the best care options Cooper provides the full spectrum of heart care from prevention and diagnosis, to the most innovative non-surgical techniques and surgical treatments-from special stenting procedures to opening blocked heart arteries to beating heart surgery and complex heart valve surgery Cooper w as the first in the region to offer novel approaches for treating heart disease such as TAVR, WATCHMAN, Linq, MitraClip, and others Cooper conducts cutting-edge clinical research in areas such as interventional cardiology, electrophysiology and arrhythmias, the treatment of cardiogenic shock The Cooper Heart Institute is the region's expert in treatment of acute myocardial infarction, and receives urgent transfers of seriously ill cardiac patients round-the-clock - Cooper Bone & Joint Institute The Cooper Bone & Joint Institute is staffed by orthopedic physicians w ho provide comprehensive surgical and non-surgical services for disorders of the musculoskeletal system As part of the Level I Trauma Center in southern New Jersey, they are an integral part of the trauma team that handles the most complex orthopedic injuries Cooper's orthopedic surgeons are experts w ho are developing innovative techniques in arthroscopic surgery, joint replacement of the shoulder, hip, and knee, ankle, elbow , and spine surgery, as w ell as hand and upper extremity surgery and re-plantation and orthopedic reconstruction The Cooper Bone and Joint Institute also provide a collaborative multidisciplinary concussion program and orthopaedic rehabilitation The Cooper Bone & Joint Institute offers over 27 comprehensive programs offering a unique treatment continuum of care w ithin a highly integrated health care delivery netw ork The goal of the Cooper Bone & Joint Institute is simple to return its patients to normal function as quickly and safely as possible To reach this goal, the medical professionals at the Cooper Bone & Joint Institute enlist a comprehensive, leading edge approach to the prevention, assessment, treatment and rehabilitation of musculoskeletal injuries The Cooper Bone & Joint Institute's highly trained team of surgeons, nurses, physician assistants, rehabilitation specialists and various medical support personnel w orks w ith each patient and their primary care physician to develop a treatment plan specifically for that patient By combining extensive clinical expertise w ith a compassionate, caring, treatment philosophy, the Cooper Bone & Joint Institute has created a program know n for its quality of care - MD Anderson Cancer Center at Cooper Within MD Anderson Cancer Center at Cooper, multidisciplinary disease-site specific teams, consisting of physicians (medical, gynecologic, radiation and surgical oncologists), advanced practice nurses, nurses and other clinical specialists, w ork together to provide cancer patients w ith the most advanced diagnostic and treatment technologies available - from cutting edge radiation oncology technologies such as CyberKnife radiosurgery, to advanced chemotherapy regimens to innovative surgical techniques including minimally invasive and robotic A full complement of support services including nutritional counseling, genetic testing and counseling, social w ork services, complementary medicine therapies and behavioral health support services provides complete, compassionate care for all patients In September 2013, Cooper partnered w ith MD Anderson Cancer Center in Houston, Texas - the nations leading cancer center MD Anderson Cooper physicians adhere to the philosophy, processes and guidelines set by MD Anderson in Houston, Texas, and patients receive the same proven practice standards and treatment plans provided at MD Anderson Today at MD Anderson Cooper, patients have access to more clinical trials, for more types of cancer than ever before The new MD Anderson Cancer Center at Cooper in Camden is the cornerstone of our partnership and is one of the most tangible examples of the integration betw een our tw o organizations At this new center, patients experience MD Andersons signature, multidisciplinary approach to care in a state-of-the-art setting close to home Every aspect of the patient experience at MD Anderson Cooper is modeled on the care and operation structure at MD Anderson in Houston Advanced, comprehensive outpatient cancer services are also provided at our Voorhees and Willingboro locations w ith the same focus on multidisciplinary care Inpatient cancer care is provided at Cooper University Hospital - South Jerseys only dedicated inpatient oncology unit - Center for Critical Care Services Cooper has earned the distinguished reputation as the critical care provider to the region's most seriously ill The opening of a state-of-the-art intensive care unit and the development of an acclaimed clinical research program have catapulted critical care at Cooper to a new level of clinical and academic excellence More than 40 percent of inter-hospital transfers from South Jersey are directed to Cooper's critical care service since the implementation of the Cooper Transfer Center Critical care physicians at Cooper are among the w orld's experts in the treatment, and research of sepsis and septic shock Cooper is also the region's leading provider of therapeutic hypothermia, and has established the Cooper Resuscitation Center to handle the transfer and care of patient after cardiac arrest When a child has a serious illness or has suffered serious trauma, Cooper directs the highest caliber of attention to the child's critical care needs Cooper's pediatric intensive care service, w hich admits nearly 1,200 children each year, is staffed by pediatric