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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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
% CHIEF FINANCIAL OFFICER

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) 342-2000

G Gross receipts \$

1,431,699,218

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2017-11-13

Date

BRIAN M REILLY interim 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

Russlee Armstrong

P00288383

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET STREET SUITE 700

Phone no (215) 561-4200

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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 \$ 967,058,950 including grants of \$ 101,114) (Revenue \$ 1,187,592,028)
	See Additional Data

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 967,058,950
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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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	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	
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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes No
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 Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	951
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	8,085
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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	24	
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	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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

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:
 ▶ CHIEF FINANCIAL OFFICER ONE COOPER PLAZA Camden, NJ 08103 (856) 342-2000

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

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

[illegible]

[illegible]

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 ▶ 1,194

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Torcon Inc, 328 Newman Springs Rd RED BANK, NJ 07701	CONSTRUCTION	12,304,712
HSC Builders and Construction, 304 New Mill Lane EXTON, PA 19341	Construction	10,461,402
ATOS Medical, Dept CH 17589 PALATINE, IL 600557589	IT Services	5,272,913
EPIC SYSTEMS CORP, PO BOX 35654 MILWAUKEE, WI 53288	IT services	2,616,734
Nthrive Inc Med Assets, PO Box 733492 DALLAS, TX 75373	Patient Billing	4,983,739

Form 990 (2016)

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	2,426,554		
	e	Government grants (contributions)	1e	42,565,018		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$ _____				
	h	Total. Add lines 1a-1f		44,991,572		
Program Service Revenue			Business Code			
	2a	NET PATIENT SERVICE REVENUE	541900	1,149,205,968	1,149,205,968	
	b	OTHER HEALTHCARE RELATED REVENUE	541900	38,242,262	38,242,262	
	c	EDUCATION	541900	143,798	143,798	
	d	_____				
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		1,187,592,028		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,252,017		8,173,271
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real	(ii) Personal		
			99,829			
	b	Less rental expenses				
	c	Rental income or (loss)	99,829	0		
	d	Net rental income or (loss)		99,829		99,829
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			174,168,473			
	b	Less cost or other basis and sales expenses	176,542,818	190,081		
	c	Gain or (loss)	-2,374,345	-190,081		
	d	Net gain or (loss)		-2,564,426		-2,564,426
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0		
	b	Less direct expenses	b	0		
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a	0		
	b	Less direct expenses	b	0		
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a	0		
b	Less cost of goods sold	b	0			
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a	CAFETERIA/COFFEE/GIFT SHOP/PARKING	900099	4,479,935		4,479,935	
b	AIR/GROUND TRANSPORT	900099	5,072,911		5,072,911	
c	ALL OTHER REVENUE	900099	7,042,453		7,042,453	
d	All other revenue					
e	Total. Add lines 11a-11d		16,595,299			
12	Total revenue. See Instructions		1,254,966,319	1,187,592,028	78,746	22,303,973

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.	101,114	101,114		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	13,812,100	5,829,474	7,982,626	
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.	556,669,037	499,205,112	57,463,925	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	16,033,095	12,345,483	3,687,612	
9 Other employee benefits.	50,780,712	39,101,148	11,679,564	
10 Payroll taxes.	36,749,424	28,297,057	8,452,367	
11 Fees for services (non-employees):				
a Management.	6,071,099	443,022	5,628,077	
b Legal.	344,363	343,502	861	
c Accounting.	480,158		480,158	
d Lobbying.	357,944	357,944		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	434,845		434,845	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	49,604,217	30,714,444	18,889,773	
12 Advertising and promotion.	4,809,816	4,609,715	200,101	
13 Office expenses.	206,359,720	165,087,776	41,271,944	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	37,161,002	27,066,701	10,094,301	
17 Travel.	647,883	541,467	106,416	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,398,755	1,215,632	183,123	
20 Interest.	12,174,720		12,174,720	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	38,117,850	38,117,850		
23 Insurance.	16,821,859	15,023,576	1,798,283	
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	69,753,109	69,753,109		
b MISCELLANEOUS EXPENSE	61,994,893	28,904,824	33,090,069	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,180,677,715	967,058,950	213,618,765	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		84,572,803	1	91,607,508
	2	Savings and temporary cash investments		60,281,141	2	99,643,696
	3	Pledges and grants receivable, net		5,211,144	3	4,371,338
	4	Accounts receivable, net		128,204,710	4	173,484,030
	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		22,583,074	8	21,414,644
	9	Prepaid expenses and deferred charges		7,808,474	9	6,390,424
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 940,548,999			
	b	Less: accumulated depreciation	10b 495,392,844	409,127,731	10c	445,156,155
	11	Investments—publicly traded securities		275,460,578	11	275,332,324
	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		367,508	14	320,174
	15	Other assets. See Part IV, line 11		15,541,721	15	8,708,641
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,024,940,284	16	1,142,210,334	
Liabilities	17	Accounts payable and accrued expenses		122,154,335	17	139,352,992
	18	Grants payable		0	18	0
	19	Deferred revenue		18,438,961	19	11,247,946
	20	Tax-exempt bond liabilities		261,873,500	20	255,407,974
	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		12,435,400	23	11,072,914
	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.		96,490,515	25	127,090,655
	26	Total liabilities. Add lines 17 through 25		511,392,711	26	544,172,481
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		513,108,573	27	597,598,853
	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		513,547,573	33	598,037,853	
34	Total liabilities and net assets/fund balances		1,024,940,284	34	1,142,210,334	

Part XI Reconciliation of Net AssetsCheck 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	1,254,966,319
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,180,677,715
3	Revenue less expenses Subtract line 2 from line 1	3	74,288,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	513,547,573
5	Net unrealized gains (losses) on investments	5	9,405,431
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	796,245
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	598,037,853

