

**The Cooper Health System, a
New Jersey Non-Profit
Corporation**

Form 990 for the
Year Ended December 31, 2021

Public Disclosure Copy

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2021**Open to Public
Inspection**A** For the **2021** calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationTHE COOPER HEALTH SYSTEM, A NEW JERSEY
NON-PROFIT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 FEDERAL STREET NW2-400City or town, state or province, country, and ZIP or foreign postal code
CAMDEN, NJ 08103**F** Name and address of principal officer: KEVIN O'DOWD
ONE COOPER PLAZA, CAMDEN, NJ 08103**D** Employer identification number

21-0634462

E Telephone number
856-342-2000**G** Gross receipts \$ 1,994,839,502.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.COOPERHEALTH.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1875**M** State of legal domicile: NJ**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE, TO HEAL, TO EDUCATE.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10655	
	6 Total number of volunteers (estimate if necessary)	6	481	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	117,278,688.	57,189,512.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,416,959,233.	1,741,489,176.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,527,310.	32,581,518.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,178,883.	19,421,459.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,562,944,114.	1,850,681,665.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,131,700.	891,053.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	875,463,506.	979,337,613.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	621,988,494.	665,148,830.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,499,583,700.	1,645,377,496.	
	19 Revenue less expenses. Subtract line 18 from line 12	63,360,414.	205,304,169.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	1,794,664,163.	1,972,998,916.
22 Net assets or fund balances. Subtract line 21 from line 20		961,937,243.	934,415,442.	

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	Date
	BRIAN M REILLY, CFO Type or print name and title	11/14/22
Paid Preparer Use Only	Print/Type preparer's name RUSSLEE ARMSTRONG	Preparer's signature Russlee Armstrong
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558
	Firm's address 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103	Phone no. (215) 561-4200

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Taxpayer identification number (TIN) 21-0634462
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 FEDERAL STREET, NW2-400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMDEN, NJ 08103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CHIEF FINANCIAL OFFICER

- The books are in the care of ► ONE COOPER PLAZA - CAMDEN, NJ 08103

Telephone No. ► 856-342-2000

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2021 or
- ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,321,780,468. including grants of \$ 891,053.) (Revenue \$ 1,743,609,301.)

THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION (CHS) IS

A NEW JERSEY NON-PROFIT ORGANIZATION. CHS IS COMPRISED OF FOUR

DIVISIONS: THE COOPER UNIVERSITY HOSPITAL (CUH), COOPER UNIVERSITY

PHYSICIANS (CUP), COOPER CARE ALLIANCE (CCA), AND MD ANDERSON COOPER

CANCER CENTER. THE CUH INCLUDES THE OPERATIONS OF COOPER UNIVERSITY

HEALTH CARE 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; AND THE CCA IS A

COMMUNITY-BASED PHYSICIAN PRACTICE EMPLOYED BY COOPER WHOSE STAFF DO

NOT HAVE FACULTY APPOINTMENTS. SEE SCHEDULE H & O FOR MORE INFORMATION.

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

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

4e Total program service expenses 1,321,780,468.Form **990** (2021)

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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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
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>		X
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>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
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>		X
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>		X
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. See instructions</i>		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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	1366
b Enter the number of Forms W-2G included on 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	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 10655		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	21			
b Enter the number of voting members included on line 1a, above, who are independent		14		
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?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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 on Schedule O				X

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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on 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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

19 Describe on 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 - 856-342-2000
 ONE COOPER PLAZA, CAMDEN, NJ 08103

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN O'DOWD, JD CO-PRESIDENT/CEO	50.00 5.00	X		X				2,351,761.	0.	174,736.
(2) ANTHONY MAZZARELLI, MD,JD,MBE CO-PRESIDENT/CEO	51.00 4.00	X		X				2,226,333.	0.	174,029.
(3) MICHAEL ROSENBLUM, MD HEAD, DIV OF CARDIOTHORACIC SG	55.00 0.00					X		1,817,187.	0.	34,194.
(4) ADAM ELFANT, MD DIVISION HEAD, GASTROENTEROLOGY	55.00 0.00					X		1,572,512.	0.	44,212.
(5) FRANK W. BOWEN, III, MD DIRECTOR, THORACIC SURGICAL ONCO.	55.00 0.00					X		1,469,480.	0.	57,389.
(6) JEFFREY P. CARPENTER, MD CHIEF, DEPARTMENT OF SUGERY	55.00 0.00				X			1,291,707.	0.	31,895.
(7) TUDOR JOVIN, M.D. DIRECTOR NEUROLOGICAL INSTITUTE	55.00 0.00					X		1,180,153.	0.	32,508.
(8) STEVEN YOCOM, DO, FACOS DIRECTOR CENTER FOR SPINE HEALTH	55.00 0.00					X		1,161,289.	0.	51,048.
(9) BRIAN REILLY CHIEF FINANCIAL OFFICER	53.00 2.00			X				1,022,952.	0.	103,411.
(10) ERIC KUPERSMITH, MD SVP, CHIEF PHYS. EXEC HOSPITALIST	54.00 1.00			X				981,860.	0.	130,699.
(11) GENEROSA GRANA, MD TRUSTEE/DIR ANDERSON CANCER CENTR.	52.00 3.00	X						1,038,946.	0.	27,160.
(12) LAWRENCE S. MILLER, MD CHIEF, ORTHOPEDIC SURGERY	55.00 0.00				X			886,802.	0.	56,416.
(13) SEAN MURPHY SR EVP/GENERAL COUNSEL	55.00 0.00			X				723,814.	0.	93,864.
(14) ROLAND SCHWARTING, MD TRUSTEE/CHIEF, PATHOLOGY	52.00 3.00	X						767,248.	0.	17,319.
(15) MICHAEL E. CHANSKY, MD TRUSTEE / CHIEF, EMERGENCY MED	55.00 0.00	X						688,676.	0.	33,326.
(16) ROBIN L. PERRY, MD CHIEF, DEPT OF OB GYN	55.00 0.00				X			690,120.	0.	31,548.
(17) ELIZABETH GREEN SVP HUMAN RESOURCE	54.00 1.00				X			482,037.	0.	62,099.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KATHLEEN DEVINE, DRNP, NEA-BC SVP/CHIEF NURSING OFFICER	55.00 0.00			X				479,783.	0.	64,137.
(19) MARTHA MATTHEWS, M.D TRUSTEE, PRES MED. STAFF (BEG 3/21)	52.00 3.00	X						488,504.	0.	37,893.
(20) KENNETH M. WRIGHT SVP/CHIEF ACCTG OFFICER	49.00 6.00				X			470,372.	0.	43,047.
(21) ROBERT HOCKEL SVP, OPERATIONS	55.00 0.00				X			473,080.	0.	39,684.
(22) GARY LESNESKI SPECIAL COUNSEL	20.00 0.00						X	339,641.	0.	27,157.
(23) STEVEN E. ROSS, MD TRUSTEE/VICE CHAIR DEPT OF SURG.	52.00 3.00	X						291,603.	0.	26,276.
(24) DINA MATHEWS-LAURENDEAU BOARD SECRETARY	38.00 2.00			X				110,270.	0.	22,161.
(25) GEORGE E. NORCROSS, III CHARIMAN OF THE BOARD/TRUSTEE	3.00 0.00	X		X				0.	0.	0.
(26) PETER S. AMENTA, MD, PHD TRUSTEE	3.00 0.00	X						0.	0.	0.
1b Subtotal								23,006,130.	0.	1,416,208.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								23,006,130.	0.	1,416,208.

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

2,026

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FASTAFF LLC P.O. BOX 911452, DENVER, CO 80291-1452	TEMP AGENCY	12,675,380.
THE CAMPAIGN GROUP INC 1600 LOCUST ST, PHILADELPHIA, PA 19103	ADVERTISING	4,583,463.
QUEST DIAGNOSTICS, P.O. BOX 828669, PHILADELPHIA, PA 19182-8669	LAB SERVICES	1,887,343.
W.L. GORE & ASSOCIATES INC 555 PAPER MILL RD, NEWARK, DE 19711	CONSTRUCTION	1,827,634.
FALASCA MECHANICAL INC 3329 NORTH MILL ROAD, VINELAND, NJ 08360	MAINTENANCE SERVICES	1,672,860.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

40

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3,851,089.				
	e Government grants (contributions)	1e	53,338,423.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			57,189,512.			
Program Service Revenue	2 a NET PATIENT SVC REV.	Business Code	622110	1,686,083,743.	1,686,083,743.		
	b HEALTHCARE RELATED REV		622110	38,442,824.	38,442,824.		
	c ROWAN UNIVERSITY SUB.		611310	9,308,721.	9,308,721.		
	d RESEARCH ACTIVITIES		541715	7,615,130.	7,615,130.		
	e EDUCATION		622110	38,758.	38,758.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,741,489,176.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,572,986.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 313,237.				
b Less: rental expenses ...		6b	0.				
c Rental income or (loss)		6c	313,237.				
d Net rental income or (loss)				313,237.			313,237.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 169,166,369.				
b Less: cost or other basis and sales expenses		7b	141,989,184.	2,168,653.			
c Gain or (loss)		7c	27,177,185.	-2,168,653.			
d Net gain or (loss)				25,008,532.			25,008,532.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TRANSPORT/PARKING	Business Code	900099	10,152,734.			10,152,734.
	b CAFETERIA/COFFEE/GIFT		900099	5,028,950.			5,028,950.
	c REBATE		900099	408,648.			408,648.
	d All other revenue		900099	3,517,890.	2,120,125.		1,397,765.
	e Total. Add lines 11a-11d			19,108,222.			
	12 Total revenue. See instructions			1,850,681,665.	1,743,609,301.	0.	49,882,852.

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	891,053.	891,053.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,635,568.	7,822,900.	8,812,668.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	816,870,335.	733,362,406.	83,507,929.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,584,390.	8,414,792.	10,169,598.	
9 Other employee benefits	74,060,171.	23,249,637.	50,810,534.	
10 Payroll taxes	53,187,149.	21,127,476.	32,059,673.	
11 Fees for services (nonemployees):				
a Management	8,169,621.	371,921.	7,797,700.	
b Legal	2,061,700.	218,750.	1,842,950.	
c Accounting	683,553.		683,553.	
d Lobbying	252,000.	252,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	414,761.		414,761.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	90,984,426.	53,072,937.	37,911,489.	
12 Advertising and promotion	10,346,555.	1,292,012.	9,054,543.	
13 Office expenses	45,022,026.	33,825,446.	11,196,580.	
14 Information technology	24,961,673.	7,689,723.	17,271,950.	
15 Royalties				
16 Occupancy	36,598,984.	26,539,551.	10,059,433.	
17 Travel	324,571.	231,524.	93,047.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	520,090.	520,090.		
20 Interest	11,136,676.	9,326,187.	1,810,489.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,104,136.	55,285,188.	818,948.	
23 Insurance	18,006,835.	16,876,091.	1,130,744.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	267,911,218.	267,911,218.	0.	0.
b PURCHASED SERVICES	19,694,577.	12,904,640.	6,789,937.	0.
c LICENSE AND TAXES	14,127,953.	2,445,913.	11,682,040.	0.
d MAINTENANCE AND REPAIRS	13,085,429.	10,083,055.	3,002,374.	0.
e All other expenses	44,742,046.	28,065,958.	16,676,088.	
25 Total functional expenses. Add lines 1 through 24e	1,645,377,496.	1,321,780,468.	323,597,028.	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 X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	169,602,448.	1	134,581,957.
	2 Savings and temporary cash investments	387,146,450.	2	512,581,555.
	3 Pledges and grants receivable, net	7,964,926.	3	3,926,222.
	4 Accounts receivable, net	140,505,310.	4	168,065,065.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17,837,632.	8	17,711,355.
	9 Prepaid expenses and deferred charges	8,771,563.	9	15,140,727.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,382,623,572.		
	b Less: accumulated depreciation	10b 741,562,835.		
	11 Investments - publicly traded securities	607,995,633.	10c	641,060,737.
	12 Investments - other securities. See Part IV, line 11	331,433,353.	11	341,502,026.
	13 Investments - program-related. See Part IV, line 11	22,333,349.	12	23,713,802.
	14 Intangible assets	69,340,329.	13	
	15 Other assets. See Part IV, line 11	31,733,170.	14	72,039,383.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,794,664,163.	15	42,676,087.	
Liabilities	17 Accounts payable and accrued expenses	1,794,664,163.	16	1,972,998,916.
	18 Grants payable	245,302,127.	17	265,272,652.
	19 Deferred revenue	0.	18	0.
	20 Tax-exempt bond liabilities	25,982,763.	19	33,523,984.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	237,473,890.	20	230,342,270.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	48,159,896.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	47,529,107.
	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	405,018,567.	24	
	26 Total liabilities. Add lines 17 through 25	961,937,243.	25	357,747,429.
Net Assets or Fund Balances	27 Net assets without donor restrictions	832,287,920.	26	934,415,442.
	28 Net assets with donor restrictions	439,000.	27	1,038,144,474.
	29 Capital stock or trust principal, or current funds		28	439,000.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	832,726,920.	31	
	33 Total liabilities and net assets/fund balances	1,794,664,163.	32	1,038,583,474.
			33	1,972,998,916.