critical care specialists w ho have the most sophisticated medical equipment at their disposal Inter-hospital transfers from South Jersey are directed to Cooper's pediatric transfer center When patients must be transported here from area hospitals, an experienced team of critical care transport specialists provide ongoing monitoring during the ground or air transport - Cooper Level One Trauma Center Each year, nearly 3,000 critically injured patients are transported to Cooper's Level I Trauma Center, South Jersey's only Level I trauma service Whether they arrive by helicopter or ambulance, the mission of the trauma team remains the same resuscitate, evaluate and treat the patient's injuries as quickly as possible Cooper's Trauma Center is know n and respected throughout the region and is the most active trauma center in the entire Delaw are Valley Cooper's trauma teams have saved tens of thousands of lives The Trauma Center at Cooper w as established in 1982 and is one of only three New Jersey state-designated Level I trauma centers Cooper serves as the regional trauma center for southern New Jersey including Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem Counties, and as a resource for the Level II Trauma Centers in our region A Level I trauma center cares for severely injured patients including persons involved in motor vehicle accidents, falls, and assaults w ith guns, knives, or other blunt objects The Level I Trauma Center at Cooper has also been recognized and verified by the American College of Surgeons as a Level II Pediatric Trauma Center Cooper is the first hospital in South Jersey and the second among the New Jerseys Level I trauma centers to achieve this verification Cooper's trauma center is part of a statew ide netw ork of trauma centers These centers participate in multiple national research studies to advance treatments for brain damage, spinal cord injuries and shock management Cooper's nationally recognized Traumatic Injury Prevention Programs are geared for teens, education professionals and senior citizens w ith 300 programs reaching over 12,800 individuals last year, and since the inception of the program, the team has reached over 145,000 individuals Additional classes are held through Cooper's participation w ith Safe Kids of Southern New Jersey |

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| Community benefit statement continued | - Cooper Neurological Institute Cooper has one of the most progressive patient and family-centered neurological centers in the region - offering the most advanced system on the East Coast for noninvasive treatment for brain disorders The Cooper Neurological Institute (CNI) is located in an 11,500 square-foot facility in Three Cooper Plaza on the Cooper Health Sciences Campus The CNI is dedicated to providing exceptional, compassionate and easy-to-access care to patients with neurological diseases and disorders - and applying innovative and promising solutions, from surgery and minimally invasive procedures of the brain and spine, to radiosurgery and magnetic guidance systems The medical staff at the CNI includes renowned neurologists, neurosurgeons and many other sub specialists Cooper University Hospital's neurological institute is the only one in central and southern New Jersey, and one of the first hospitals in the U S , to offer patients the Leksell Gamma Knife (federally registered trademark symbol) Perfexion (unregistered trademark symbol) Gamma Knife Perfexion radiosurgery is available for the treatment of patients with brain disorders such as cancers and tumors, vascular abnormalities, functional disorders, and ocular disorders The Gamma Knife surgical technology provides brain surgery without any incisions, and is as precise as a pinpoint A patient can normally return home the same day The CNI also treats patients for Parkinson's disease, tremors and dystonia CNI provides deep brain stimulation (DBS) which involves the implantation in the brain of a thin electrode which is connected to a neurostimulator the size of a pacemaker Once in place, patients can experience relieved or decreased symptoms of tremor, rigidity, slowness of movement, stiffness, and balance CNI also provides help for patients with gait or balance dysfunction The Fall Prevention Program offers expert diagnosis and treatment in a multidisciplinary environment to identify any treatable underlying causes of the patient's balance dysfunction The CNI provides a full range of services - from sophisticated diagnostics to advanced rehabilitation resources-and offers the most progressive medical and surgical treatments in virtually every neurological field - Children's Regional Hospital at Cooper A hospital-within-a-hospital, the Children's Regional Hospital at Cooper (CRH) provides the finest pediatric services available to the children of southern New Jersey Designated by the State Department of Health as a specialty, acute care children's hospital, Cooper is uniquely equipped and carefully staffed to treat the region's most critically ill and seriously injured children, from newborns to adolescents Physicians and surgeons are recruited from the best children's hospitals in the nation And because they are experts in their fields, they are also faculty members at Cooper Medical School of Rowan University Coopers only pediatric trauma program in South Jersey was certified Level II in 2015 Newborn Intensive Care Unit was awarded NIDCAP Nursery Certification, only the second hospital in the world to receive this certification Cooper also has a Regional Cleft-Palate Craniofacial Program In addition to its facilities and staff, the