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

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 Statistics for the year ended December 31, 2016 Hospital admissions 30,573 average daily census 416 emergency department visits 78,270 urgent care visits 43,433 outpatient visits hospital 357,194, physician practices 1,226,047 surgical cases 19,941 trauma cases 3,682 cancer visits inpatient 6,384, outpatient 47,825 licensed beds 635 (includes 35 NICU/Newborn Bassinets)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George E Norcross III Chairman of the Board/Trustee	3 0 0 0	X		X				0	0	0
ADRIENNE KIRBY PHD PRES&CEO-COOPER UNIV HLTH/TTEE	48 0 7 0	X		X				1,630,084	0	28,438
MICHAEL E CHANSKY MD TRUSTEE/CHIEF, EMERGENCY MED	55 0 0 0	X						571,810	0	10,890
Leon D Dembo Esq Trustee	3 0 0 0	X						0	0	0
Dennis M DiFlorio Trustee	3 0 0 0	X						0	0	0
Generosa Grana MD Trustee/Dir Cooper Cancer Ins	52 0 3 0	X						781,200	0	11,272
Paul Katz MD Trustee	3 0 0 0	X						0	0	0
Ali A Houshmand PhD Trustee	3 0 0 0	X						0	0	0
Duane D Myers Trustee	3 0 0 0	X						0	0	0
Annette Rebolì MD Trustee	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert A Saporito DDS Trustee	3 0 0 0	X						0	0	0
Roland Schwarting MD Trustee/Chief, Pathology	52 0 3 0	X						642,158	0	21,889
William A Schwartz Jr Trustee	3 0 0 0	X						0	0	0
John W Shimark Trustee	3 0 0 0	X						0	0	0
Harvey A Snyder MD Trustee	3 0 0 0	X						0	0	0
Kris Singh PhD Trustee	3 0 0 0	X						0	0	0
Allan Vogelston JSC Ret Trustee	3 0 0 0	X						0	0	0
Peter S Amenta MD PhD Trustee	3 0 0 0	X						0	0	0
Joseph C Spagnoletti Trustee	3 0 0 0	X						0	0	0
Sidney R Brown Trustee	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Phoebe A Haddon JD LLM Trustee	3 0 0 0	X						0	0	0
Philip A Norcross Esq Trustee	3 0 0 0	X						0	0	0
Steven E Ross MD Trustee/Dept of Surgery	55 0 0 0	X						431,133	0	34,440
Susan Weiner Trustee	3 0 0 0	X						0	0	0
Carolyn E Bekes MD Chief Academic Affairs	55 0 0 0			X				115,896	0	16,492
Douglas Shirley Chief Financial Officer	51 0 4 0			X				1,057,371	0	40,764
Gary Lesneski Sr EVP/General Counsel	55 0 0 0			X				1,382,361	0	28,204
Jane M Tubbs Board Secretary	37 0 3 0			X				69,960	0	2,275
Anthony Mazzarelli MDJDMBA Chief Medical Officer, SVP OPS	55 0 0 0			X				1,050,958	0	39,901
Stephanie Connors Sr EVP, COO, CNO	55 0 0 0			X				1,069,838	0	11,252

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robin L Perry MD Chief, Dept of Ob Gyn	55 0 0 0				X			607,389	0	40,210
Lawrence S Miller MD Chief, Orthopedic Surgery	52 0 3 0				X			945,550	0	39,921
William G Smith MBA VP Chief Accounting Officer	46 0 9 0				X			387,388	0	34,025
Jeffrey P Carpenter MD Chief of Surgery	55 0 0 0				X			1,205,468	0	40,234
Elizabeth Green VP Human Resource	55 0 0 0				X			360,208	0	18,585
Kevin O'Dowd Sr EVP-chief admin off	55 0 0 0				X			1,045,025	0	39,572
Michael Rosenbloom MD Head, Div of Cardiothoracic Sg	55 0 0 0					X		1,620,580	0	40,234
Richard Y Highbloom MD Surgeon	55 0 0 0					X		1,183,349	0	32,660
Frank W Bowen III MD Surgeon	55 0 0 0					X		1,367,120	0	9,707
Richard Lackman MD Orthopaedic Oncologist	55 0 0 0					X		857,088	0	28,222

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Adam Elfant MD Assc Division Head-Dept of Med	55 0 0 0					X		1,184,098	0	32,973

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

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10

☐

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

11

☐

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

12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2016

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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 The Cooper Health System A New Jersey Non-Profit Corporation	Employer identification number 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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		327,946
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,998
j	Total. Add lines 1c through 1i			357,944
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 2016, the Organization incurred the following lobbying expenditures. The organization paid independent firms \$270,446 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 2016 is detailed below and in total is \$29,998. New Jersey Hospital Association \$22,498. Hospital Alliance of New Jersey \$7,500.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319054577	
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 2016 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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	439,000	439,000	439,000	439,000	439,000
b					
c					
d					
e					
f					
g	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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3a(i)

3a(ii)

3b

Yes

No

Yes

No

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,602,800		4,602,800
b Buildings		278,065,209	69,673,722	208,391,487
c Leasehold improvements		205,321,406	99,954,291	105,367,115
d Equipment		452,559,584	325,764,831	126,794,753
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				445,156,155

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
SETTLEMENTS-3RD PARTY PAYORS,	2,158,383
SELF-INSURED RESERVES, CURRENT	17,480,898
SELF-INSURED RESERVES, NON-CUR	52,744,161
ACCRUED RETIREMENT BENEFITS	15,038,664
LT SETTLEMENT- MEDICARE	6,848,305
LONG TERM INTERCOMPANY PAYABLE	31,422,166
MISCELLANEOUS	1,398,078
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	127,090,655

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	1,194,980,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	9,405,431
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-69,391,709
e	Add lines 2a through 2d	2e	-59,986,278
3	Subtract line 2e from line 1	3	1,254,966,319
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	1,254,966,319

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	1,110,489,761
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	1,110,489,761
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	434,845
b	Other (Describe in Part XIII)	4b	69,753,109
c	Add lines 4a and 4b	4c	70,187,954
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,180,677,715

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	SCHEDULE D, Part XI, LINE 2D Change in Interest Rate Swap \$ 922,594 Change in Pension Bene fit Obligation (126,349) Reclass Provision for Bad Debt (69,753,109) Reclass Investment Interest Expense (434,845) ----- TOTAL \$(69,391,709)

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	Schedule D, Part XII, Line 4b Reclass Provision for Bad Debt \$ 69,753,109