Form **990** (2021)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,850,681,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,645,377,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	205,304,169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	832,726,920.
5	Net unrealized gains (losses) on investments	5	-8,185,746.
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 on Schedule O)	9	8,738,131.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,038,583,474.

Part XII Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**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).)
- 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 **section 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 on 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						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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		
<input type="checkbox"/>		
b 33 1/3% support test - 2020. 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		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. 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		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. 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		
<input type="checkbox"/>		
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		
<input type="checkbox"/>		

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

THE COOPER HEALTH SYSTEM, A NEW JERSEY
NON-PROFIT CORPORATION

Employer identification number

21-0634462

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,851,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

21-0634462

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	

Name of organization THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**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 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 campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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 (grassroots 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		243,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		9,000.
j Total. Add lines 1c through 1i			252,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE YEAR, THE ORGANIZATION INCURRED THE FOLLOWING LOBBYING

EXPENDITURES:

THE ORGANIZATION PAID INDEPENDENT FIRMS \$192,000 TO PROVIDE LOBBYING

SERVICES AND TO ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THE

Part IV

Supplemental Information (continued)

ORGANIZATION.

THE ORGANIZATION INCURRED INTERNAL EXPENSES FOR SALARIES AND BENEFITS

OF APPROXIMATELY \$51,000 WHERE ITS PROFESSIONALS PARTICIPATED IN

LOBBYING EFFORTS.

LINE 1G: \$192,000

LINE 1G: \$51,000

TOTAL LINE 1G: \$243,000

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 THE

YEAR IS DETAILED BELOW AND IN TOTAL IS \$9,000.

HOSPITAL ALLIANCE OF NEW JERSEY \$9,000

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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education) ☐ Preservation of a 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 Tax 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 7/25/06, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	439,000.	439,000.	439,000.	439,000.	439,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	439,000.	439,000.	439,000.	439,000.	439,000.

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ 100 %

c Term 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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		5,475,028.		5,475,028.
b Buildings		295,504,053.	116,312,046.	179,192,007.
c Leasehold improvements		319,303,261.	157,254,958.	162,048,303.
d Equipment		749,451,745.	467,074,074.	282,377,671.
e Other		12,889,485.	921,757.	11,967,728.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				641,060,737.

Schedule D (Form 990) 2021

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. (Col. (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. (Col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF-INSURED RESERVES	120,610,808.
(3) SETTLEMENTS THIRD-PARTY PAYORS	101,860,951.
(4) OPERATING LEASE LIABILITY	59,532,516.
(5) OTHER LIABILITIES	32,355,866.
(6) LONG TERM INTERCOMPANY PAYABLE	31,422,166.
(7) ACCRUED RETIREMENT BENEFITS	11,426,660.
(8) CAFETERIA CONSTRUCTION AMORT	538,462.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	357,747,429.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2021

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	1,850,819,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-8,185,746.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	8,323,370.
e	Add lines 2a through 2d	2e	137,624.
3	Subtract line 2e from line 1	3	1,850,681,665.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,850,681,665.

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	1,644,962,735.
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	0.
3	Subtract line 2e from line 1	3	1,644,962,735.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	414,761.
c	Add lines 4a and 4b	4c	414,761.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,645,377,496.

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.

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND

PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST RATE SWAP 5,917,514.

CHANGE IN PENSION BENEFIT OBLIGATION 4,699,868.

RECLASS: INVESTMENT MGMT FEES -414,761.

DEFINED BENEFIT PLAN COSTS -1,879,251.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 8,323,370.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS: INVESTMENT MGMT FEES 414,761.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		23,713,802.
3 a Subtotal	0	0			23,713,802.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			23,713,802.

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

Schedule F (Form 990) 2021

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

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

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2021

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number	21-0634462
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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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?		
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	1	994	29,598,840.	19,041,000.	10,557,840.	.64%
b Medicaid (from Worksheet 3, column a)	1	11,781	428,406,714.	380,787,818.	47,618,896.	2.89%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs	2	12,775	458,005,554.	399,828,818.	58,176,736.	3.53%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	29	15,061	38,144.		38,144.	.00%
f Health professions education (from Worksheet 5)	4	2,692	141,563,520.	52,152,770.	89,410,750.	5.43%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			891,053.		891,053.	.05%
j Total. Other Benefits	33	17,753	142,492,717.	52,152,770.	90,339,947.	5.48%
k Total. Add lines 7d and 7j	35	30,528	600,498,271.	451,981,588.	148,516,683.	9.01%

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

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

Name of hospital facility or letter of facility reporting group COOPER HEALTH SYSTEMLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	X	
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group COOPER HEALTH SYSTEM

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group COOPER HEALTH SYSTEM

	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 nonpayment?	17	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> 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		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> 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	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group COOPER HEALTH SYSTEM

	Yes	No
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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

PART V, SECTION B:

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED 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 17, 2019 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, AND GLOUCESTER 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

- 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, JEFFERSON HEALTH SYSTEM, LOURDES

HEALTH SYSTEM, VIRTUA HEALTH, AND THE HEALTH DEPARTMENTS OF BURLINGTON,

CAMDEN, AND GLOUCESTER COUNTIES.

QUESTION 7A & 10A:

WWW.COOPERHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT- THE

IMPLEMENTATION STRATEGY IS ON PAGES 132-135.

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

4. OBESITY

COOPER IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN THE RECENTLY

CONDUCTED CHNA AS FOLLOWS:

BEHAVIORAL HEALTH/CHRONIC DISEASE COMORBIDITIES:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

- 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 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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

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/PATIENTS-VISITORS/FINANCIAL-MATTERS

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? 72

Name and address	Type of Facility (describe)
1 MD ANDERSON CANCER CENTER AT COOPER TWO COOPER PLAZA CAMDEN, NJ 08103	ONCOLOGY/MULTI-SPECIALTY CTR
2 MULTI-SPECIALTY CENTER THREE COOPER PLAZA CAMDEN, NJ 08103	GAMM KNIFE DIAGNOSTIC CENTER/CNI/UHI/SURGERY/B&J/AHI/ CCI/HI/W&C
3 MULTI-SPECIALTY CENTER 2339 ROUTE 70 CHERRY HILL, NJ 08003	MULTI-SPECIALTY CENTER
4 CANCER CENTER 900 CENTENNIAL BLVD, BLDG 1 STE L & M VOORHEES, NJ 08043	CANCER CENTER
5 BONE&JOINT/RHEUMATOLOGY/PHYSICAL THER 900 CENTENNIAL BLVD, BLDG 2 STE 203 VOORHEES, NJ 08043	B&J/RHEUMATOLOGY/PHYSICAL THERAPY
6 CARDIOLOGY 900 CENTENNIAL BLVD, BLDG 2 STE 201 VOORHEES, NJ 08043	CARDIOLOGY
7 WALGREENS PHARMACY 900 CENTENNIAL BLVD, BLDG 2 STE 205 VOORHEES, NJ 08043	WALGREENS PHARMACY SPACE
8 GYNEOLOGICAL ONCOLOGY 900 CENTENNIAL BLVD, BLDG 1 STE F VOORHEES, NJ 08043	GYNOCOLGY
9 INTERNAL MEDICINE 900 CENTENNIAL BLVD, BLDG 2 STE 202 VOORHEES, NJ 08043	INTERNAL MEDICINE
10 LABORATORY 900 CENTENNIAL BLVD, BLDG 2 STE 204 VOORHEES, NJ 08043	LAB

Schedule H (Form 990) 2021

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? 72

Name and address	Type of Facility (describe)
11 RADIOLOGY	
900 CENTENNIAL BLVD, BLDG 1 STE B	
VOORHEES, NJ 08043	RADIOLOGY
12 RADONC	
900 CENTENNIAL BLVD, BLDG 1 STE D	
VOORHEES, NJ 08043	RADONC
13 SLEEP/PULMONARY	
900 CENTENNIAL BLVD, BLDG 1 STE J & K	
VOORHEES, NJ 08043	SLEEP/PULMONARY
14 SURGERY	
900 CENTENNIAL BLVD, BLDG 1 STE E	
VOORHEES, NJ 08043	SURGERY
15 SURGICAL SPECIALTIES - CANCER CENTER	
900 CENTENNIAL BLVD, BLDG 1 STE G	
VOORHEES, NJ 08043	SURGICAL SPECIALTIES - CANCER
16 PEDIATRICS	
6400 MAIN ST	
VOORHEES, NJ 08043	PEDIATRICS
17 RIPA WOMEN'S HEALTH CENTER	
6100 MAIN ST	
VOORHEES, NJ 08043	WOMEN'S HEALTH CENTER
18 PEDIATRICS, OBGYN, AUDIOLOGY	
1, 2 & 4 PLAZA DR, BLDG 4 STE 401	
SEWELL, NJ 08080	PEDIATRICS/OBGYN/AUDIOLOGY
19 INTERNAL MEDICINE, MFM, SURGERY, ETC.	
651 JOHN F. KENNEDY WAY	
WILLINGBORO, NJ 08046	INTERNAL MEDICINE/MFM/SURGERY
20 FAMILY MEDICINE, OBGYN, PEDS	
701 ROUTE 73 NORTH, STE 7 & 8	
MARLTON, NJ 08053	FAMILY MEDICINE/OBGYN/PEDS

Schedule H (Form 990) 2021

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? 72

Name and address	Type of Facility (describe)
21 URGENT CARE	
318 S. WHITEHORSE PIKE	
AUDUBON, NJ 08106	URGENT CARE
22 PULMONARY & FAMILY SLEEP CENTER	PULMONARY/FAMILY SLEEP
218 SUNSET RD, STE C	CENTER/CARDIOLOGY/ANESTHESIOLOG
WILLINGBORO, NJ 08046	Y/DIGESTIVE HEALTH INS
23 SURGERY	
6014/6015 MAIN ST	
VOORHEES, NJ 08043	SURGERY
24 INTERNAL MEDICINE	
390 NORTH BROADWAY, STE 100 & 200	
PENNSVILLE, NJ 08070	INTERNAL MEDICINE
25 GI PHYS PRACTICE & DIGESTIVE HEALTH	PHYSICIAN PRACTICE/AMBULATORY
501 FELLOWSHIP RD, STE 101 & 102	CARE/OUTPATIENT ENDOSCOPY
MOUNT LAUREL, NJ 08053	CENTER
26 RADIOLOGY, LAB, OBGYN, INTERNAL MED	
1103 NORTH KINGS HIGHWAY	RADIOLOGY/LAB/OBGYN/INTERNAL
CHERRY HILL, NJ 08034	MEDICINE
27 ENT	
6200 MAIN ST	
VOORHEES, NJ 08043	ENT
28 INTERNAL MEDICINE	
1, 2 & 4 PLAZA DR, BLDG 1 STE 103	
SEWELL, NJ 08080	INTERNAL MEDICINE
29 URGENT CARE	
195 ROUTE 130	
CINNAMINSON, NJ 08077	URGENT CARE
30 FAMILY MEDICINE	
110 MARTER AVE, STE 503	
MOORESTOWN, NJ 08057	FAMILY MEDICINE