CRH membership in the National Association of Children's Hospitals and Related Institutions (NACHRI) ensures access to the most current standards of pediatric care in practice in the U S Each year, more than 5,000 children are admitted to the Children's Regional Hospital at Cooper for specialized care Another 15,000 children are treated each year in its pediatric emergency room In addition, there are more than 60,000 outpatient visits each year to the pediatric medicine and surgical specialists of the CRH The CRH provides a wide range of pediatric services for infants, children and adolescents from southern New Jersey, Philadelphia and throughout the Delaware Valley The CRH's services are comprehensive with the clinical staff and medical technology to diagnose the most complex pediatric diseases in an environment where the focus is on the child and the family In addition to its highly skilled physicians, the CRH is staffed with nurses, clinical specialists, therapists, nutritionists, social workers and technicians who are dedicated to providing the highest caliber of care in each of their respective professions Their excellent training is complemented by their dedication to serving the special needs of children 5) Other Medical Specialties Cooper offers a variety of innovative prevention programs, state-of-the-art diagnostic and treatment techniques, and a dedicated team of physicians, nurses and other medical professionals From its signature programs in cancer, cardiology, critical care, neurology, orthopaedics and trauma to its innovative programs in radiology, oncology and pediatrics, Cooper offers a full range of care and services for adults and children 6) Cooper Community Benefit Programs The health of its surrounding communities is of Cooper's utmost concern From health care programs for the community to educational and employment programs, Cooper strives to be a responsible, involved community advocate Many, but not all, of Cooper's community benefit activities are outlined below |

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| Community benefit statement continued | Cooper's Community Benefit Activities Community health, health education, clinical services and fundraising/grant writing for community benefit programs 1 Community Health Outreach - Classes and Health screenings for the community A) Classes for Parents - Classes and support groups offered by Cooper include, but are not limited to, the following - Breastfeeding An Introduction - Examines the benefits of breastfeeding and discusses how to get started, positioning techniques and community resources - Childbirth Preparation / Education Classes - Obstetrical Unit Tours - Infant/Child CPR Class-certification - CPR - Non-certified Training - Prenatal Yoga - Early Pregnancy Consultation - Breathing and Relaxation Class - Breastfeeding Support Group - Child and Infant Car Seat Safety Workshop B) Community programs, screenings and activities, most of which are free of charge Includes events and educational classes such as (not an all-inclusive list) - Diabetes Support Group - Health Screenings i Stroke ii Cholesterol iii Glucose iv Blood Pressure v Peripheral Vascular Disease - Zumba - The Healthy Weigh Weight Management Program - The Diabetes Weigh Personalized Diabetes Management Program - Yoga - Exercise Classes - RIPA Center Healthy Living Seminars - Core and More - Tai Chi - Flip Fitness - Viva Mat Pilates - Breast Health Education - Community Based diabetes education classes - Health Conferences and health fairs - Health and wellness-Nutrition Programs - Healthy Living Free Seminars - eHealth Connection Newsletters - Health eTalk Web Chat - Teachers and Coaches Seminars - Cooper in Schools - Health education for school professionals, parents and students - Concussion and sports related injuries education and outreach - MD Anderson Cancer Center at Cooper Dr Diane Barton Complementary Medicine Program i Restorative Yoga ii Qi Gong iii Mindful Meditation iv Live, Lunch and Learn v Annual Survivors Day vii Other programs The Cooper Learning Center - The Cooper Learning Center offers the following programs and services - Educational assessments - Reading enrichment programs - Comprehensive ADD & ADHD assessments - Fast forward language programs - Writing and language programs - Math programs - Anger management - Social skills - Study skills - Parenting sessions - Therapeutic Services - Psychological Services - Services and Programs for Teachers and Schools - Summer Reading Programs in Camden and the Community - The Rookie Reader Program 2 Trauma Education - The Trauma Outreach Program offers a variety of educational and interventional classes that focus on injury/trauma prevention For the past 15 years the Trauma Outreach Programs has been committed to reducing the incidence of trauma injuries in southern New Jersey by delivering comprehensive trauma/injury intervention programs Programs and classes include such topics as Alcohol Abuse and Outcomes, Don't fall for Us, Drivers Education, Prom Program, Risk Taking, Teen Drug Use and Outcomes, Youth Gang Violence, Tours of the trauma facilities for schools and students, and Safe Kids Walk to School Day The Department also provides courses, programs and education sessions for local EMS organizations 3 Safe Kids Southern New Jersey Coalition - This local coalition covers the Camden, Gloucester, and Burlington county area and is one of more than 300 groups across the country and around the world organized by the National SAFE KIDS Campaign Cooper University Hospital serves as the lead organization for the coalition of hospitals, public safety