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

2016

Open to Public Inspection

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

Employer identification number
21-0634462

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☐ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %		
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 eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	1,011	23,849,014	34,117,000		0 %
b Medicaid (from Worksheet 3, column a)	1	11,105	306,121,283	230,519,000	75,602,283	6 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2	12,116	329,970,297	264,636,000	75,602,283	6 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	61	210,896	1,171,075	563,626	607,449	0 050 %
f Health professions education (from Worksheet 5)	45	2,128	76,570,000	31,519,000	45,051,000	4 060 %
g Subsidized health services (from Worksheet 6)	2	28	1,646		1,646	0 %
h Research (from Worksheet 7)	1	145	34,070		34,070	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	25		101,114		101,114	0 010 %
j Total. Other Benefits	134	213,197	77,877,905	32,082,626	45,795,279	4 120 %
k Total. Add lines 7d and 7j	136	225,313	407,848,202	296,718,626	121,397,562	10 930 %

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	0	499,084	340,424	158,660	0.010 %
2 Economic development	1	0	55,000		55,000	0 %
3 Community support	12	632	1,215,402	305,860	909,542	0.080 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	5	105	18,220		18,220	0 %
7 Community health improvement advocacy	2	40	11,818		11,818	0 %
8 Workforce development	5	620	91,767		91,767	0 %
9 Other						
10 Total	27	1,397	1,891,291	646,284	1,245,007	0.090 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	69,753,109	
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	752,891	
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	188,409,000
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	229,557,000
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-41,148,000
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

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)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>www.cooperhealth.org</u>		
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 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

		COOPER HEALTH SYSTEM	
Name of hospital facility or letter of facility reporting group _____			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
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? 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)	15	Yes
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
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	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

COOPER HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group

		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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

COOPER HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 45

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	
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 \$69,753,109 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 CLI NICS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II	
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 \$24,671,000 AND \$29,093,000 FOR THE YEAR ENDED DECEMBER 31, 2016 AND 2015, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, QUESTION 2	
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, QUESTION 4	
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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART VI, QUESTION 6	
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 STA TE 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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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 One Cooper Plaza Camden, NJ 08103 www.cooperhealth.org	X	X	X	X		X	X	X	Level 1 Trauma	A

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B	The Community Health Needs Assessment (CHNA) was conducted from February to October of 2016 with the purpose of gathering information about local health needs and health behaviors. The assessment used both primary and secondary research to illustrate and compare health trends and disparities across the region. Primary research solicited input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research identified demographic and health trends across geographic areas and populations. The Cooper Board of Trustees met on December 21, 2016 to review the findings of the CHNA and the recommended implementation strategy. The board voted to adopt the final summary report and the implementation strategy and provide the necessary resources and support to carry out the initiatives therein. Question 5: The Burlington, Camden, Gloucester, and Ocean County Health Departments participated in the design and completion of Cooper's Community Health Needs Assessment, including meetings to identify and prioritize health needs. Specific research methods: - A review of secondary health and socioeconomic indicators for the service area - An analysis and comparison of hospital utilization data - Partner forums with community representatives and leaders to identify community health priorities and facilitate population health strategy collaboration - Focus groups with health consumers Question 6: The Health Assessment Collaborative included the following partners: Cooper University Hospital, Deborah Heart and Lung Center, Kennedy Health System, Lourdes Health System, Virtua Health, and the Health Departments of Burlington, Camden, Gloucester, and Ocean Counties. Question 10A: WWW.COOPERHEALTH.ORG/SITES/COOPER/FILES/SITE/PDF/CHNA-2016.PDF Question 11: A voting system based on the criteria of scope, severity, and ability to impact was used to help participants in the assessment prioritize local health needs. The prioritized list of health needs is as follows: 1. behavioral health and chronic disease comorbidities 2. linkages to care - access 3. substance abuse Cooper is addressing the significant needs identified in the recently conducted CHNA as follows: - Behavioral health/chronic disease comorbidities - creation of an advanced care center with implementation of an innovative multidisciplinary group visit model - Patients with similar diagnoses meet together and learn best practices of care together - community education programs and support groups - linkages to care - access - partnered with a third party vendor to assist patients in completing applications for financial assistance, medicaid, etc. - trained staff as certified application counselors to assist patients in obtaining insurance - launched urgent care services in three locations - implemented dedicated schedule slots with primary care physicians to ensure

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B	ure available follow-up appointments for patients within two weeks after hospital discharge Substance abuse -implemented standardized, systematic mental health screening for all patients admitted to Cooper -launched an initiative to address the gaps in behavioral health resources and identify partnership opportunities in service provision -hosted and supported many community events in collaboration with the county's addiction awareness task force Rationale for community health needs not specifically addressed Cooper recognizes that partnerships with community agencies have the broadest reach to improve community health issues While additional disease specific and population specific needs were identified, the group found that other resources, such as the Southern New Jersey Perinatal Cooperative and disease specific resources were available and the health systems would be more effective in utilizing the available resources in addressing the prioritized needs Question 16 WWW.COOPERHEALTH.ORG/PATIENT-GUIDE/FINANCIAL-MATTERS

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

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

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 1 Cooper Plaza Camden, NJ 08103	physician office
1 Cooper GYN Oncology Association PC 3 Cooper Plaza Ste 300 Camden, NJ 08103	physician office
2 Early Intervention Program 3 Cooper Plaza Suite 513 Camden, NJ 08103	Outpatient HIV/AIDS Services ambulatory care, Outpatient HIV/AIDS services
3 Cooper Physical Medicine & Rehabilitatio 1101 North Kings Hwy Ste 100 cherry hill, NJ 08034	physician office
4 CHC Pain Management Center PA 3 Cooper Plaza Ste 314 Camden, NJ 08103	physician office
5 University Urogynecology Association P 3 Cooper Plaza Ste 300 Camden, NJ 08103	physician office
6 Cooper Obstetrical Associates PC 1 Cooper Plaza Camden, NJ 08103	physician office
7 CMC Psychiatric Associates PC 3 Cooper Plaza Ste 307 Camden, NJ 08103	physician office
8 CHS Regional Cleft-Craniofacial Program 110 Marter Avenue Suite 402 Moorestown, NJ 08057	Cleft-Craniofacial Services ambulatory care, outpatient cleft-craniofacial services
9 Center for Health and Wellness PC 1 Cooper Plaza Camden, NJ 08103	physician office
10 Cooper Imaging Center at Voorhees 900 Centennial Boulevard Suite B Voorhees, NJ 08043	Outpatient Radiology Services ambulatory care, Outpatient radiology services
11 Cooper Bone and Joint Institute PC 1 Cooper Plaza Camden, NJ 08103	physician office
12 Cooper Department of Neuroscience PC 1103 North Kings Hwy Ste 101 Camden, NJ 08103	physician office
13 Cooper University Trauma Physicians PC 3 Cooper Plaza Ste 403 Camden, NJ 08103	physician office
14 Critical Care Group PA 1 Cooper Plaza 3rd Floor D394 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