Schedule H (Form 990) 2021

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? 72

Name and address	Type of Facility (describe)
31 INTERNAL MEDICINE 430 S. BROADWAY GLOUCESTER CITY, NJ 08030	INTERNAL MEDICINE
32 BONE & JOINT 525 ROUTE 73 SOUTH, STE 303 MARLTON, NJ 08053	BONE & JOINT/CNI
33 URGENT CARE 2001 ROUTE 70 EAST CHERRY HILL, NJ 08003	URGENT CARE
34 INTERNAL MEDICINE 123 EGG HARBOR RD, BLDG 600, STE 604 SEWELL, NJ 08080	INTERNAL MEDICINE
35 GENERAL OBGYN 1900 BURLINGTON-MT HOLLY RD, BLDG 2, BURLINGTON, NJ 08016	GENERAL OBGYN
36 FAMILY MEDICINE 1865 HARRISON AVE, STE 1300 CAMDEN, NJ 08105	FAMILY MEDICINE
37 FAMILY MEDICINE 1217 NORTH CHURCH ST MOORESTOWN, NJ 08057	FAMILY MEDICINE
38 FAMILY MEDICINE 1050 NORTH KINGS HIGHWAY, STE 105 CHERRY HILL, NJ 08034	FAMILY MEDICINE
39 SURGERY 1, 2 & 4 PLAZA DR, BLDG 2 STE 202/203 SEWELL, NJ 08080	SURGERY
40 FAMILY MEDICINE 504 WHITE HORSE PIKE HADDON HEIGHTS, NJ 08035	FAMILY MEDICINE

Schedule H (Form 990) 2021

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? 72

Name and address	Type of Facility (describe)
41 BARIATRICS 6017 MAIN ST VOORHEES, NJ 08043	BARIATRICS
42 UROLOGY SURGERY 127 CHURCH RD, STE 400 & 500 MARLTON, NJ 08053	UROLOGY SURGERY
43 PEDIATRICS 1900 BURLINGTON-MT HOLLY RD, BLDG 2 BURLINGTON, NJ 08016	PEDIATRICS
44 INTERNAL MEDICINE 196 GROVE AVE, STE B & C THOROFARE, NJ 08086	INTERNAL MEDICINE
45 PSYCHIATRY 1011 MAIN ST VOORHEES, NJ 08043	PSYCHIATRY
46 URGENT CARE 20 S. BLACKHORSE PIKE RUNNEMEDE, NJ 08078	URGENT CARE
47 CARDIOLOGY 66 EAST AVE, STE A & B WOODSTOWN, NJ 08098	CARDIOLOGY
48 INTERNAL MEDICINE, CARDIOLOGY, ENDOCR 1210 BRACE RD CHERRY HILL, NJ 08034	INTERNAL MEDICINE/CARDIOLOGY
49 INTERNAL MEDICINE 222 GIBBSBORO RD CLEMENTON, NJ 08021	INTERNAL MEDICINE
50 PRIMARY CARE 2963 MARNE HIGHWAY MOUNT LAUREL, NJ 08053	PRIMARY CARE

Schedule H (Form 990) 2021

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? 72

Name and address	Type of Facility (describe)
51 UROGYNECOLOGY 6012 MAIN ST VOORHEES, NJ 08043	UROGYN
52 FAMILY MEDICINE 111 EAST MAIN ST MAPLE SHADE, NJ 08052	FAMILY MEDICINE
53 INTERNAL MEDICINE 151 FRIES MILL RD, STES 202/203/204 TURNERSVILLE, NJ 08012	INTERNAL MEDICINE
54 HEMATOLOGY ONCOLOGY 1000 SALEM RD, STE C WILLINGBORO, NJ 08046	HEMATOLOGY ONCOLOGY
55 SURGERY 500 CROSS KEYS RD, BLDG A SICKLERVILLE, NJ 08081	SURGERY
56 FAMILY MEDICINE 200 COLLEGE DR BLACKWOOD, NJ 08012	FAMILY MEDICINE
57 CANCER INSTITUTE 301-303 CENTRAL AVE, UNIT A & B EGG HARBOR TOWNSHIP, NJ 08234	CANCER INSTITUTE
58 INTERNAL MEDICINE 416 HADDON AVE COLLINGSWOOD, NJ 08108	INTERNAL MEDICINE
59 DERM & COSMETIC PROCEDURAL SURGE 10000 SAGEMORE DR, STE 10103 MARLTON, NJ 08053	DERMATOLOGIC & COSMETIC
60 ORTHOPEDICS 3740 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19063	ORTHOPEDICS

Schedule H (Form 990) 2021

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? 72

Name and address	Type of Facility (describe)
61 INTERNAL MEDICINE 180 TUCKERTON ROAD MEDFORD, NJ 08055	INTERNAL MEDICINE
62 PEDIATRICS, LEARNING CENTER 110 MARTER AVE, STE 505 & 506 MOORESTOWN, NJ 08057	PEDIATRICS/LEARNING CENTER
63 MATERNAL FETAL MEDICINE 10 FORRESTAL RD, STE 208 & 210 PRINCETON, NJ 08540	MATERNAL FETAL MEDICINE
64 PRIMARY CARE 17 WEST RED BANK AVENUE WOODBURY, NJ 08096	PRIMARY CARE
65 CYBER KNIFE CENTER 715 FELLOWSHIP RD, STE B & C MOUNT LAUREL, NJ 08054	CYBER KNIFE CENTER/OUTPATIENT INFUSION THERAPY SERVICES
66 CARDIAC 151 FRIES MILL ROAD, STE 400-403 WASHINGTON TOWNSHIP, NJ 08012	CARDIAC
67 CARDIOLOGY 400 MEDICAL CENTER DR, STE B TURNERSVILLE, NJ 08081	CARDIOLOGY
68 REGIONAL CLEFT-CRANIOFACIAL PALATE 110 MARTER AVE, STE 402 MOORESTOWN, NJ 08057	REGIONAL CLEFT-CRANIOFACIAL PA
69 PRIMARY CARE 200 CAMPBELL DRIVE WILLINGBORO, NJ 08046	PRIMARY CARE
70 COOPER CENTER FOR HEALING 800 COOPER STREET CAMDEN, NJ 08103	COOPER CENTER FOR HEALING

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Part V	Facility Information <i>(continued)</i>
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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? 72

[illegible]

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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.

PART I, LINE 3C:

ELIGIBILITY FOR DISCOUNTED CARE: THE INCOME BASED CRITERIA USED TO

DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB

CHAPTERS 11, 12 AND 13, AND BASED UPON CURRENT POVERTY GUIDELINES

(DEPARTMENT OF HEALTH AND SENIOR SERVICES). FEDERAL POVERTY GUIDELINES

(FPG) ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY

AND DISCOUNTED CARE.

PART I, LINE 6A:

THE FILING ORGANIZATION'S COMMUNITY BENEFIT REPORT IS NOT IN A REPORT

PREPARED BY A RELATED ORGANIZATION. IT IS IN A REPORT PREPARED BY THE

FILING ORGANIZATION.

PART I, LINE 7:

COLUMN F

PERCENT OF TOTAL EXPENSES: THERE WAS NO ADJUSTMENT NECESSARY AS PART IX,

LINE 25, COLUMN (A) DID NOT INCLUDE BAD DEBT EXPENSE.

PART I, LINE 7G:

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST: NO

COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY

PHYSICIAN CLINICS.

PART II

COMMUNITY BUILDING ACTIVITIES:

THE HEALTH OF THE SURROUNDING COMMUNITIES IS OF COOPER'S UTMOST CONCERN.

FROM HEALTHCARE PROGRAMS FOR THE COMMUNITY TO EDUCATIONAL AND EMPLOYMENT

PROGRAMS, COOPER STRIVES TO BE A RESPONSIBLE, INVOLVED COMMUNITY ADVOCATE.

PLEASE SEE SCHEDULE O FOR THE COMMUNITY BENEFIT STATEMENT.

PART III, LINE 2:

THE HEALTH SYSTEM ADOPTED ASU 2014-09 FOLLOWING THE MODIFIED RETROSPECTIVE

METHOD EFFECTIVE JANUARY 1, 2018, FOR ITS CONSOLIDATED FINANCIAL

STATEMENTS. AS A RESULT OF IMPLEMENTING ASU-2014-09, CERTAIN PATIENT

ACTIVITY WHERE COLLECTION IS UNCERTAIN NO LONGER MEETS THE CRITERIA FOR

REVENUE RECOGNITION AND, ACCORDINGLY, REPRESENTS A REDUCTION TO NET

PATIENT SERVICE REVENUE AS AN IMPLICIT PRICE CONCESSION.

SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE

CHANGE IN THE PATIENT'S ABILITY TO PAY (DETERMINED ON A PORTFOLIO BASIS

WHEN APPLICABLE) ARE RECORDED AS BAD DEBT EXPENSE.

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 \$26,130,007 AND \$26,115,442 FOR THE YEARS ENDED
DECEMBER 31, 2021 AND 2020, 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. FOR PATIENTS WHO WERE DETERMINED BY THE HEALTH
SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE EXPECTED UNCOLLECTED
AMOUNTS ARE CLASSIFIED AS AN IMPLICIT PRICE CONCESSION WHICH REDUCES NET
PATIENT SERVICE REVENUE. DISTINGUISHING BETWEEN CHARITY CARE AND IMPLICIT
PRICE CONCESSIONS IS DIFFICULT, IN PART BECAUSE SERVICES ARE OFTEN
RENDERED PRIOR TO THE HEALTH SYSTEM'S FULL EVALUATION OF THE PATIENT'S
ABILITY TO PAY.

CHAPTER 160 ESTABLISHED THE CHARITY CARE SUBSIDY FUND TO PROVIDE A
MECHANISM AND FUNDING SOURCE TO COMPENSATE CERTAIN HOSPITALS FOR CHARITY
CARE AND OTHER SERVICES. THESE AMOUNTS ARE SUBJECT TO CHANGE FROM YEAR TO
YEAR BASED ON AVAILABLE STATE BUDGET AMOUNTS AND ALLOCATION METHODOLOGIES.

PART III, LINE 3:
THE AMOUNT INCLUDED ON LINE 3 IS AN ESTIMATE BASED ON THE THE NUMBER OF
PATIENTS THAT WOULD HAVE QUALIFIED FOR BAD DEBT BUT DID NOT SUBMIT AN

APPLICATION.

PART III, LINE 4:

PLEASE SEE PAGES 16 AND 20-26 OF THE AUDITED FINANCIAL STATEMENTS FOR
ADDITIONAL DETAILS.

PART III, LINE 8:

MEDICARE COSTS WERE DERIVED FROM THE 2021 MEDICARE COST REPORT. MEDICARE
UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND
ASSOCIATED COSTS, IN OUR OPINION, SHOULD BE INCLUDABLE ON THE FORM 990,
SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION
BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE
COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE
ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING
MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A
NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX,
NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE
COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT
STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A
TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE (IRC)
SECTION 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY
AND CHARITABLE ORGANIZATION UNDER IRC SECTION 501(C)(3). ALTHOUGH THERE IS
NO DEFINITION IN THE TAX CODE FOR THE TERM CHARITABLE, A REGULATION
PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND
STATES THAT THE TERM CHARITABLE IS USED IN IRC SECTION 501(C)(3) IN ITS
GENERALLY ACCEPTED LEGAL SENSE, AND PROVIDES EXAMPLES OF CHARITABLE
PURPOSES, INCLUDING THE RELIEF OF THE INDIGENT OR UNPRIVILEGED; THE
PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION,

AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF
HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS
APPLYING THE TERM CHARITABLE TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO
DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC SECTION
501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE
CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE
COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

PART III, 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.