departments, non-profits, businesses, and concerned parents The mission of the coalition is to reduce accidental injuries and deaths of children ages 14 and under through education in schools Safe Kids Southern New Jersey draws on the strength of its grassroots participation and brings together a cross-section of community leadership including Law enforcement, Firefighters and paramedics, Medical and health professionals, Educators, Parents, Businesses, Public policymakers, and Media Current programs also include classes on car seat safety, bike helmet safety, summer safety and home safety 4 Life Support Training Center - Basic Life Support (BLS) Training teaches the process of supplying rescue breaths and chest compressions to individuals experiencing cardiac arrest The Life Support Training Center offers two basic programs Healthcare Provider BLS for health professional and HeartSaver AED for community members Health professional education, physicians, medical students, nurses, etc , scholarship 1 Continuing Medical Education - In July 2012, Cooper received a six-year accreditation with commendation (until July 2018) Cooper is the only hospital or health system in southern New Jersey with national accreditation Moreover, only an average of seven percent of all national CME providers receives a six-year accreditation with commendation (approximately 49 providers) All CME activities target primary care physicians and physicians from all specialties Other allied health professionals including fellows, residents, advanced practice nurses, physician assistants, nurses, technicians, and medical students also attend This year's topics included anesthesiology, various cancers, gynecologic oncology, cancer survivorship, orthopaedics, hypnosis, cardiovascular disease, rheumatology, pediatric emergencies, and clinical research All areas of interest are covered in our in-house series and joint-sponsorship series interest are covered in our in-house series and joint-sponsorship series |

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| Community benefit statement continued | 2 Graduate Medical Education - Cooper's GME programs train approximately 260 residents and fellow s per year Cooper Medical School of Row an University In October 2009, Cooper and Row an University announced a landmark partnership to establish a medical school - the first four-year allopathic medical school ever in Southern New Jersey and the first new medical school in 35 years in the state Key to the partnership has been the collaboration betw een the institutions Representatives from both Row an and Cooper w orked together to forge a founding philosophy for the school, explore partnerships in research areas, and create committees to w ork tow ard Liaison Committee on Medical Education (LCME) accreditation of the school Cooper Medical School of Row an University is located in Camden, NJ, at Broadw ay and Benson Streets The six-floor, 200,000 square-foot school graduated its inaugural class in May 2016 3 Cooper provides continuing medical education programs to physicians employed w ith the local FQHC 4 Simulation Lab - The Cooper University Hospital Simulation Laboratory is dedicated to advancing patient safety and healthcare provider education at all clinical levels We aim to be a resource to our Cooper Departments and to other hospitals and healthcare providers in our community and region One-to-one and small group instruction utilizing lifelike mannequins is conducted by facilitators trained in the use of computer driven simulation adjuncts Attention is focused on maintaining a non-threatening learning environment, providing adequate mechanisms for positive feedback and developing a supportive student-facilitator relationship This includes training for medical students 5 EMS Training - Cooper provides medical director services and training for numerous local EMS services Subsidized health services, ER and trauma, hospital outpatient, behavioral health, palliative care 1 Emergency services for Community Events - Cooper provides emergency services for local community events 2 Early Intervention Program - The Cooper University Hospital EIP/Family HIV Treatment Center w as established in 1990, to serve a four county area of southern New Jersey consisting of Camden, Burlington, Gloucester, and Salem counties It is a regional, multidisciplinary outpatient center that has provided a full range of services to over 1400 patients The primary mission of the EIP/HIV Family Treatment Center at Cooper is to provide comprehensive medical and supportive services to HIV infected individuals regardless of their ability to pay The center also frequently serves as a port of entry for many HIV infected Camden residents into any type of medical care 3 Disaster Preparedness and Medical Coordination Center - The mission of the Division of EMS and Disaster Medicine is to maintain the integrity of the health care continuum as it relates to the response for a mass casualty incident involving chemical, biological, radiological, nuclear, traumatic, and natural events through clinical care, education, training, and research The goals for the Division are to provide subject matter expertise related to disaster medicine (emergency medical services, emergency medicine, trauma, toxicology, pediatrics, infectious diseases, environmental safety, radiation safety, and industrial hygiene), to provide education and training for all audiences involved in disaster preparedness through the National Disaster Life Support Regional Training Center, to participate in research initiatives to maintain the highest level of preparedness and pre-hospital care