2016

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

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 125 South 9th Street Philadelphia, PA 19107	75-2949264	501(c)(3)	34,214				Sponsorship
philadelphia soul charitable foundation 201 laurel road voorhees, NJ 08043	20-5036346	501(c)(3)	15,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
national brain tumor society 55 chapel street 200 newton, MA 02458	04-3068130	501(c)(3)	10,000				Sponsorship
Head of Schuylkill Regatta 7 BOATHOUSE DR Philadelphia, PA 19130	35-2366125	501(c)(3)	8,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 40 monument road bala cynwyd, PA 19004	23-2734689	501(c)(3)	6,500				SPONSORSHIP
CAMDEN COUNTY PARKS DEPT 1301 PARK BLVD CHERRY HILL, NJ 08002	99-99999999	501(C)(1)	6,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SUMMIT MEDICAL GROUP FOUNDATION 1 DIAMOND HILL RD BERK HEIGHTS, NJ 07922	46-3355413	501(c)(3)	6,000				SPONSORSHIP
CHERRY HILL TWP 820 MERCER STREET CHERRY HILL, NJ 08002	99-9999999	501(C)(1)	5,200				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
LEUKEMIA LYMPHOMA SOCIETY 14 COMMERCE DRIVE SUITE 301 CRANFORD, NJ 07016	13-5644916	501(c)(3)	5,200				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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" 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 4b	DURING THE CALENDAR YEAR 2016, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED PLAN. THE INDIVIDUALS LISTED BELOW VESTED IN THE PLAN IN THE CURRENT YEAR OR IN A PRIOR YEAR AND THEREFORE CONTRIBUTIONS TO THE PLAN ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION. ADRIENNE KIRBY, PHD DOUGLAS SHIRLEY GARY LESNESKI WILLIAM G. SMITH, MBA ANTHONY MAZZARELLI, MD STEPHANIE CONNERS KEVIN O'DOWD
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, key employees, and top five highest compensated.

Additional Data

Software ID:

Software Version:

EIN: 21-0634462

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ADRIENNE KIRBY PHD PRES&CEO-COOPER UNIV HLTH/TTEE	(i)	983,229	575,000	71,855	9,275	19,163	1,658,522	0
	(ii)	0	0	0	0	- 0	- 0	0
1MICHAEL E CHANSKY MD TRUSTEE/CHIEF, EMERGENCY MED	(i)	511,876	38,333	21,601	9,275	1,615	582,700	0
	(ii)	0	0	0	0	- 0	- 0	0
2Generosa Grana MD Trustee/Dir Cooper Cancer Ins	(i)	691,529	68,833	20,838	9,275	1,997	792,472	0
	(ii)	0	0	0	0	- 0	- 0	0
3Roland Schwarting MD Trustee/Chief, Pathology	(i)	558,440	79,655	4,063	9,275	12,614	664,047	0
	(ii)	0	0	0	0	- 0	- 0	0
4Douglas Shirley Chief Financial Officer	(i)	594,244	400,000	63,127	9,275	31,489	1,098,135	0
	(ii)	0	0	0	0	- 0	- 0	0
5Gary Lesneski Sr EVP/General Counsel	(i)	674,144	400,000	308,217	9,275	18,929	1,410,565	0
	(ii)	0	0	0	0	- 0	- 0	0
6Robin L Perry MD Chief, Dept of Ob Gyn	(i)	559,877	44,844	2,668	9,275	30,935	647,599	0
	(ii)	0	0	0	0	- 0	- 0	0
7Lawrence S Miller MD Chief, Orthopedic Surgery	(i)	849,013	74,181	22,356	9,275	30,646	985,471	0
	(ii)	0	0	0	0	- 0	- 0	0
8William G Smith MBA VP Chief Accounting Officer	(i)	299,807	75,000	12,581	8,730	25,295	421,413	0
	(ii)	0	0	0	0	- 0	- 0	0
9Jeffrey P Carpenter MD Chief of Surgery	(i)	1,003,174	199,456	2,838	9,275	30,959	1,245,702	0
	(ii)	0	0	0	0	- 0	- 0	0
10Michael Rosenbloom MD Head, Div of Cardiothoracic Sg	(i)	1,527,305	88,919	4,356	9,275	30,959	1,660,814	0
	(ii)	0	0	0	0	- 0	- 0	0
11Richard Y Highbloom MD Surgeon	(i)	1,091,342	89,169	2,838	9,275	23,385	1,216,009	0
	(ii)	0	0	0	0	- 0	- 0	0
12Frank W Bowen III MD Surgeon	(i)	1,247,586	100,544	18,990	9,275	432	1,376,827	0
	(ii)	0	0	0	0	- 0	- 0	0
13Richard Lackman MD Orthopaedic Oncologist	(i)	827,908	5,000	24,180	9,275	18,947	885,310	0
	(ii)	0	0	0	0	- 0	- 0	0
14Anthony Mazzarelli MDJDMBA Chief Medical Officer, SVP OPS	(i)	615,142	400,000	35,816	9,275	30,626	1,090,859	0
	(ii)	0	0	0	0	- 0	- 0	0
15Stephanie Connors Sr EVP, COO, CNO	(i)	635,444	400,000	34,394	9,275	1,977	1,081,090	0
	(ii)	0	0	0	0	- 0	- 0	0
16Adam Elfant MD Assc Division Head-Dept of Med	(i)	738,348	426,232	19,518	9,275	23,698	1,217,071	0
	(ii)	0	0	0	0	- 0	- 0	0
17Steven E Ross MD Trustee/Dept of Surgery	(i)	391,726	34,000	5,407	9,275	25,165	465,573	0
	(ii)	0	0	0	0	- 0	- 0	0
18Elizabeth Green VP Human Resource	(i)	280,524	70,000	9,684	9,275	9,310	378,793	0
	(ii)	0	0	0	0	- 0	- 0	0
19Kevin O'Dowd Sr EVP-chief admin off	(i)	614,164	400,000	30,861	8,613	30,959	1,084,597	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