PART VI, LINE 2:

NEEDS ASSESSMENT: COOPER HEALTH SYSTEM (CHS) CONDUCTS A REVIEW OF KEY
FACTOR INFORMATION ANNUALLY WHICH INCLUDES: A REVIEW OF HEALTHCARE
UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY,
CARDIOLOGY, OBSTETRICS, ETC.) FOR DETERMINING INCREASED OR DECREASED
HEALTH NEEDS; HEALTHCARE SERVICE ESTIMATES AND FORECASTS (BOTH AND

OUTPATIENT); ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES, INCLUDING NOT LIMITED TO A COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED AND APPROVED BY COOPER HEALTH SYSTEM IN DECEMBER 2019 AS REQUIRED BY IRC SECTION 501(R). CHS IS IN A DIVERSE SUBURBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN CAMDEN TO MORE AFFLUENT SUBURBAN AREAS. CHS IS LOCATED IN CAMDEN, CAMDEN COUNTY. CAMDEN COUNTY IS THE 4TH MOST POPULOUS COUNTY IN THE STATE WITH 21 COUNTIES. CHS IS COMMITTED TO SERVICE FOR ITS COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS. ABOUT 46.75 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY. IN ADDITION, APPROXIMATELY 36.24 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.

PART VI, LINE 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
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.

PART VI, LINE 4:

COMMUNITY INFORMATION: THE ORGANIZATION IS IN A DIVERSE URBAN LOCATION
SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN CAMDEN
TO MORE AFFLUENT SUBURBAN AREAS. THIS ORGANIZATION IS LOCATED IN CAMDEN,
IN CAMDEN COUNTY. CAMDEN COUNTY IS THE EIGHTH MOST POPULOUS COUNTY IN THE
STATE WITH 21 COUNTIES. THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS
CAMDEN COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS. ABOUT
46.75 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY. IN
ADDITION, APPROXIMATELY 36.24 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED
AND UNINSURED PAYER CATEGORIES.

PART VI, LINE 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 A 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.

PART VI, LINE 6:
AFFILIATED HEALTH CARE SYSTEM: COOPER HEALTH SYSTEM (CHS) IS COMMITTED
ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE
HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES. CHS STRIVES TO EXCEED THE
PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION,
COMMUNICATION, AND COMPASSION. THE RESPECTIVE ROLES OF CHS AND ITS
AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED IS AS
FOLLOWS:
- COOPER MEDICAL SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
SECTION 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL
REVENUE CODE SECTION 509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE
PURPOSES, PROGRAMS AND SERVICES OF THE COOPER HEALTH SYSTEM.
- THE COOPER FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE SECTION
501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE SECTION 509(A)(1). THE ORGANIZATION RECEIVES CHARITABLE CONTRIBUTIONS

AND GRANTS FROM VARIOUS SOURCES AND DISBURSES GRANTS TO PRIMARILY COOPER

HEALTH SYSTEM FOR ITS MISSION AND PROGRAMS, BUT ALSO TO OTHER INTERNAL

REVENUE CODE SECTION 501(C)(3) ORGANIZATIONS.

- THE COOPER CANCER CENTER IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL

REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3)

AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE SECTION

509(A)(1). THE ORGANIZATION WAS ESTABLISHED TO GROUND LEASE TO MD ANDERSON

CANCER CENTER AT COOPER UNIVERSITY HEALTHCARE, INC. REAL PROPERTY IN

CAMDEN, NJ TO CAUSE THE CONSTRUCTION OF, TO OBTAIN LOAN FUNDING FROM

CERTAIN QUALIFIED COMMUNITY DEVELOPMENT FACILITIES UNDER THE NEW MARKET

TAX CREDIT TO FUND THE CONSTRUCTION COSTS FOR, TO OWN AND MANAGE, AND TO

LEASE BACK TO COOPER HEALTH SYSTEM A NEW COOPER CANCER INSTITUTE BUILDING.

- THE COOPER HEALTH SYSTEM WORKER'S COMPENSATION TRUST IS AN ORGANIZATION

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO

INTERNAL REVENUE CODE SECTION 501(C)(3) AND AS A NON-PRIVATE FOUNDATION

PURSUANT TO INTERNAL REVENUE CODE SECTION 509(A)(3). THE ORGANIZATION

PROVIDES WORKER'S COMPENSATION INSURANCE COVERAGE TO EMPLOYEES OF THE

COOPER HEALTH SYSTEM.

- COOPER HEALTHCARE SERVICES IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER

IS COOPER HEALTH SYSTEM. THE ORGANIZATION IS LOCATED IN CAMDEN, NEW

JERSEY. THE COMPANY IS A HOLDING COMPANY WITH ZERO ACTIVITY.

- C & H COLLECTION SERVICES, INC. IS A FOR-PROFIT ENTITY WHOSE SOLE

SHAREHOLDER IS COOPER HEALTHCARE SERVICES. THE COMPANY IS LOCATED IN

CAMDEN, NEW JERSEY. THE COMPANY PROVIDES COLLECTION SERVICES FOR COOPER

HEALTH SYSTEM AND ITS AFFILIATED COMPANIES.

- COOPER HEALTHCARE PROPERTIES, INC. IS A FOR-PROFIT ENTITY WHOSE SOLE

SHAREHOLDER IS COOPER HEALTHCARE SERVICES. THE ORGANIZATION IS LOCATED IN

CAMDEN, NEW JERSEY. THE ORGANIZATION PROVIDES PROPERTY MANAGEMENT SERVICES.

- COOPER'S PHYSICIAN PRACTICES ARE INCORPORATED PROFESSIONAL CORPORATIONS IN THE STATE OF NEW JERSEY. THE PRACTICES SUPPORT THE OVERALL HEALTH SYSTEM'S CONTINUUM OF CARE. THEY ARE LISTED AS FOLLOWS: COOPER PERINATOLOGY ASSOCIATES, P.C.; CENTER FOR HEALTH AND WELLNESS, P.C.; CHC PAIN MANAGEMENT CENTER, P.A.; CMC DEPARTMENT OF MEDICINE GROUP, P.A.; CMC PSYCHIATRIC ASSOCIATES, P.C.; COOPER ANESTHESIA ASSOCIATES, P.C.; COOPER BONE AND JOINT INSTITUTE, P.C.; COOPER DEPARTMENT OF NEUROSCIENCE, P.C.; COOPER FACULTY OB-GYN, P.C.; COOPER FAMILY MEDICINE, P.C.; COOPER GYN ONCOLOGY ASSOCIATION, P.C.; COOPER OBSTETRICAL ASSOCIATES, P.C.; COOPER PATHOLOGY, P.C.; COOPER PEDIATRIC SPECIALISTS, P.C.; COOPER PEDIATRICS, P.C.; COOPER PHYSICAL MED & REHAB ASSOCIATES, P.C.; COOPER PHYSICIAN OFFICES, P.A.; COOPER PRIMARY CARE AT PENNSVILLE, P.A.; COOPER SURGICAL ASSOCIATES, P.A.; COOPER UNIVERSITY TRAUMA PHYSICIANS, P.C.; COOPER URGENT CARE, P.C.; CRITICAL CARE GROUP, P.A.; RADIATION ONCOLOGY, P.C.; UNIVERSITY UROGYNECOLOGY ASSOCIATION, P.C.; COOPER UNIVERSITY EMERGENCY PHYSICIANS, P.C.; COOPER UNIVERSITY RADIOLOGY, P.C.; COOPER NEPHROLOGY, P.C.; COOPER CARE ALLIANCE P.C.

- COOPER'S CONCIERGE MEDICINE ORGANIZATION: COOPER APEX CARE P.C.

PART VI, LINE 7:

STATE FILING OF COMMUNITY BENEFIT REPORT: NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW JERSEY AS IT IS NOT A STATE REQUIREMENT.

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 4002012 DES MOINES, IA 50340-2012	13-5613797	501(C)(3)	25,000.	0.			SPONSORSHIP
CHRISTIE INSTITUTE FOR PUBLIC POLICY INC - P.O. BOX 999 - EDISON, NJ 08818	84-2346727	501(C)(3)	25,000.	0.			SPONSORSHIP
DEBORAH HEART AND LUNG CTR 212 TRENTON ROAD BROWNS MILLS, NJ 08015	23-1550955	501(C)(3)	7,000.	0.			SPONSORSHIP
MOORESTOWN SOCCER CLUB PO BOX 861 MOORESTOWN, NJ 08057	22-3572559	501(C)(3)	9,250.	0.			SPONSORSHIP
NAACP NJ STATE CONFERENCE 4326 HARBOR BEACH BLVD #775 BRIGANTINE, NJ 08203	22-3461435	501(C)(4)	25,000.	0.			SPONSORSHIP
RONALD MCDONALD HOUSE OF SO NJ 550 MICKLE BLVD CAMDEN, NJ 08103	22-2430393	501(C)(3)	20,000.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2021

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 noncash assistance

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

PART I, LINE 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 FROM THE GRANTEE ORGANIZATION.

**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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**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

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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 aren't 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 and/or 1099-NEC 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				
(1) KEVIN O'DOWD, JD CO-PRESIDENT/CEO	(i)	852,089.	1,373,841.	125,831.	150,133.	24,603.	2,526,497.	113,841.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY MAZZARELLI, MD,JD,MBE CO-PRESIDENT/CEO	(i)	852,661.	1,247,841.	125,831.	150,133.	23,896.	2,400,362.	113,841.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL ROSENBLOOM, MD HEAD, DIV OF CARDIOTHORACIC SG	(i)	1,709,205.	99,600.	8,382.	7,250.	26,944.	1,851,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAM ELFANT, MD DIVISION HEAD, GASTROENTEROLOGY	(i)	928,357.	641,317.	2,838.	26,750.	17,462.	1,616,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FRANK W. BOWEN, III, MD DIRECTOR, THORACIC SURGICAL ONCO.	(i)	1,368,362.	99,600.	1,518.	26,750.	30,639.	1,526,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFREY P. CARPENTER, MD CHIEF, DEPARTMENT OF SUGERY	(i)	1,133,157.	154,194.	4,356.	7,250.	24,645.	1,323,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TUDOR JOVIN, M.D. DIRECTOR NEUROLOGICAL INSTITUTE	(i)	1,110,397.	68,238.	1,518.	7,250.	25,258.	1,212,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVEN YOCOM, DO, FACOS DIRECTOR CENTER FOR SPINE HEALTH	(i)	1,087,948.	71,823.	1,518.	26,750.	24,298.	1,212,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRIAN REILLY CHIEF FINANCIAL OFFICER	(i)	679,779.	308,328.	34,845.	78,358.	25,053.	1,126,363.	33,328.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIC KUPERSMITH, MD SVP, CHIEF PHYS. EXEC HOSPITALIST	(i)	630,666.	287,338.	63,856.	103,651.	27,048.	1,112,559.	62,338.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GENEROSA GRANA, MD TRUSTEE/DIR ANDERSON CANCER CENTR.	(i)	932,840.	101,750.	4,356.	25,000.	2,160.	1,066,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LAWRENCE S. MILLER, MD CHIEF, ORTHOPEDIC SURGERY	(i)	683,366.	195,054.	8,382.	26,750.	29,666.	943,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SEAN MURPHY SR EVP/GENERAL COUNSEL	(i)	525,295.	184,838.	13,681.	66,392.	27,472.	817,678.	9,838.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ROLAND SCHWARTING, MD TRUSTEE/CHIEF, PATHOLOGY	(i)	664,323.	94,543.	8,382.	7,250.	10,069.	784,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL E. CHANSKY, MD TRUSTEE / CHIEF, EMERGENCY MED	(i)	609,828.	70,466.	8,382.	26,750.	6,576.	722,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROBIN L. PERRY, MD CHIEF, DEPT OF OB GYN	(i)	616,525.	69,239.	4,356.	7,250.	24,298.	721,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 aren't 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 and/or 1099-NEC 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				
(17) ELIZABETH GREEN	(i)	323,470.	125,991.	32,576.	51,243.	10,856.	544,136.	30,991.
SVP HUMAN RESOURCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KATHLEEN DEVINE, DRNP, NEA-BC	(i)	330,079.	121,135.	28,569.	41,907.	22,230.	543,920.	26,135.
SVP/CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MARTHA MATTHEWS, M.D	(i)	421,176.	64,342.	2,986.	26,750.	11,143.	526,397.	0.
TRUSTEE, PRES MED. STAFF (BEG 3/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KENNETH M. WRIGHT	(i)	362,095.	86,342.	21,935.	39,140.	3,907.	513,419.	21,342.
SVP/CHIEF ACCTG OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) ROBERT HOCKEL	(i)	350,008.	108,243.	14,829.	29,307.	10,377.	512,764.	13,243.
SVP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) GARY LESNESKI	(i)	259,079.	75,000.	5,562.	6,339.	20,818.	366,798.	0.
SPECIAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) STEVEN E. ROSS, MD	(i)	285,398.	0.	6,205.	6,915.	19,361.	317,879.	0.
TRUSTEE/VICE CHAIR DEPT OF SURG.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B:

DURING THE YEAR, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW

HAD A PORTION OF THE CONTRIBUTIONS VEST IN THE PLAN IN THE CURRENT

YEAR. SUCH VESTED CONTRIBUTIONS ARE REPORTED AS TAXABLE COMPENSATION ON

SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION.