through evidence based medicine, to support a highly trained medical strike team that can respond to large chemical, biological, radiological, nuclear, and traumatic mass casualty events, and to collaborate w ith local, state, regional, and federal partners to assist in effective disaster planning The Medical Coordination Center (MCC) serves as the regional hub for healthcare related emergency planning, training and response The MCC located at CUH provides situational aw areness, resource management, and information management for the healthcare continuum as it relates to emergency preparedness, response, mitigation and recovery The primary area of responsibility for the CUH MCC is the entire Southern Region of New Jersey w hich consists of the 7 Southern most counties as w ell as integration w ith Southeastern Pennsylvania (including the City of Philadelphia) and the State of Delaw are (including the City of Wilmington) The MCC utilizes the expertise provided by the Division of EMS and Disaster Medicine, regional law enforcement, fire departments, emergency medical services, CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) teams, technical rescue teams, etc , to assist the healthcare continuum in meeting their mission 4 Support groups and Cancer Support Groups - There are times w hen the support of friends and family isn't enough Spending time w ith others w ho have a shared or similar experience and sharing experiences helps w ith depression and anxiety, and is the key to recovery Cooper's support groups, activities and social events encourage fitness and the maintenance of a healthy body and mind Support groups include but are not limited to - Prostate Support Group & Lecture Series - The Cooper Cancer Institute is proud to present the Prostate Support Group, the only such support group in southw estern New Jersey This is a joint venture of leaders in the care and treatment of prostate diseases and the Cooper Prostate Center The meetings are intended to allow survivors of prostate diseases and their families to become w ell informed, give and receive the support of others, ask questions, and express their concerns - Sister Will You Help Me? - A breast cancer support group for w omen of color and faith - the group's mission is to empow er through know ledge, encourage through sisterhood, enlighten through faith and to bond through love - Smoking Cessation Group - Whether you have been smoking for 3 years or 30 years, it is not too late to quit and improve health The program is based on empirically supported therapies that have been found to help people quit smoking - Latino Cancer Survivors - My Genes, My Risk - Young Women w ith Breast Cancer Support Group - Diabetes Support Group - Traumatic Brain Trama Support Group 5 Language Interpreter services for patients - Cooper provides interpreting services for patients w hose first language is not English and for the sight and hearing impaired 6 Camden Coalition of Healthcare Providers - Cooper provides significant support to this organization w hich w as created as an opportunity for providers to netw ork and discuss the common issues they face in running medical practices in Camden and providing care in a poor, urban environment Camden Cityw ide Care Management Project In September 2007, the Coalition began implementation of a Cityw ide Care Management Project to reach out to high utilizers of city emergency rooms and hospitals A part-time nurse practitioner, community health w orker, and a full-time social w orker staff the project Patients are enrolled to the project by referral from emergency department physicians, inpatient physicians, and social w orkers The project provides "transitional" primary care w ith a goal of moving the patients into a primary care setting that can meet their needs With over sixty patients enrolled in our project, w e are visiting them in homeless shelters, abandoned homes, hospital rooms, ED gurneys, and street corners Practice Capacity Building Project The Coalition's philosophy is that by increasing capacity w ithin local primary care offices w e can help them achieve higher patient satisfaction, improved economic viability, and better health outcomes Monthly roundtable meetings and seminars have been held for local office managers and providers to encourage peer-to-peer linkages, increase skills and know ledge of modern medical office management techniques and educate in specific practice management topics Participation in this group leads to on-site consultation for individual offices, focusing on process flow s, operations management, analyzing cycle times, and information management |

| Return Reference | Explanation |
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| Community benefit statement continued | Expansion of Access to Mental Health Care Psychiatry services are extremely difficult to access in underserved communities The Coalition is developing a system of joint primary care/psychiatry appointments to increase a primary care provider's capacity to provide mental health care The psychiatrist will provide mentoring, coaching and consultation to the primary provider Palliative Care Program The Palliative Care Program is designed to be integrated as part of a patient's care plan at any time, to manage symptoms related to treatment such as chemotherapy, or for symptoms that linger or appear after treatment is complete Palliative care is the comprehensive treatment of the discomfort, symptoms and stress of serious illness It does not replace a patient's primary treatment, but works together with treatment at any point in a patient's care Palliative care also addresses