2016

Open to Public Inspection

Employer identification number
21-0634462

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Camden County Improvement Authority	22-2681222	13281qay1	08-01-2013	53,048,439	various capital projects		X		X		X
B New Jersey Economic Dev Auth	22-2045817		11-09-2009	10,000,000	Construction/Refd issue 2/27/97		X		X		X
C Camden County Improvement Authority	22-2681222	645918tvs	11-04-2008	50,000,000	Construction-Bldg, Various Cost		X		X		X
D Camden County Improvement Authority	22-2681222	13281QBP9	11-18-2014	159,117,690	Refund Issued 12/25/05, 6/26/04		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		5,772,724		0		4,275,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	53,053,017		10,000,000		50,000,000		159,117,690	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		256	
7	Issuance costs from proceeds	1,050,969		190,000		986,526		1,966,144	
8	Credit enhancement from proceeds	0		0		208,947		0	
9	Working capital expenditures from proceeds	0		0		0		192,209	
10	Capital expenditures from proceeds	48,507,681		5,771,076		48,804,527		0	
11	Other spent proceeds	0		4,038,924		0		156,959,181	
12	Other unspent proceeds	3,494,367		0		0		0	
13	Year of substantial completion			2010		2009			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X	X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X	X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 400 %		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					0 400 %		0 100 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part II, Line 3, Column A	The total proceeds exceeds the issue price by the investment earnings earned to date

Return Reference	Explanation
Part IV, Question 2(C), Column D	An interim rebate calculation was performed on 11/18/2016

Return Reference	Explanation
Part IV, Question 2(C), Column A	An interim rebate calculation was performed on 7/31/2016

Return Reference	Explanation
Part IV, Question 2(C), Column C	The rebate calculation was performed on 11/4/2016

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

2016

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
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	114,818	Employee		No
(2) JOANNE MAZZARELLI	FAMILY MEMBER-MAZZARELLI	372,665	Employee		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493319054577
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
			2016 Open to Public Inspection
Name of the organization The Cooper Health System A New Jersey Non-Profit Corporation		Employer identification number 21-0634462	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI Disclosures	Form 990, Part VI, Section A, Line 2 A family relationship exists between George E Norcro ss, III and Philip A Norcross, ESQ Form 990, Part VI, Section B, Line 11b As part of the tax return preparation process, the organization hired a professional CPA firm with exper ience and expertise in both healthcare and not-for-profit tax return preparation to prepar e the Federal Form 990 The CPA firm's tax professionals worked closely with the organizat ion's finance personnel and other senior management members of the organization and the sy stem to obtain the information needed in order to prepare a complete and accurate tax retu rn 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 or ganization'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 Heal th 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 R eturn 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 F ORM 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 POLI CY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE CHIEF CO MPLIANCE OFFICER AND REVIEWED WITH INTERNAL AUDIT, THE FINANCE DEPARTMENT, AND GENERAL COU NSEL BOTH DATA AND A SUMMARY ARE PRESENTED TO THE COOPER HEALTH SYSTEM'S AUDIT/ETHICS & C OMPLIANCE COMMITTEE FOR THEIR REVIEW AND DISCUSSION THE ORGANIZATION'S COMPLIANCE AND LEG AL DEPARTMENTS HAVE DEVELOPED PROCESSES TO REVIEW AND PRESENT POTENTIAL CONFLICTS TO THE A UDIT/ETHICS & COMPLIANCE COMMITTEE Form 990, Part VI, Section B, Lines 15A & 15b The orga nization 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 organi zation to receive the rebuttable presumption of reasonableness 1 The organization's Byla ws 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI Disclosures	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,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI Disclosures	on, the organization's filed certificate of incorporation and any amendments, BYLAWS AND c onflict of interest policy can be viewed on the organization's website

990 Schedule O, Supplemental Information

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 Schwarting, 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 was for services rendered as full-time employees of the organization, not for services rendered as a voting trustee or officer of the organization's board of trustees

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Reconciliation of Net Assets change in interest rate swap 922,594 Change in Pension Benefit Obligation (126,349) ----- Total 796,245

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement index	References lower right-hand corner page number 1 Background, Page 88 2 Charitable purposes, charity care and community activites, Page 91 3 Vision and Mission of the Cooper Health System, Page 92 4 Signature Programs, Page 93 5 Other Medical Specialties, Page 104 6 Cooper Community Benefit Programs, Page 104 Community Hlth, Educ, Clinical Svcs, Fundraising, grantwriting, Page 105 Health Professional Education, Page 109 Subsidized Health Services, Page 111 Research-clinical and Community Health, Page 117 Cash-in-kind Contributions to Community Groups, Page 118 Community Building, Page 118

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 1.6 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 to its local community, including health and wellness programs for the neighborhood, development of three neighborhood parks, 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, 10-story patient pavilion, the MD Anderson Cancer Center at Cooper, and Cooper Medical School of Rowan University. MD Anderson 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 partnered with MD Anderson, the nation's 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 choose to stay in the Garden State for first-rate cancer care. Cooper Medical School of Rowan University continues to educate the next generation of physicians. The inaugural 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 6,900 employees and a medical staff of more than 800 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, MD Anderson Cancer Center.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement	ter at Cooper, the Cooper Heart Institute, the Cooper Bone & Joint Institute, and 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: 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 world-renowned 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 was 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, and 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 and Joint Institute The Cooper Bone and Joint Institute is staffed by orthopaedic physicians who 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 orthopaedic injuries. Cooper's orthopaedic surgeons are experts who are developing innovative techniques in arthroscopic surgery, joint replacement of the shoulder, hip, and knee, ankle, elbow, and spine surgery, orthopaedic oncology, as well as hand and upper extremity surgery, re-plantation and orthopaedic reconstruction. The Cooper Bone and Joint Institute also provides a collaborative multidisciplinary concussion program and orthopaedic rehabilitation. The Cooper Bone and Joint Institutes comprehensive programs offer a unique continuum of care and highly integrated health care delivery system. The goal of the Cooper Bone & Joint Institute is simple: to return patients to normal function as quickly and safely as possible. To reach this goal, the medical professionals at the Cooper Bone and Joint Institute enlist a comprehensive, leading edge approach to the prevention, assessment, treatment and rehabilitation of musculoskeletal injuries. The Cooper Bone and Joint Institute's highly trained team of surgeons, nurses, physician assistants, rehabilitation specialists and various medical support personnel works with each patient and their primary care physician to develop a treatment plan specifically for that patient. By combining extensive clinical expertise with a compassionate, caring, treatment philosophy, the Cooper Bone and Joint Institute has created a program known 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, r