KEVIN O'DOWD

ANTHONY MAZZARELLI

BRIAN REILLY

ERIC KUPERSMITH

SEAN MURPHY

ELIZABETH GREEN

KATHLEEN DEVINE

KENNETH M. WRIGHT

ROBERT HOCKEL

DURING THE CALENDAR YEAR, CERTAIN OFFICERS AND KEY EMPLOYEES

PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE

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.

INDIVIDUALS LISTED BELOW HAD A PORTION OF THE CONTRIBUTIONS CONSIDERED

NOT YET VESTED; THEREFORE, UNVESTED CONTRIBUTIONS ARE REPORTED ON

SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED

COMPENSATION.

KEVIN O'DOWD

ANTHONY MAZZARELLI

BRIAN REILLY

ERIC KUPERSMITH

SEAN MURPHY

ELIZABETH GREEN

KATHLEEN DEVINE

KENNETH M. WRIGHT

ROBERT HOCKEL

PART I, LINE 7:

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT

LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS, ORGANIZATION OPERATION

ACHIEVEMENTS, JOB TITLE, LEVEL, AND PERFORMANCE RATING. THE FINAL

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.

DETERMINATION OF THE BONUS AMOUNT IS REVIEWED AND APPROVED BY BOTH

CO-CEO'S AND THE BOARD BASED ON REGIONAL AND NATIONAL MARKET DATA THAT

IS COMPILED ANNUALLY BY EXTERNAL COMPENSATION CONSULTANTS.

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.** ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021
Open to Public
Inspection

Name of the organization THE COOPER HEALTH SYSTEM, A NEW JERSEY
NON-PROFIT CORPORATION

Employer identification number
21-0634462

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CAMDEN COUNTY IMPROVEMENT AUTH.	22-2681222	1321QAY10	08/01/13	53,048,439.	VARIOUS CAPITAL PROJECTS		X		X		X
B NEW JERSEY ECONOMIC DEV. AUTH.	22-2045817	645918TV5	11/04/08	50,000,000.	CONSTRUCTION-BLDG; VARIOUS		X		X		X
C CAMDEN COUNTY IMPROVEMENT AUTH.	22-2681222	13281QBP9	11/18/14	159,117,690.	REFUND ISSUES 12/25/05, 6/26/04		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired					29,725,000.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	53,048,439.		50,000,000.		159,117,690.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,050,969.		986,526.		1,966,144.			
8 Credit enhancement from proceeds			208,947.					
9 Working capital expenditures from proceeds					192,209.			
10 Capital expenditures from proceeds	48,507,681.		48,804,527.					
11 Other spent proceeds					156,959,337.			
12 Other unspent proceeds	3,489,789.							
13 Year of substantial completion			2009					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16 Has the final allocation of proceeds been made?		X	X			X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Schedule K (Form 990) 2021

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		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X		X			
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%	1.25	%	.44	%		%
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		%	.00	%	.00	%		%
6 Total of lines 4 and 5		%	1.25	%	.44	%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		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?								
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			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	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		

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

PART II, LINE 3, COLUMN A:

THE TOTAL PROCEEDS EXCEEDS THE ISSUE PRICE BY THE INVESTMENT EARNINGS
EARNED TO DATE.

PART II, QUESTION 11, COLUMNS B&C:

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER
IN ESCROW

PART IV, QUESTION 2(C), COLUMN A:

A REBATE REPORT WAS COMPLETED ON 7/31/2018 WITH NO REBATE BEING DUE

PART IV, QUESTION 2(C), COLUMN B:

A REBATE REPORT WAS COMPLETED ON 11/18/2016 WITH NO REBATE BEING DUE

PART IV, QUESTION 2(C), COLUMN C:

A REBATE REPORT WAS COMPLETED ON 11/18/2019 WITH NO REBATE BEING DUE

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**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 section 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 the 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.

[illegible]

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

SCHEDULE O
(Form 990)

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.

GENERAL STATEMENT - COVID-19 PANDEMIC

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DESIGNATED THE

CORONAVIRUS DISEASE 2019 (COVID-19) OUTBREAK AS A GLOBAL PANDEMIC.

FEDERAL, STATE AND LOCAL GOVERNMENT POLICIES RESULTED IN A SUBSTANTIAL

PORTION OF THE POPULATION REMAINING AT HOME AND FORCED THE CLOSURE OF

CERTAIN BUSINESSES, WHICH HAD AN IMPACT ON THE HEALTH SYSTEM'S PATIENT

VOLUMES AND REVENUES FOR MOST SERVICES. EFFECTIVE MARCH 27, 2020, A NEW

JERSEY EXECUTIVE ORDER WAS ISSUED TO SUSPEND ALL NON-ESSENTIAL ELECTIVE

SURGERIES OR INVASIVE PROCEDURES, WHICH RESUMED AT DIFFERENT DATES

DURING THE YEAR ENDED DECEMBER 31, 2020. THE HEALTH SYSTEM'S VOLUMES

AND OPERATIONS WERE IMPACTED TO VARYING DEGREES THROUGHOUT 2020 AND

2021. DURING THIS TIME, THE HEALTH SYSTEM HAS ALSO EXPERIENCED

SIGNIFICANT PRICE INCREASES IN, AND UTILIZATION OF, PERSONNEL COSTS AND

MEDICAL SUPPLIES, PARTICULARLY PERSONAL PROTECTIVE EQUIPMENT, AS GLOBAL

SUPPLY LINES WERE DISRUPTED BY THE PANDEMIC. DUE TO THE EVOLVING NATURE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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OF THE COVID-19 PANDEMIC, THE ULTIMATE IMPACT TO THE HEALTH SYSTEM'S
OPERATING RESULTS, INCLUDING COSTS THAT MAY BE INCURRED IN THE FUTURE
AND THE LEVEL OF UTILIZATION OF THE HEALTH SYSTEM'S SERVICES AND
RESULTING IMPACT ON NET PATIENT SERVICE REVENUE REPORTED IN THE FUTURE,
AND ITS FINANCIAL CONDITION IS PRESENTLY UNKNOWN.

PART VIII, LINE 1E:

DURING 2021, THE HEALTH SYSTEM RECEIVED GOVERNMENT FUNDING RELATED TO
THE COVID-19 PANDEMIC AS FOLLOWS:

FEDERAL PROVIDER RELIEF FUNDS \$19,704,540

CARES ACT-CAMDEN COUNTY TENT REIMBURSEMENT GRANT \$3,514,673

* THE REMAINDER OF GOVERNMENT GRANTS IS FROM THE HEALTH SYSTEM'S USUAL
FUNDING SOURCES.

FORM 990, PART VI, SECTION A, LINE 2:

A FAMILY RELATIONSHIP EXISTS BETWEEN GEORGE E. NORCROSS, 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 EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND
NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE
CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE
PERSONNEL AND OTHER SENIOR MANAGEMENT MEMBERS OF THE ORGANIZATION AND THE
SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND
ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND
FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER SENIOR

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MANAGEMENT MEMBERS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER SENIOR MANAGEMENT MEMBERS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990, WHERE NECESSARY, AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER SENIOR MANAGEMENT MEMBERS FOR FURTHER REVIEW AND APPROVAL. THE FORM 990 IS THEN PRESENTED TO AND REVIEWED BY THE MEMBERS OF THE COOPER HEALTH SYSTEM AUDIT/ETHICS & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE BYLAWS OF THE BOARD OF TRUSTEES PROVIDE THAT THIS COMMITTEE OF THE BOARD REVIEW THE ANNUAL FEDERAL TAX RETURN PRIOR TO ITS FILING. ONCE THAT COMMITTEE'S REVIEW AND APPROVAL PROCESS HAS CONCLUDED, THE COMPLETED FORM 990 IS SHARED WITH THE ENTIRE BOARD PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FILING ORGANIZATION IS THE PARENT ENTITY IN THE COOPER HEALTH SYSTEM. THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE CHIEF COMPLIANCE OFFICER AND REVIEWED WITH INTERNAL AUDIT, THE FINANCE DEPARTMENT, AND GENERAL COUNSEL. BOTH DATA AND A SUMMARY ARE PRESENTED TO THE COOPER HEALTH SYSTEM'S AUDIT/ETHICS & COMPLIANCE COMMITTEE FOR THEIR REVIEW AND DISCUSSION. THE ORGANIZATION'S COMPLIANCE AND LEGAL DEPARTMENTS HAVE DEVELOPED PROCESSES TO REVIEW AND PRESENT POTENTIAL CONFLICTS TO THE AUDIT/ETHICS & COMPLIANCE COMMITTEE. COOPER REPRESENTATIVES WHO KNOWINGLY VIOLATE THE CODE OF ETHICAL CONDUCT, COOPER POLICY OR PROCEDURE, OR LAW OR REGULATION WILL BE SUBJECT TO APPROPRIATE CORRECTIVE ACTION, WHICH MAY INCLUDE TERMINATION, CIVIL

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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LIABILITY, OR REFERRAL TO LAW ENFORCEMENT AGENCIES. COOPER REPRESENTATIVES

WHO BELIEVE THAT THEY HAVE BEEN DISCIPLINED UNFAIRLY WILL HAVE THE

OPPORTUNITY TO APPEAL DISCIPLINARY ACTION, PURSUANT TO COOPER EMPLOYMENT

POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION FOLLOWS A PROCESS FOR DETERMINING THE COMPENSATION OF

SENIOR EXECUTIVES WHICH IS COMPLIANT WITH THE REQUIREMENTS OF INTERNAL

REVENUE CODE SECTION 4958 TO ENABLE THE ORGANIZATION TO RECEIVE THE

REBUTTABLE PRESUMPTION OF REASONABLENESS:

1. THE ORGANIZATION'S BYLAWS CHARGE THE AUDIT/ETHICS & COMPLIANCE COMMITTEE

WITH THE ROLE OF APPROVING THE SELECTION OF AN EXECUTIVE COMPENSATION

CONSULTING FIRM AND THE SERVICES, INCLUDING THE METHODOLOGY THAT WILL BE

EMPLOYED BY THAT FIRM, CONFIRMS THE INDEPENDENCE OF THE EXECUTIVE

COMPENSATION SURVEY AND THEREAFTER RECOMMENDS TO THE EXECUTIVE COMMITTEE OF

THE BOARD THE EXECUTIVE COMPENSATION SURVEY PREPARED BY THE OUTSIDE

CONSULTANT. THE AUDIT/ETHICS & COMPLIANCE COMMITTEE IS COMPRISED ENTIRELY

OF INDEPENDENT MEMBERS AND NO MEMBER OF THE COMMITTEE IS EITHER: A MEMBER

OF THE BOARD'S FINANCE COMMITTEE OR AN EX OFFICIO MEMBER OF THE BOARD, OR;

HAS HAD ANY MATERIAL FINANCIAL DEALINGS WITH THE ORGANIZATION, OR;

OTHERWISE HAS A CONFLICT OR DUALITY OF INTEREST OR THE APPEARANCE OF A

CONFLICT OR DUALITY OF INTEREST WITH THE ORGANIZATION;

2. THE SELECTED OUTSIDE CONSULTING FIRM PREPARES A WRITTEN, DETAILED REPORT

REVIEWING COMPENSATION FOR MORE THAN 20 SENIOR EXECUTIVES, WHICH DOCUMENTS

RELEVANT MARKET COMPARABILITY DATA, AS WELL AS THE METHODOLOGY, JOB

MATCHES, AND SURVEY SOURCES USED FOR THE EXECUTIVE COMPENSATION REVIEW, AND

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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.