psychological, social and spiritual concerns - all to achieve the best quality of life possible for each patient At Cooper, the Palliative Care Program can help patients manage the common side effects of illness such as pain, fatigue, nausea, constipation, diarrhea, depression and anxiety, difficulty breathing, loss of appetite and weight loss, weakness, sleep problems, confusion and end-of-life care Research-clinical and community health The Cooper Research Institute, established in January 2003, coordinates clinical trials and supports researchers at Cooper Through basic and clinical research, faculty at Cooper is bringing scientific discoveries to life and providing thousands of patients in South Jersey with access to cutting-edge treatments in fields such as cancer, cardiology, critical care, diabetes, and gene therapy Cooper faculty members currently conduct approximately 340 NIH and industry-sponsored clinical trials each year Many of these studies are only available in South Jersey at Cooper By participating in a clinical trial, an individual may have the first chance to benefit from improved treatment methods and the opportunity to make an important contribution to medical science Past research by Cooper faculty has led to new standards of care and novel therapies in fields such as cancer, cardiology, surgery, and orthopedics For example, Cooper faculty members have conducted studies that led to new cancer treatments such as Rituxan for lymphoma, Iressa for advanced non-small cell lung cancer, Tamoxifen to prevent breast cancer, and Cisplatin plus radiation therapy for cervical cancer Cash in kind contributions to community groups Cooper sponsors various non-profit organizations to promote and build a healthy community Cooper's Community Building activities include but are not limited to 1) Physical improvements and housing revitalization projects Neighborhood Revitalization Tax Credit Project - Cooper University Hospital has served as the lead and is partnering with Metro Camden Habitat for Humanity, Saint Joseph's Carpenter Society, Center for Family Services, Camden Special Services District, The Cooper Lanning Civic Association and additional community partners on nearly $4 million in funding from the Neighborhood Revitalization Tax Credit (NRTC) program through the N J Department of Community Affairs to improve housing and community conditions in the Cooper Plaza Neighborhood Cooper University Hospital has served as the lead in writing and administering the grant on behalf of the community partners This includes four phases of NRTC projects New Parks and Park Maintenance - Cooper has partnered with Camden City, Camden County and community groups on the construction of three new neighborhood parks Cooper has taken the responsibility for the ongoing maintenance and upkeep of the three parks Cooper has been a partner with Camden County and community organizations for the ongoing streetscape and landscape improvements in the Cooper Plaza Neighborhood funded through the County Cooper has facilitated meetings to coordinate the project with the County and community organizations and address community questions or concerns Housing Rehabilitation - Cooper partners with non-profits to advance efforts to improve housing in the Cooper Plaza neighborhood This includes partnerships with Saint Joseph's Carpenter Society, Camden County Habitat for Humanity and other housing partners to on projects g for the acquisition and rehabilitation of homes in the Cooper Plaza neighborhood Homeownership Partnerships - Cooper has partnered with non-profit organizations such as Saint Joseph's Carpenter Society and Camden County Habitat for Humanity to promote home ownership opportunities in the Cooper Plaza Neighborhood to further stabilize the community with occupied housing 2) Economic Development - assisting business development, creating new employment opportunities Cooper's Ferry Partnership - Cooper is a member of the Cooper's Ferry Partnership Cooper actively works with the organization on community issues and additional projects to improve the neighborhoods in Camden and foster economic development opportunities This includes collaboration and partnerships on initiatives and opportunities to facilitate the revival of the City of Camden as a place where people choose to live, work, visit, and invest Camden Special Services District - Cooper is a partner for the Camden Special Services District that provides maintenance and a human presence through "Ambassadors" in Camden's Downtown, University District, and Broadway Corridor to remove graffiti, clean streets, pickup liter and debris, additional maintenance services and serve as a daily presence on these corridors 3) Community Support - mentoring, neighborhood support, disaster readiness Cooper Lanning Civic Association and Lanning Square West Association - Participation in association meetings, project coordination, events and administrative support Neighborhood Concert Series - In 2015, Cooper University Hospital continued the series with four free community concerts in Cooper Commons Park during the summer Cooper Plaza Neighborhood Watch - Cooper supports the Cooper Plaza neighborhood and the Cooper Lanning Civic Association during the community's neighborhood watch initiative by providing space and food for the effort and increased security in the Cooper Plaza neighborhood Promise Neighborhood Initiative - Cooper University Hospital has been an active partner with the City of Camden, Center for Family Services and other community groups on the planning effort and the Promise Neighborhood Initiative to develop a comprehensive