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	adiation and surgical oncologists), advanced practice nurses, nurses and other clinical specialists, work together to provide cancer patients with the most advanced diagnostic and treatment technologies available - from cutting-edge radiation oncology technologies such as CyberKnife radiosurgery, to advanced chemotherapy regimens and innovative surgical techniques including minimally invasive and robotic. A full complement of support services including nutritional counseling, genetic testing and counseling, social work services, complementary medicine therapies and behavioral health support services provides complete, compassionate care for all patients. In September 2013, Cooper partnered with MD Anderson Cancer Center in Houston, Texas - the nation's 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 MD Anderson Cancer Center at Cooper building in Camden is the cornerstone of our partnership and is one of the most tangible examples of the integration between our two organizations. At this new center, patients experience MD Anderson's 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 operational structure at MD Anderson in Houston. Advanced, comprehensive outpatient cancer services are also provided at our Voorhees and Willingboro locations with the same focus on multidisciplinary care. Inpatient cancer care is provided at Cooper University Hospital - South Jersey's 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. Known for its clinical and academic excellence, the center has a state-of-the-art intensive care unit and an acclaimed clinical research program. 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 world'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 patients post cardiac arrest, providing the best-possible chance for optimal recovery. 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, which admits nearly 1,200 children each year, is staffed by pediatric critical care specialists who

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	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 1 Trauma Center Each year, nearly 3,600 critically injured patients are transported to Cooper's Level I Trauma Center, South Jersey's only Level I trauma service. Whether they arrive by helicopter or ambulance, the mission of the trauma team remains the same: resuscitate, evaluate and treat the patient's injuries as quickly as possible. Cooper's Trauma Center is known and respected throughout the region and is the most active trauma center in the entire Delaware Valley. Cooper's trauma teams have saved tens of thousands of lives. The Trauma Center at Cooper was established in 1982 and is one of only three New Jersey state-designated Level I trauma centers. Cooper serves as the regional trauma center for southern New Jersey including Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem Counties, and as a resource for the Level II Trauma Centers in our region. A Level I trauma center cares for severely injured patients including persons involved in motor vehicle accidents, falls, and assaults with guns, knives, or other blunt objects. The Level I Trauma Center at Cooper has also been recognized and verified by the American College of Surgeons as a Level II Pediatric Trauma Center. Cooper is the first hospital in South Jersey and the second among the New Jersey's Level I trauma centers to achieve this verification. Cooper's trauma center is part of a statewide network of trauma centers. These centers participate in multiple national research studies to advance treatments for brain damage, spinal cord injuries and shock management. Cooper's nationally recognized Traumatic Injury Prevention Programs are geared for teens, education professionals and senior citizens with 300 programs reaching over 12,800 individuals last year, and since the inception of the program, the team has reached over 145,000 individuals. Additional classes are held through Cooper's participation with Safe Kids of Southern New Jersey.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	- Cooper Neurological Institute The Cooper Neurological Institute (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 experts from many other subspecialties. The CNI Stroke Program was recently awarded The Joint Commissions Gold Seal of Approval and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Comprehensive Stroke Centers. The Gold Seal of Approval and the Heart-Check mark represent hospitals with the highest level of stroke care and are symbols of quality from their respective organizations. Cooper is one of only seven hospitals in New Jersey and the only one in South Jersey to achieve this significant certification. The CNI is the only program in 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 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. Cooper's only pediatric trauma program in South Jersey was created.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	rtified 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 - Cooper Center for Urgent and Emergent Services Cooper Center for Urgent and Emergent Services include Cooper Emergency Department, Urgent Care Centers, 911 Emergency Medical Services, Air Medical Services, and, the Cooper Transfer Center Coopers Emergency Department in Camden handles almost 80,000 visits annually which averages approximately 220 a day Seeking to provide an alternative to the Emergency Department for patients in the region, Cooper has a growing network of Urgent Care Centers including centers in Audubon, Cherry Hill, Cinnaminson and Runnemede Unlike others Urgent Care Centers in the region, Coopers is staffed by an Emergency Medicine physician at all times, at the ready to provide the higher level of care Cooper is known for When visiting Cooper Urgent Care, patients can walk-in or can reserve a spot ahead of time so the team is ready and waiting In January 2016, Cooper launched comprehensive Basic Life Support (BLS) and Advanced Life Support (ALS) Emergency Medicine Service in Camden Cooper EMS averages more than 110 ambulance runs per day and has two ALS transport vehicles, in two separate locations, on call 24 hours a day, seven days a week improving the timeliness of care and transport of critically ill or injured patients Cooper also has at least two BLS units on call 24 hours a day, seven days a week and up to five BLS units during peak call times Cooper EMS has also worked to build strong community relationships and provides training

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	g to a number of other emergency service agencies serving the City of Camden Cooper Air Medical Transport-- Cooper 1-- provides critical care air medical transportation from locations throughout the seven counties of southern New Jersey to Cooper University Hospital Critically injured patients receive rapid transport from emergency scenes to Coopers Level I Trauma Center, the only Level I adult trauma and Level II pediatric trauma center in South Jersey Additionally, Cooper 1 provides rapid transfer for patients at other hospitals in the region who are critically ill or injured and need the advanced medical and/or surgical care only available at Cooper The Cooper Transfer Center is a service offered to hospitals and physicians who wish to initiate a patient transfer to Cooper University Hospital The transfer requires physician-to-physician consultation, which the transfer center initiates By providing one point of contact, the Cooper Transfer Center streamlines the transfer process A Transfer Nurse Coordinator is on-duty 24/7