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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL
IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN CONJUNCTION WITH THE
ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS
WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE
TO THE GENERAL PUBLIC FOR REVIEW. IN ADDITION, THE ORGANIZATION'S FILED
CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS, BYLAWS AND CONFLICT OF
INTEREST POLICY CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII:

THE COOPER HEALTH SYSTEM ALSO HAS ONE TRUSTEE EMERITUS, NON-VOTING
MEMBER: PETER E. DRISCOLL, ESQ.

PART VII REFLECTS CERTAIN BOARD TRUSTEES OR BOARD OFFICERS RECEIVING
COMPENSATION AND BENEFITS FROM THE ORGANIZATION INCLUDING:

KEVIN O'DOWD (TRUSTEE & OFFICER)

ANTHONY MAZZARELLI, MD, JD, MBE (TRUSTEE & OFFICER)

GENEROSA GRANA, MD (TRUSTEE)

BRIAN REILLY (OFFICER)

ERIC KUPPERSMITH, MD (OFFICER)

ROLAND SCHWARTING, MD (TRUSTEE)

SEAN MURPHY (OFFICER)

MICHAEL E. CHANSKY, MD, PHD (TRUSTEE)

KATHLEEN DEVINE, RN DRNP (OFFICER)

STEVEN E. ROSS, MD (TRUSTEE)

DINA MATHEWS LAURENDEAU (OFFICER)

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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MARTHA MATTHEWS, MD (TRUSTEE)

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST RATE SWAP	5,917,514.
CHANGE IN PENSION BENEFIT OBLIGATION	4,699,868.
NET PERIODIC PENSION COST	-1,879,251.
TOTAL TO FORM 990, PART XI, LINE 9	8,738,131.

PART III, LINE 4A (CONTINUED)

STATISTICS FOR YEAR 2021:

HOSPITAL ADMISSIONS: 33,054

AVERAGE DAILY CENSUS: 544 (STAFFING); 520 (FINANCIAL)

EMERGENCY DEPARTMENT VISITS: 73,009

URGENT CARE VISITS: 49,363

OUTPATIENT VISITS: HOSPITAL 502,745; PHYSICIAN PRACTICES 1,516,862

SURGICAL CASES: 22,739

TRAUMA CASES: 4,902

CANCER VISITS: INPATIENT 2,966; OUTPATIENT 121,358

LICENSED BEDS: 635 (INCLUDES 35 NICU/NEWBORN BASSINETS)

OUTPATIENT COVID TESTING ENCOUNTERS (PATIENT ONLY FOR TEST): 96,419

COMMUNITY BENEFIT STATEMENT INDEX:

REFERENCES LOWER RIGHT-HAND CORNER PAGE NUMBER.

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2. CHARITABLE PURPOSES, CHARITY CARE AND COMMUNITY ACTIVITIES, PAGE 93

3. VISION AND MISSION OF THE COOPER HEALTH SYSTEM, PAGE 95

4. SIGNATURE PROGRAMS, PAGE 95

5. OTHER MEDICAL SPECIALTIES, PAGE 104

6. COOPER COMMUNITY BENEFIT PROGRAMS, PAGE 104

(A) COMM HLTH, EDUC, CLINICAL SVCS, FUNDRAISING, GRANT WRITING, PAGE

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(B) HEALTH PROFESSIONAL EDUCATION, PAGE 109

(C) SUBSIDIZED HEALTH SERVICES, PAGE 111

(D) RESEARCH-CLINICAL AND COMMUNITY HEALTH, PAGE 116

(E) CASH-IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS, PAGE 117

(F) COMMUNITY BUILDING, PAGE 117

1) BACKGROUND

COOPER UNIVERSITY HEALTH CARE'S 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 1.9

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

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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REHABILITATE NEARBY RESIDENTIAL PROPERTIES.

COOPER'S LARGE PHYSICAL FOOTPRINT IN THE CITY INCLUDES THE MAIN

HOSPITAL (ROBERTS, KELEMEN AND DORRANCE BUILDINGS), THE SHERIDAN

PAVILION OUTPATIENT BUILDING, THE MD ANDERSON CANCER CENTER AT COOPER,

EDUCATION AND RESEARCH BUILDING, AND COOPER MEDICAL SCHOOL OF ROWAN

UNIVERSITY. MD ANDERSON COOPER AT THE CORNER OF HADDON AVENUE AND

MARTIN LUTHER KING BOULEVARD IS A FREESTANDING 103,000 SQUARE FOOT

FACILITY PROVIDING INTEGRATED DIAGNOSIS, TREATMENT AND CANCER CARE.

COOPER IS 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 (CMSRU), LOCATED ON COOPER'S

CAMDEN CAMPUS, IS PROUDLY MISSION DRIVEN AND FOCUSED ON DEVELOPING

HIGHLY SKILLED AND SOCIALLY CONSCIOUS PHYSICIAN LEADERS WHO VALUE A

PATIENT-CENTERED, TEAM-APPROACH TO HEALTH CARE. COOPER ALSO OFFERS

TRAINING PROGRAMS FOR MEDICAL STUDENTS, RESIDENTS, FELLOWS, AND NURSES

IN A VARIETY OF SPECIALTIES.

COOPER UNIVERSITY HEALTH CARE HAS OVER 8,900 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

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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

AT COOPER, CARDIAC PARTNERS AT COOPER AND INSPIRA, THE COOPER BONE &

JOINT INSTITUTE, THE COOPER NEUROLOGICAL INSTITUTE AND CRITICAL CARE.

COOPER IS ALSO HOME TO THE CHILDREN'S REGIONAL HOSPITAL, THE ONLY

STATE-DESIGNATED CHILDREN'S HOSPITAL IN SOUTH JERSEY.

COOPER CARE ALLIANCE IS ONE OF TWO PHYSICIAN GROUPS OPERATED BY COOPER

UNIVERSITY HEALTH CARE. COOPER CARE ALLIANCE PROVIDERS ARE COMMUNITY

BASED MEDICAL PROFESSIONALS, PHYSICIANS AND ADVANCED PRACTICE

PROVIDERS, EMPLOYED BY COOPER UNIVERSITY HEALTHCARE, BUT DO NOT HAVE

ACADEMIC FACULTY APPOINTMENTS. COOPER UNIVERSITY PHYSICIANS, THE OTHER

PHYSICIAN GROUP, IS THE LARGEST PHYSICIAN GROUP IN SOUTH JERSEY AND ITS

MEMBERS TEACH AT COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY.

2) CHARITABLE PURPOSES, CHARITY CARE AND COMMUNITY ACTIVITIES

COOPER IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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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

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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 BEST PLACE TO BE A PATIENT,

THE BEST PLACE TO WORK, AND THE BEST PLACE TO LEARN AND PRACTICE

MEDICINE.

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.

4) SIGNATURE PROGRAMS

-CARDIAC PARTNERS AT COOPER AND INSPIRA

CARDIAC PARTNERS BRINGS TOGETHER THE SERVICES OF TWO SOUTH JERSEY

INSTITUTIONS, COOPER UNIVERSITY HEALTH CARE AND INSPIRA HEALTH, TO

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OFFER THE MOST COMPREHENSIVE CARDIOVASCULAR PROGRAM IN SOUTHERN NEW
JERSEY. THIS INNOVATIVE DELIVERY CARE MODEL PROVIDES PATIENTS WITH
BETTER ACCESS TO MORE EFFICIENT, HIGH-QUALITY CARDIAC CARE IN MORE
LOCATIONS THROUGHOUT SOUTHERN NEW JERSEY.

AT COOPER, CARDIAC PATIENTS HAVE ACCESS TO A WORLD-RENNED 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 CONTINUES TO BE THE FIRST IN THE REGION TO
OFFER NOVEL APPROACHES FOR TREATING HEART DISEASE SUCH AS TAVR,
WATCHMAN, LINQ, MITRACLIP, AMULET, AND OTHERS. COOPER CONDUCTS
CUTTING-EDGE CLINICAL RESEARCH IN AREAS SUCH AS INTERVENTIONAL
CARDIOLOGY, ELECTROPHYSIOLOGY AND ARRHYTHMIAS, AND THE TREATMENT OF
CARDIOGENIC SHOCK. CARDIAC PARTNERS 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,

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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 INSTITUTE'S

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, RADIATION 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 TO ADVANCED CHEMOTHERAPY REGIMENS AND

INNOVATIVE SURGICAL TECHNIQUES, INCLUDING MINIMALLY INVASIVE AND

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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 CENTER, PATIENTS EXPERIENCE MD ANDERSON'S
SIGNATURE, ADVANCED, COMPREHENSIVE OUTPATIENT CANCER SERVICES THAT ARE
ALSO PROVIDED AT OUR VORHEES 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, INCLUDING LEADING THE
CRITICAL CARE RESPONSE TO THE ONGOING COVID-19 PANDEMIC. KNOWN FOR ITS
CLINICAL AND ACADEMIC EXCELLENCE, THE CENTER HAS A STATE-OF-THE-ART
INTENSIVE CARE UNIT, SOUTH JERSEY'S ONLY ECMO (EXTRACORPOREAL MEMBRANE
OXYGENATION) PROGRAM, AND AN ACCLAIMED CLINICAL RESEARCH PROGRAM. MORE
THAN 40 PERCENT OF INTER-HOSPITAL TRANSFERS FROM SOUTH JERSEY ARE

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DIRECTED TO COOPER'S CRITICAL CARE SERVICE SINCE THE IMPLEMENTATION OF

THE COOPER TRANSFERCENTER. 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 CHANGE 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 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, OVER 4,500 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

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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 AND SINCE THE INCEPTION OF THE PROGRAM, THE TEAM HAS REACHED OVER 200,000 INDIVIDUALS. ADDITIONAL CLASSES ARE HELD THROUGH COOPER'S PARTICIPATION WITH SAFE KIDS OF SOUTHERN NEW JERSEY.

- 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 SUB SPECIALISTS.

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THE CNI STROKE PROGRAM HAS RECEIVED THE JOINT COMMISSION'S 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 OFFERS

THE LEKSELL GAMMA KNIFE, PERFECTION RADIOSURGERY 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.