approach to social services for children and families living in the Cooper Lanning neighborhood 4) Environmental improvements Clean and Safe Cooper Plaza Program - Partnership with the Camden Special Services District to provide maintenance services in the Cooper Plaza Neighborhood to improve the physical appearance and upkeep of the neighborhood in order to provide an enhanced sense of safety and a maintained neighborhood for residents and visitors Streetscaping, landscaping and park maintenance in community 5) Leadership development/training for community members Cooper provides development and training to include but not limited to, - Child passenger safety technician classes - Child passenger safety training - Booster seat program - Fire safety sessions 6) Coalition building and collaborative efforts to address health and safety issues include but not limited to Camden Higher Education and Health Care Task Force - Cooper is a founding member and active participant in the Camden Higher Education and Health Care Task Force ("Eds and Meds") Housing Implementation Task Force - Cooper convenes meetings with non-profits, community organizations, and government agencies to discuss opportunities to improve housing options in the City of Camden Safe Kids New Jersey and Southern New Jersey 7) Workforce Development Career fairs and education - STRIVE, Woodland Community Development Corporation, Camden County and Camden One Stop Partnering with the Camden County Workforce Investment Board Youth Summer Employment Program - Cooper's Summer Youth Employment Program provides opportunities for Camden residents that are in high school to work in paid internship positions for six weeks in the summer at various departments at Cooper Career exploration programs with Camden girls scout program for high school students and additional schools and organizations in the community Cooper participates and serves in a collaborative effort with organizations like the Camden County Workforce Investment Board in the development and retention of workforce opportunities in Camden County and works with the Board on literacy programs and initiatives to prepare individuals to gain employment |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

**Employer identification number**
21-0634462

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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**Part II** **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| **(1)** Cooper Medical Sevices Inc<br>One Cooper Plaza<br><br>Camden, NJ 08103<br>22-3832149 | Health Svcs | NJ | 501(c)(3) | 11-I | CH System | Yes | |
| **(2)** The Cooper Foundation<br>One Cooper Plaza<br><br>Camden, NJ 08103<br>22-2213715 | Support CHS | NJ | 501(c)(3) | 7 | NA | | No |
| **(3)** The Cooper HLTH SYS - Wrkrs Comp Trust<br>One Cooper Plaza<br><br>Camden, NJ 08103<br>22-6409235 | Support CHS | NJ | 501(c)(3) | 11-I | CH System | Yes | |
| **(4)** Cooper Cancer Center Inc<br>Three Cooper Plaza<br><br>Camden, NJ 08103<br>46-0943572 | Health Svcs | NJ | 501(c)(3) | 11-I | CH System | Yes | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
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**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** | | **No** |
| **c** Gift, grant, or capital contribution from related organization(s) | **1c** | **Yes** | |
| **d** Loans or loan guarantees to or for related organization(s) | **1d** | **Yes** | |
| **e** Loans or loan guarantees by related organization(s) | **1e** | **Yes** | |
| **f** Dividends from related organization(s) | **1f** | | **No** |
| **g** Sale of assets to related organization(s) | **1g** | | **No** |
| **h** Purchase of assets from related organization(s) | **1h** | | **No** |
| **i** Exchange of assets with related organization(s) | **1i** | | **No** |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | **1j** | **Yes** | |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | **1k** | **Yes** | |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | **1l** | **Yes** | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | **1m** | | **No** |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1n** | **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** | | **No** |
| **s** Other transfer of cash or property from related organization(s) | **1s** | | |

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

| **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
| See Additional Data Table | | | |
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**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 | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|

**Additional Data**

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| (1) C & H Collection SVS Inc<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2603503 | Collection | NJ | CH Services | C Corp | 1,417,986 | 488,896 | | Yes | |
| (1) Cooper Healthcare Properties Inc<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2567105 | Real Estate | NJ | CH Services | C Corp | 616,002 | 2,324,830 | | Yes | |
| (2) Cooper Healthcare Services<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2567106 | Health Svcs | NJ | Cooper Hlth sys | C Corp | 0 | 0 | | Yes | |
| (3) Cooper GYN Oncology Association PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3427282 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 1,969,522 | 0 | 100 000 % | Yes | |
| (4) Cooper Pediatrics PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2965846 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 10,202,079 | 0 | 100 000 % | Yes | |