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	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. 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 - Early Pregnancy Consultation - 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 - The Diabetes Weight Personalized Diabetes Management Program - Yoga - Exercise Classes - RipaCenter Health and Wellness-Seminars - 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 Mindfulness Meditation iv Live, and Learn v Annual Survivors Day Celebrations vii Horticultural Therapy viii 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 - Th

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	erapeutic 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 intervention 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	Health professional education, physicians, medical students, nurses, etc , scholarship 1 Continuing Medical Education -In July 2012, Cooper received a six-year accreditation with commendation (until July 2018) Cooper is the only hospital or health system in southern New Jersey with national accreditation Moreover, only an average of 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 2 Graduate Medical Education - Cooper's GME programs train approximately 260 residents and fellows per year Cooper Medical School of Rowan University In October 2009, Cooper and Rowan 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 between the institutions Representatives from both Rowan and Cooper worked together to forge a founding philosophy for the school, explore partnerships in research areas, and create committees to work toward Liaison Committee on Medical Education (LCME) accreditation of the school Cooper Medical School of Rowan University is located in Camden, NJ, at Broadway 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 with 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 s

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	ervices for local community events 2 Early Intervention Program - The Cooper University Hospital EIP/Family HIV Treatment Center was 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 point 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 with 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 awareness, resource management, and information management for the healthcare continuum as it relates to emergency preparedness, response, mitigation and recovery. The primary area of responsibility for the CUH MCC is the entire Southern Region of New Jersey which consists of the seven Southern most counties as well as integration with Southeastern Pennsylvania (including the City of Philadelphia) and the State of Delaware (including the City of Wilmington). The MCC utilizes the expertise provided by the Division of EMS and Disaster Medicine, regional law enforcement, fire departments, emergency medical services, CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) teams, technical rescue teams, etc., to assist the healthcare continuum in meeting their mission. 4 Support groups and Cancer Support Groups There are times when the support of friends and family isn't enough. Spending time with

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	h others who have a shared or similar experience and sharing experiences helps with depression and anxiety, and is the key to recovery Cooper's support groups, activities and social events encourage fitness and the maintenance of a healthy body and mind Support groups include but are not limited to - Prostate Cancer Lecture Series - MD Anderson Cancer Center at Cooper is proud to present the Prostate Support Group, the only such support group in southwestern New Jersey This is a joint venture of leaders in the care and treatment of prostate diseases and the MD Anderson Cooper Georgetown Cancer Center The meetings are intended to allow survivors of prostate diseases and their families to become well informed, give and receive the support of others, ask questions, and express their concerns - Sister Will You Help Me? - A breast cancer support group for women of color and faith - the group's mission is to empower through knowledge, encourage through sisterhood, enlighten through faith and to bond through love - Latino Cancer Survivors - Diabetes Support Group - Other Support Groups - Traumatic Brain Trauma Support Group 5 Language Interpreter services for patients - Cooper provides interpreting services for patients whose first language is not English and for the sight and hearing impaired

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	6 Camden Coalition of Healthcare Providers - Cooper provides significant support to this organization which was created as an opportunity for providers to network and discuss the common issues they face in running medical practices in Camden and providing care in a poor, urban environment. Camden Citywide Care Management Project In September 2007, the Coalition began implementation of a Citywide Care Management Project to reach out to high utilizers of city emergency rooms and hospitals. A part-time nurse practitioner, community health worker, and a full-time social worker staff the project. Patients are enrolled to the project by referral from emergency department physicians, inpatient physicians, and social workers. The project provides "transitional" primary care with a goal of moving the patients into a primary care setting that can meet their needs. With over sixty patients enrolled in our project, we are visiting them in homeless shelters, abandoned homes, hospital rooms, ED gurneys, and street corners. Practice Capacity Building Project The Coalition's philosophy is that by increasing capacity within local primary care offices we can help them achieve higher patient satisfaction, improved economic viability, and better health outcomes. Monthly roundtable meetings and seminars have been held for local office managers and providers to encourage peer-to-peer linkages, increase skills and knowledge of modern medical office management techniques and educate in specific practice management topics. Participation in this group leads to on-site consultation for individual offices, focusing on process flows, operations management, analyzing cycle times, and information management. Expansion of Access to Mental Health Care Psychiatry services are extremely difficult to access in underserved communities. The Coalition is developing a system of joint primary care /psychiatry appointments to increase a primary care provider's capacity to provide mental health care. The psychiatrist will provide mentoring, coaching and consultation to the primary provider. 7 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	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 Among other medical advances credited to the Cooper Research Institute are 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 \$5 million in funding from the Neighborhood Revitalization Tax Credit (NRTC) program through the NJ 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	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 Partner ships - 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 litter 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 2016, Cooper University Hospital continued the series with three free community concerts in the Sheila Roberts 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 -Support for the KIPP Cooper Norcross Academy -Camden Promise Neighborhood with the Center for Family Services

990 Schedule O, Supplemental Information

Return Reference	Explanation
Community benefit statement continued	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

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

2016

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
(1) All Care Health Alliance LLC 1 Federal Street Suite S-400 Camden, NJ 08103 21-0634462	ACO	NJ	0	0	Cooper Hlth

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 Seviles Inc 1 federal st suite nw2-400 Camden, NJ 08103 22-3832149	Health Svcs	NJ	501(c)(3)	11-I	CH System	Yes	
(2)The Cooper Foundation 1 federal st suite nw2-400 Camden, NJ 08103 22-2213715	Support CHS	NJ	501(c)(3)	7	NA		No
(3)The Cooper Hlth Sys - Wrkrs Comp Trust 1 federal st suite nw2-400 Camden, NJ 08103 22-6409235	Support CHS	NJ	501(c)(3)	11-I	CH System	Yes	
(4)Cooper Cancer Center Inc 1 federal st suite nw2-400 Camden, NJ 08103 46-0943572	Health Svcs	NJ	501(c)(3)	11-I	CH System	Yes	

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

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

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.