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

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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 CERTIFIED LEVEL II IN 2015. NEWBORN INTENSIVE CARE UNIT WAS

AWARDED NIDCAP NURSERY CERTIFICATION, ONLY THE SECOND HOSPITAL IN THE

WORLD TO RECEIVE THIS CERTIFICATION. COOPER ALSO HAS A REGIONAL

CLEFT-PALATE CRANIOFACIAL PROGRAM. IN ADDITION TO ITS FACILITIES AND

STAFF, THE CRH MEMBERSHIP IN THE NATIONAL ASSOCIATION OF CHILDREN'S

HOSPITALS AND RELATED INSTITUTIONS (NACHRI) ENSURES ACCESS TO THE MOST

CURRENT STANDARDS OF PEDIATRIC CARE IN PRACTICE IN THE U.S. EACH YEAR,

MORE THAN 4,200 CHILDREN ARE ADMITTED TO THE CHILDREN'S REGIONAL

HOSPITAL AT COOPER FOR SPECIALIZED CARE. MORE THAN 10,500 CHILDREN ARE

TREATED EACH YEAR IN ITS PEDIATRIC EMERGENCY ROOM. IN ADDITION, THERE

ARE MORE THAN 29,300 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

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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. COOPER'S EMERGENCY

DEPARTMENT OF AIR AND GROUND TRANSPORT IN CAMDEN HANDLES MORE THAN

73,000 VISITS ANNUALLY WHICH AVERAGES APPROXIMATELY 200 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, AND CINNAMINSON. UNLIKE

OTHERS URGENT CARE CENTERS IN THE REGION, COOPER'S 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. COOPER PROVIDES COMPREHENSIVE BASIC LIFE

SUPPORT (BLS) AND ADVANCED LIFE SUPPORT (ALS) EMERGENCY MEDICINE

SERVICE IN CAMDEN. COOPER EMS AVERAGES MORE THAN 50 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 TO A NUMBER

OF OTHER EMERGENCY SERVICE AGENCIES SERVING THE CITY OF CAMDEN. COOPER

AIR MEDICAL TRANSPORT, COOPER I AND II, PROVIDES CRITICAL CARE AIR

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MEDICAL TRANSPORTATION FROM LOCATIONS THROUGHOUT THE SEVEN COUNTIES OF

SOUTHERN NEW JERSEY TO COOPER UNIVERSITY HOSPITAL. COOPER AIR MEDICAL

TRANSPORT FLEW MORE THAN 640 FLIGHTS LAST YEAR. CRITICALLY INJURED

PATIENTS RECEIVE RAPID TRANSPORT FROM EMERGENCY SCENES TO COOPER'S

LEVEL I TRAUMA CENTER, THE ONLY LEVEL I ADULT TRAUMA AND LEVEL II

PEDIATRIC TRAUMA CENTER IN SOUTH JERSEY. ADDITIONALLY, COOPER I AND II

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.

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

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EMPLOYMENT PROGRAMS, COOPER STRIVES TO BE A RESPONSIBLE, INVOLVED

COMMUNITY ADVOCATE. MANY, BUT NOT ALL, OF COOPER'S COMMUNITY BENEFIT

ACTIVITIES ARE OUTLINED BELOW.

(A) 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, INCLUDING PROGRAMS

HELD REMOTELY FOR PUBLIC HEALTH SAFETY DUE TO COVID-RELATED

RESTRICTIONS:

- FIRE PREVENTION NIGHT

- OPIOID SUMMIT PANEL

(I) 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

- TOY AND SEASONAL SAFETY PROGRAM

- HALLOWEEN AND PEDESTRIAN SAFETY

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- COMMUNITY HEALTH/SAFETY ADVISORY BOARD MEMBER

- WATER SAFETY PROGRAM

- COOPER LEARNING CENTER SUPPLEMENTAL READING AND MENTORING PROGRAM

- SCHOOL BUS SAFETY

- ART THERAPY INTERNSHIP

(II) CLASSES FOR PATIENTS AND FAMILIES CLASSES AND SUPPORT GROUPS

OFFERED BY COOPER INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- INTRODUCTION TO CHEMOTHERAPY

- INTRODUCTION TO RADIATION TREATMENT

- WHAT NEXT: WELLNESS AND HEALTH AFTER TREATMENT

(III) 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: STROKE, CHOLESTEROL, GLUCOSE, BLOOD PRESSURE,

PERIPHERAL VASCULAR DISEASE

- THE DIABETES WEIGH: PERSONALIZED DIABETES MANAGEMENT PROGRAM

- YOGA - EXERCISE CLASSES

- RIPA CENTER 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

- INTRODUCTION TO HEREDITARY CANCER AND GENETIC TESTING

- CANCER SCREENINGS

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- COMMUNITY HEALTH EDUCATION (INCLUDING COVID)

- CHRONIC DISEASE AND SELF MANAGEMENT PROGRAM

- COVID EDUCATION

- HEALTH ETALK WEB CHAT

- TEACHERS AND COACHES SEMINARS

- CONCUSSION AND SPORTS RELATED INJURIES EDUCATION AND OUTREACH

- BRAIN TUMOR SUPPORT GROUP (ONLINE SUPPORT GROUP)

- MD ANDERSON CANCER CENTER AT COOPER DR. DIANE BARTON COMPLEMENTARY

MEDICINE PROGRAMS: RESTORATIVE YOGA, QI GONG, MINDFULNESS MEDITATION,

LIVE AND LEARN, ANNUAL SURVIVORS DAY CELEBRATIONS, HORTICULTURAL

THERAPY, OTHER PROGRAMS BY THE COOPER LEARNING CENTER: EDUCATIONAL

ASSESSMENTS, READING ENRICHMENT PROGRAMS, COMPREHENSIVE ADD & ADHD

ASSESSMENTS, FAST FORWARD LANGUAGE PROGRAMS, WRITING AND LANGUAGE

PROGRAMS, MATH PROGRAMS, ANGER MANAGEMENT, SOCIAL SKILLS, STUDY SKILLS,

PARENTING SESSIONS, THERAPEUTIC SERVICES, PSYCHOLOGICAL SERVICES,

SERVICES AND PROGRAMS FOR TEACHERS AND SCHOOLS, SUMMER READING PROGRAMS

IN CAMDEN AND THE COMMUNITY, THE ROOKIE READER PROGRAM

- DEEP RELAXATION AND BREATH WORK FOR CANCER SURVIVORS

- GUIDED IMAGERY FOR STRESS RELIEF FOR CANCER SURVIVORS

2. TRAUMA EDUCATION:

THE TRAUMA OUTREACH PROGRAM OFFERS A VARIETY OF EDUCATIONAL AND

INTERVENTIONAL CLASSES THAT FOCUS ON INJURY/TRAUMA PREVENTION. FOR OVER

15 YEARS THE TRAUMA OUTREACH PROGRAMS HAVE 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

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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.

- HYPOTHERMIA AND DEHYDRATION PREVENTION PRESENTATION

- BIKE RODEO

- SENIOR DRIVERS EDUCATION

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,

HOME SAFETY AND MEDICATION 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

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PROGRAMS: HEALTHCARE PROVIDER BLS FOR HEALTH PROFESSIONAL AND
HEARTSAVER AED FOR COMMUNITY MEMBERS.

(B) HEALTH PROFESSIONAL EDUCATION, PHYSICIANS, MEDICAL STUDENTS,
NURSES, ETC.; SCHOLARSHIP PROGRAMS, INCLUDING BUT LIMITED TO:

- ANTI-RACISM TRAINING FOR INCOMING MEDICAL STUDENTS
- MENTORSHIP AND SHADOWING THE ADDICTION MEDICINE HEALTHCARE

PROFESSIONALS

- BUPRENORPHINE TRAINING
- SCREENINGS TO PROVIDE AWARENESS AND HEALTH CARE ASSISTANCE TO

FAMILIES OVERCOMING ADDICTION

1. CONTINUING MEDICAL EDUCATION (CME) - THE 2020/2021 ACADEMIC YEAR

MARKED OUR 29TH ACCREDITED YEAR AS A NATIONAL SPONSOR OF CME. IN JULY

2018, COOPER RECEIVED A FOUR-YEAR ACCREDITATION (UNTIL JULY 31, 2022).

COOPER IS THE ONLY HOSPITAL OR HEALTH SYSTEM IN SOUTHERN NEW JERSEY

WITH NATIONAL ACCREDITATION. ONE VERY IMPORTANT ASPECT OF THE COOPER

HEALTH SYSTEM IS ITS TEACHING MISSION. WE ARE COMMITTED TO EDUCATING

OUR MEDICAL STAFF; HOWEVER, OUR CME PROGRAM ALSO REACHES OUT TO

PHYSICIANS IN THE TRI-STATE AREA AND SOMETIMES NATIONALLY. ALL AREAS OF

INTEREST ARE COVERED IN OUR EXTERNAL CONFERENCES, OUR IN-HOUSE SERIES,

ENDURING MATERIALS, AND JOINT-PROVIDERSHIP ACTIVITIES. OUR 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.

2. GRADUATE MEDICAL EDUCATION - COOPER'S GME PROGRAMS TRAIN

APPROXIMATELY 380 RESIDENTS AND FELLOWS PER YEAR IN 50 PROGRAMS ACROSS

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THE CONTINUUM. 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

36 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.

- MATRX OUD/SUD PROGRAM

- MANAGE OPIOID WITHDRAWAL FOR THE EMERGENCY DEPARTMENT

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

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STUDENT-FACILITATOR RELATIONSHIP. THIS INCLUDES TRAINING FOR MEDICAL
STUDENTS.

5. EMS TRAINING - COOPER PROVIDES MEDICAL DIRECTOR SERVICES AND
TRAINING FOR NUMEROUS LOCAL EMS SERVICES.

(C) SUBSIDIZED HEALTH SERVICES, ER AND TRAUMA, HOSPITAL OUTPATIENT,
BEHAVIORAL HEALTH, PALLIATIVE CARE
- FOOD DISTRIBUTION TO CHILDREN AND FAMILIES IN NEED

1. EMERGENCY SERVICES FOR COMMUNITY EVENTS - COOPER PROVIDES EMERGENCY
SERVICES FOR LOCAL COMMUNITY EVENTS.

2. EARLY INTERVENTION PROGRAM - THE COOPER UNIVERSITY HOSPITAL EIP/FAMILY
HIV TREATMENT CENTER 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
1,000 PATIENTS. THE PRIMARY MISSION OF THE EIP/HIV FAMILY TREATMENT
CENTER AT COOPER IS TO PROVIDE COMPREHENSIVE MEDICAL AND SUPPORTIVE
SERVICES TO HIV INFECTED INDIVIDUALS REGARDLESS OF THEIR ABILITY TO
PAY. THE CENTER ALSO FREQUENTLY SERVES AS A PORT OF ENTRY FOR MANY HIV
INFECTED CAMDEN RESIDENTS INTO ANY TYPE OF MEDICAL CARE.

3. DISASTER PREPAREDNESS AND MEDICAL COORDINATION CENTER
THE MISSION OF THE DIVISION OF EMS AND DISASTER MEDICINE IS TO MAINTAIN
THE INTEGRITY OF THE HEALTH CARE CONTINUUM AS IT RELATES TO THE
RESPONSE FOR A MASS CASUALTY INCIDENT INVOLVING CHEMICAL, BIOLOGICAL,

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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.

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4. SUPPORT GROUPS AND CANCER SUPPORT GROUPS

THERE ARE TIMES WHEN THE SUPPORT OF FRIENDS AND FAMILY ISN'T ENOUGH.

SPENDING TIME WITH OTHERS WHO HAVE A SHARED OR SIMILAR EXPERIENCE AND

SHARING EXPERIENCES HELPS WITH DEPRESSION AND ANXIETY, AND IS THE KEY

TO RECOVERY. COOPER'S SUPPORT GROUPS, ACTIVITIES AND SOCIAL EVENTS

ENCOURAGE FITNESS AND THE MAINTENANCE OF A HEALTHY BODY AND MIND.

SUPPORT GROUPS, OFTEN ARRANGED FOR REMOTE PARTICIPATION DUE TO THE

COVID PANDEMIC, 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

GEITORURINARY 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.

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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. COOPER CURRENTLY PARTICIPATES WITH THE CAMDEN

COALITION AS A PARTNER SITE FOR CMS' ACCOUNTABLE HEALTH COMMUNITIES TO

SCREEN AND REFER PATIENTS TO SOCIAL AND COMMUNITY RESOURCES.

- HELPING OUR HEROES PROGRAM

COMMUNITY BASED CLINICAL SERVICES - COOPER PROVIDES A VARIETY OF

TARGETED POPULATIONS WITH VARIOUS FREE CLINICAL HEALTH SCREENINGS (E.G.