| (5) Cooper Bone and Joint Institute PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2354988 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 169,362 | 0 | 100 000 % | Yes | |
| (6) Center for Health and Wellness PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3487144 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 121,917 | 0 | 100 000 % | Yes | |
| (7) Cooper ObsteTrical Associates PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2329164 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 1,180,226 | 0 | 100 000 % | Yes | |
| (8) CMC Department of Medicine Group PA<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3266219 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 50,568,419 | 0 | 100 000 % | Yes | |
| (9) CHC Pain Management Center PA<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3419259 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 1,733,722 | 0 | 100 000 % | Yes | |
| (10) Cooper Faculty OB-GYN PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2700904 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 6,400,652 | 0 | 100 000 % | Yes | |
| (11) Cooper Perinatology Associates PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2965240 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 3,352,850 | 0 | 100 000 % | Yes | |
| (12) Cooper Pathology PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3075647 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 3,928,330 | 0 | 100 000 % | Yes | |
| (13)<br>Cooper Physical Medicine&Rehab Assoc PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3137520 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 1,806,280 | 0 | 100 000 % | Yes | |
| (14) Cooper Physician Offices PA<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3310529 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 26,601,271 | 0 | 100 000 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| (16) CMC Psychiatric Associates PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3315602 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 858,882 | 0 | 100 000 % | Yes | |
| (1) Cooper Anesthesia Associates PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3346073 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 19,817,452 | 0 | 100 000 % | Yes | |
| (2) Cooper Family Medicine PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3358732 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 7,114,214 | 0 | 100 000 % | Yes | |
| (3) Cooper University Radiology PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>51-0483383 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 10,279,668 | 0 | 100 000 % | Yes | |
| (4) Cooper Urgent Care PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>80-0747085 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 4,570,713 | 0 | 100 000 % | Yes | |
| (5) Cooper Pediatric Specialists PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3474357 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 7,647,908 | 0 | 100 000 % | Yes | |
| (6) Cooper Primary Care at Pennsville PA<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3486722 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 1,970,657 | 0 | 100 000 % | Yes | |
| (7) Critical Care Group PA<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3266221 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 0 | 0 | 100 000 % | Yes | |
| (8) Radiation Oncology PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3587486 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 3,140,229 | 0 | 100 000 % | Yes | |
| (9)<br>Cooper University Trauma Physicians PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>20-0031895 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 0 | 0 | 100 000 % | Yes | |
| Cooper University Emergency<br>(10) PhysiciansPC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>20-0835576 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 10,582,946 | 0 | 100 000 % | Yes | |
| (11) Cooper Medical Supply LLC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>20-3729490 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 0 | 0 | 100 000 % | Yes | |
| (12) Cooper Surgical Associates PA<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-2170196 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 38,596,832 | 0 | 100 000 % | Yes | |
| (13)<br>University Urogynecology Association PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3235088 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 1,295,206 | 0 | 100 000 % | Yes | |
| (14)<br>Cooper Department of Neuroscience PC<br>1 Federal Street Suite NW2-414D<br>Camden, NJ 081031438<br>22-3358684 | Physician Pract | NJ | Cooper Hlth sys | C Corp | 0 | 0 | 100 000 % | Yes | |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| **(1)** | COOPER HEALTHCARE PROPERTIES INC | L | 111,151 | CASH - FMV |
| **(1)** | THE COOPER FOUNDATION | C | 2,250,685 | CASH - FMV |
| **(2)** | COOPER MEDICAL SERVICES | L | 507,244 | CASH - FMV |
| **(3)** | COOPER HEALTHCARE PROPERTIES INC | Q | 461,709 | CASH - FMV |
| **(4)** | COOPER HEALTHCARE PROPERTIES INC | K | 153,948 | CASH - FMV |
| **(5)** | COOPER MEDICAL SERVICES | K | 4,645,085 | CASH - FMV |
| **(6)** | COOPER MEDICAL SERVICES | P | 734,708 | CASH - FMV |
| **(7)** | COOPER MEDICAL SERVICES | O | 156,246 | CASH - FMV |
| **(8)** | COOPER MEDICAL SERVICES | K | 31,698 | CASH - FMV |
| **(9)** | COOPER MEDICAL SERVICES | P | 505,669 | CASH - FMV |
| **(10)** | C&H COLLECTION SERVICES INC | O | 63,468 | CASH - FMV |
| **(11)** | C&H COLLECTION SERVICES INC | L | 1,392,673 | CASH - FMV |
| **(12)** | C&H COLLECTIONS SERVICE INC | L | 163,287 | CASH - FMV |
| **(13)** | all physician practices | L | 316,711,605 | CASH - FMV |