See Additional Data Table

(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

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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 1 federal st suite nw2-400 Camden, NJ 081031438 22-2603503	Collections	NJ	CH Services	C Corp	1,557,780	683,121	100 000 %	Yes	
(1) Cooper Healthcare Properties Inc 1 federal st suite nw2-400 Camden, NJ 081031438 22-2567105	Real Estate	NJ	CH Services	C Corp	862,929	3,090,764	100 000 %	Yes	
(2) Cooper Healthcare Services 1 federal st suite nw2-400 Camden, NJ 081031438 22-2567106	Health Svcs	NJ	Cooper Hlth sys	C Corp	0	0	100 000 %	Yes	
(3) Cooper GYN Oncology Association PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3427282	Physician Pra	NJ	Cooper Hlth sys	C Corp	2,065,607	0	100 000 %	Yes	
(4) Cooper Pediatrics PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-2965846	Physician Pra	NJ	Cooper Hlth sys	C Corp	11,855,103	0	100 000 %	Yes	
(5) Cooper Bone and Joint Institute PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-2354988	Physician Pra	NJ	Cooper Hlth sys	C Corp	58,925	0	100 000 %	Yes	
(6) Center for Health and Wellness PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3487144	Physician Pra	NJ	Cooper Hlth sys	C Corp	95,365	0	100 000 %	Yes	
(7) Cooper Obstetrical Associates PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-2329164	Physician Pra	NJ	Cooper Hlth sys	C Corp	1,034,550	0	100 000 %	Yes	
(8) CMC Department of Medicine Group PA 1 federal st suite nw2-400 Camden, NJ 081031438 22-3266219	Physician Pra	NJ	Cooper Hlth sys	C Corp	53,263,968	0	100 000 %	Yes	
(9) CHC Pain Management Center PA 1 federal st suite nw2-400 Camden, NJ 081031438 22-3419259	Physician Pra	NJ	Cooper Hlth sys	C Corp	1,780,663	0	100 000 %	Yes	
(10) Cooper Faculty OB-GYN PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-2700904	Physician Pra	NJ	Cooper Hlth sys	C Corp	6,479,831	0	100 000 %	Yes	
(11) Cooper Perinatology Associates PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-2965240	Physician Pra	NJ	Cooper Hlth sys	C Corp	3,766,014	0	100 000 %	Yes	
(12) Cooper Pathology PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3075647	Physician Pra	NJ	Cooper Hlth sys	C Corp	4,131,159	0	100 000 %	Yes	
(13) Cooper Physical Medicine&Rehab Assoc PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3137520	Physician Pra	NJ	Cooper Hlth sys	C Corp	1,688,649	0	100 000 %	Yes	
(14) Cooper Physician Offices PA 1 federal st suite nw2-400 Camden, NJ 081031438 22-3310529	Physician Pra	NJ	Cooper Hlth sys	C Corp	28,125,185	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 1 federal st suite nw2-400 Camden, NJ 081031438 22-3315602	Physician Pra	NJ	Cooper Hlth sys	C Corp	1,335,820	0	100 000 %	Yes	
(1) Cooper Anesthesia Associates PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3346073	Physician Pra	NJ	Cooper Hlth sys	C Corp	19,814,899	0	100 000 %	Yes	
(2) Cooper Family Medicine PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3358732	Physician Pra	NJ	Cooper Hlth sys	C Corp	7,116,486	0	100 000 %	Yes	
(3) Cooper University Radiology PC 1 federal st suite nw2-400 Camden, NJ 081031438 51-0483383	Physician Pra	NJ	Cooper Hlth sys	C Corp	10,511,259	0	100 000 %	Yes	
(4) Cooper Urgent Care PC 1 federal st suite nw2-400 Camden, NJ 081031438 80-0747085	Physician Pra	NJ	Cooper Hlth sys	C Corp	6,643,010	0	100 000 %	Yes	
(5) Cooper Pediatric Specialists PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3474357	Physician Pra	NJ	Cooper Hlth sys	C Corp	7,145,512	0	100 000 %	Yes	
(6) Cooper Primary Care at Pennsville PA 1 federal st suite nw2-400 Camden, NJ 081031438 22-3486722	Physician Pra	NJ	Cooper Hlth sys	C Corp	2,015,941	0	100 000 %	Yes	
(7) Critical Care Group PA 1 federal st suite nw2-400 Camden, NJ 081031438 22-3266221	Physician Pra	NJ	Cooper Hlth sys	C Corp	0	0	100 000 %	Yes	
(8) Radiation Oncology PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3587486	Physician Pra	NJ	Cooper Hlth sys	C Corp	2,519,096	0	100 000 %	Yes	
(9) Cooper University Trauma Physicians PC 1 federal st suite nw2-400 Camden, NJ 081031438 20-0031895	Physician Pra	NJ	Cooper Hlth sys	C Corp	0	0	100 000 %	Yes	
(10) Cooper University Emergency PhysiciansPC 1 federal st suite nw2-400 Camden, NJ 081031438 20-0835576	Physician Pra	NJ	Cooper Hlth sys	C Corp	11,486,074	0	100 000 %	Yes	
(11) Cooper Surgical Associates PA 1 federal st suite nw2-400 Camden, NJ 081031438 22-2170196	Physician Pra	NJ	Cooper Hlth sys	C Corp	41,560,253	0	100 000 %	Yes	
(12) University Urogynecology Association PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3235088	Physician Pra	NJ	Cooper Hlth sys	C Corp	930,103	0	100 000 %	Yes	
(13) Cooper Department of Neuroscience PC 1 federal st suite nw2-400 Camden, NJ 081031438 22-3358684	Physician Pra	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	2,426,554	CASH - FMV
(2)	COOPER MEDICAL SERVICES	L	507,244	CASH - FMV
(3)	COOPER HEALTHCARE PROPERTIES INC	K	461,709	CASH - FMV
(4)	COOPER MEDICAL SERVICES	K	5,423,700	CASH - FMV
(5)	COOPER MEDICAL SERVICES	P	816,843	CASH - FMV
(6)	COOPER MEDICAL SERVICES	O	187,944	CASH - FMV
(7)	C&H COLLECTION SERVICES INC	O	63,468	CASH - FMV
(8)	C&H COLLECTION SERVICES INC	L	1,630,867	CASH - FMV
(9)	all physician practices	B	346,870,143	CASH - FMV