HEAD, ORAL, MOUTH, SKIN CANCER SCREENINGS) AND PHYSICAL EXAMS IN

CONVENIENT, EASY TO ACCESS COMMUNITY SETTINGS.

-STROKE RISK ASSESSMENT

COMMUNITY HEALTH EDUCATION - COOPER PROVIDES HEALTH EDUCATION (E.G.

PRESENTATIONS AND TALKS) AND AWARENESS TO VULNERABLE POPULATIONS AND

EXTERNAL PARTNERS FOCUSING ON CHRONIC CONDITIONS AND DISEASE

MANAGEMENT. COOPER ALSO PARTICIPATES IN COMMUNITY EVENTS BASED UPON

GEOGRAPHY.

HEALTH CARE SERVICES FOR FIRST RESPONDERS, ACTIVE MILITARY AND VETERANS

- COOPER PROVIDES ON SITE SCREENING PROGRAMS FOR FIRST RESPONDERS TO

ENHANCE ACCESS. COOPER PARTICIPATES IN COMMUNITY BASED EVENTS TO

PROVIDES COMMUNITY SCREENING AND EDUCATION TO ACTIVE MILITARY AND

VETERANS.

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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

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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 CARE.

(D) 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

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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.

(E) CASH IN KIND CONTRIBUTIONS TO COMMUNITY GROUPS

COOPER SPONSORS VARIOUS NON-PROFIT ORGANIZATIONS TO PROMOTE AND BUILD A

HEALTHY COMMUNITY.

- NUTRITIONAL FOOD BOX PROGRAM FOR SCHOOL AGED CHILDREN

- SEE SCHEDULE H AND SCHEDULE I FOR MORE INFORMATION

(F) 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

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MILLION IN FUNDING FROM THE NEIGHBORHOOD REVITALIZATION TAX CREDIT

(NRTC) PROGRAM THROUGH THE N.J. DEPARTMENT OF COMMUNITY AFFAIRS TO

IMPROVE HOUSING AND COMMUNITY CONDITIONS IN THE COOPER PLAZA

NEIGHBORHOOD. COOPER UNIVERSITY HOSPITAL HAS SERVED AS THE LEAD IN

WRITING AND ADMINISTERING THE GRANT ON BEHALF OF THE COMMUNITY

PARTNERS. THIS INCLUDES FOUR PHASES OF NRTC PROJECTS.

- NEW PARKS AND PARK MAINTENANCE - COOPER HAS PARTNERED WITH CAMDEN

CITY, CAMDEN COUNTY AND COMMUNITY GROUPS ON THE CONSTRUCTION OF THREE

NEW NEIGHBORHOOD PARKS. COOPER HAS TAKEN THE RESPONSIBILITY FOR THE

ONGOING MAINTENANCE AND UPKEEP OF THE THREE PARKS. COOPER HAS BEEN A

PARTNER WITH CAMDEN COUNTY AND COMMUNITY ORGANIZATIONS FOR THE ONGOING

STREETScape AND LANDSCAPE IMPROVEMENTS IN THE COOPER PLAZA NEIGHBORHOOD

FUNDED THROUGH THE COUNTY. COOPER HAS FACILITATED MEETINGS TO

COORDINATE THE PROJECT WITH THE COUNTY AND COMMUNITY ORGANIZATIONS AND

ADDRESS COMMUNITY QUESTIONS OR CONCERNS.

- HOUSING REHABILITATION - COOPER PARTNERS WITH NON-PROFITS TO ADVANCE

EFFORTS TO IMPROVE HOUSING IN THE COOPER PLAZA NEIGHBORHOOD. THIS

INCLUDES PARTNERSHIPS WITH SAINT JOSEPH'S CARPENTER SOCIETY, CAMDEN

COUNTY HABITAT FOR HUMANITY AND OTHER HOUSING PARTNERS TO PROJECTS FOR

THE ACQUISITION AND REHABILITATION OF HOMES IN THE COOPER PLAZA

NEIGHBORHOOD.

- HOMEOWNERSHIP PARTNERSHIPS - COOPER HAS PARTNERED WITH NON-PROFIT

ORGANIZATIONS SUCH AS SAINT JOSEPH'S CARPENTER SOCIETY AND CAMDEN

COUNTY HABITAT FOR HUMANITY TO PROMOTE HOME OWNERSHIP OPPORTUNITIES IN

THE COOPER PLAZA NEIGHBORHOOD TO FURTHER STABILIZE THE COMMUNITY WITH

OCCUPIED HOUSING.

2) ECONOMIC DEVELOPMENT - ASSISTING BUSINESS DEVELOPMENT, CREATING NEW

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EMPLOYMENT OPPORTUNITIES:

- COOPER'S FERRY PARTNERSHIP - COOPER IS A MEMBER OF THE COOPER'S FERRY

PARTNERSHIP. COOPER ACTIVELY WORKS WITH THE ORGANIZATION ON COMMUNITY

ISSUES AND ADDITIONAL PROJECTS TO IMPROVE THE NEIGHBORHOODS IN CAMDEN

AND FOSTER ECONOMIC DEVELOPMENT OPPORTUNITIES. THIS INCLUDES

COLLABORATION AND PARTNERSHIPS ON INITIATIVES AND OPPORTUNITIES TO

FACILITATE THE REVIVAL OF THE CITY OF CAMDEN AS A PLACE WHERE PEOPLE

CHOOSE TO LIVE, WORK, VISIT, AND INVEST.

- CAMDEN SPECIAL SERVICES DISTRICT - COOPER IS A PARTNER FOR THE CAMDEN

SPECIAL SERVICES DISTRICT THAT PROVIDES MAINTENANCE AND A HUMAN

PRESENCE THROUGH AMBASSADORS IN CAMDEN'S DOWNTOWN, UNIVERSITY DISTRICT,

AND BROADWAY CORRIDOR TO REMOVE GRAFFITI, CLEAN STREETS, PICKUP LITER

AND DEBRIS, ADDITIONAL MAINTENANCE SERVICES AND SERVE AS A DAILY

PRESENCE ON THESE CORRIDORS.

3) COMMUNITY SUPPORT

- MENTORING, NEIGHBORHOOD SUPPORT, DISASTER READINESS

- COOPER LANNING CIVIC ASSOCIATION AND LANNING SQUARE WEST ASSOCIATION

-PARTICIPATION IN ASSOCIATION MEETINGS, PROJECT COORDINATION, EVENTS

AND ADMINISTRATIVE SUPPORT.

- NEIGHBORHOOD CONCERT SERIES: IN 2017, 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

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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 LANDING

NEIGHBORHOOD.

- POLICY BARRIERS WITH CAMDEN COALITION

- SUPPORT FOR THE KIPP COOPER NORCROSS ACADEMY

- CAMDEN PROMISE NEIGHBORHOOD WITH THE CENTER FOR FAMILY SERVICES

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

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization	THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION	Employer identification number 21-0634462
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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
ALL CARE HEALTH ALLIANCE LLC - 21-0634462 1 FEDERAL STREET, SUITE S-400 CAMDEN, NJ 08103	ACO	NEW JERSEY	0.	0.	COOPER HEALTH
BENSON INVESTMENTS LLC 9000 MIDLANTIC DRIVE SUITE 300 MT. LAUREL, NJ 08054	HOLDING COMPANY	NEW JERSEY	0.	0.	COOPER HEALTH

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
COOPER MEDICAL SERVICES, INC. - 22-3832149 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	HEALTH SVCS	NEW JERSEY	501(C)(3)	LINE 11	CH SYSTEM	X	
THE COOPER FOUNDATION - 22-2213715 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	SUPPORT CHS	NEW JERSEY	501(C)(3)	LINE 7	N/A		X
THE COOPER HLTH SYS - WRKRS COMP TRUST - 22-6409235, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	SUPPORT CHS	NEW JERSEY	501(C)(3)	LINE 11	CH SYSTEM	X	
COOPER CANCER CENTER, INC. - 46-0943572 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	HEALTH SVCS	NEW JERSEY	501(C)(3)	LINE 11	CH SYSTEM	X	

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COOPER GYN ONCOLOGY ASSOCIATION PC - 22-3427282, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER PEDIATRICS PC - 22-2965846 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER BONE AND JOINT INSTITUTE PC - 22-2354988, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
CENTER FOR HEALTH AND WELLNESS PC - 22-3487144, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER OBSTETRICAL ASSOCIATES PC - 22-2329164, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
CMC DEPARTMENT OF MEDICINE GROUP PA - 22-3266219, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
CHC PAIN MANAGEMENT CENTER PA - 22-3419259 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER FACULTY OB-GYN PC - 22-2700904 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER PERINATOLOGY ASSOCIATES PC - 22-2965240, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER PATHOLOGY PC - 22-3075647 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER PHYSICAL MEDICINE&REHAB ASSOCIATES PC - 22-3137520, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER PHYSICIAN OFFICES PA - 22-3310529 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CMC PSYCHIATRIC ASSOCIATES PC - 22-3315602 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER ANESTHESIA ASSOCIATES PC - 22-3346073 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							
COOPER FAMILY MEDICINE PC - 22-3358732 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							
COOPER UNIVERSITY RADIOLOGY PC - 51-0483383 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER URGENT CARE PC - 80-0747085 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							
COOPER PEDIATRIC SPECIALISTS PC - 22-3474357 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							
COOPER PRIMARY CARE AT PENNSVILLE PA - 22-3486722, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
CRITICAL CARE GROUP PA - 22-3266221 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							
RADIATION ONCOLOGY PC - 22-3587486 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							
COOPER UNIVERSITY TRAUMA PHYSICIANS PC - 20-0031895, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103	PHYSICIAN PRACTICES	NEW JERSEY	501(C)(3)	LINE 10	CH SYSTEM	X	
COOPER UNIVERSITY EMERGENCY PHYSICIANS PC - 20-0835576, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103							
COOPER SURGICAL ASSOCIATES PA - 22-2170196 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103							

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(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	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
C&H COLLECTION SVS, INC. - 22-2603503									
1 FEDERAL ST., SUITE NW2-400									
CAMDEN, NJ 08103									
COOPER HEALTHCARE PROPERTIES, - 22-2567105	COLLECTIONS	NJ	CH SERVICES	C CORP	0.	393,000.	100%	X	
1 FEDERAL ST., SUITE NW2-400									
CAMDEN, NJ 08103									
COOPER HEALTHCARE SERVICES - 22-2567106									
1 FEDERAL ST., SUITE NW2-400	REAL ESTATE	NJ	CH SERVICES	C CORP	740,344.	15,169,000.	100%	X	
CAMDEN, NJ 08103									
COOPER HEALTHCARE SERVICES - 22-2567106									
1 FEDERAL ST., SUITE NW2-400									
CAMDEN, NJ 08103	HEALTH SVCS	NJ	COOPER HLTH SYS	C CORP	0.	0.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COOPER MEDICAL SERVICES	K	5,423,700.	CASH-FMV
(2) ALL PHYSICIAN PRACTICES	B	536,769,485.	CASH-FMV
(3) COOPER FOUNDATION	C	3,851,089.	CASH-FMV
(4) COOPER FOUNDATION	Q	3,942,394.	CASH-FMV
(5) COOPER HEALTHCARE PROPERTIES	Q	265,099.	CASH-FMV
(6) C&H COLLECTIONS	O	63,468.	CASH-FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) COOPER MEDICAL SERVICES	O	187,944.	CASH-FMV
(8) COOPER MEDICAL SERVICES	L	507,244.	CASH-FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2021

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

**THE COOPER HEALTH SYSTEM, A NEW
JERSEY NON-PROFIT CORPORATION
YEAR ENDED: 12/31/2021
EIN: 21-0634462**

The following documents have been attached to the filing copy of the form:

- ☐ Fundraiser Contracts
- ☐ Cert/Articles on Incorporation
- ☐ Bylaws
- ☐ Form 990
- ☐ Determination Letter
- ☒ Audited Financial Statements
- ☐ Conflict of Interest Policy
- ☐ IRS Form 1023 or 1024