

Form **990**

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2020** 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 organization
THE 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, STE. NW2-400
 City 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 \$ **1,619,585,275.**

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

1 Briefly describe the organization's mission or most significant activities: **TO SERVE, TO HEAL, AND TO EDUCATE. COOPER ACCOMPLISHES ITS MISSION (SEE SCHEDULE O)**

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

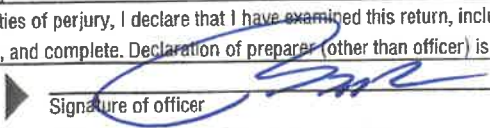
| | | |
|--|-----------|--------------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 10061 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 445 |
| 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. |

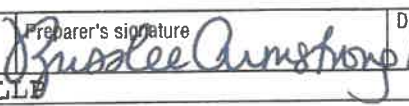
| | Prior Year | Current Year |
|--|--------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 42,961,145. | 117,278,688. |
| 9 Program service revenue (Part VIII, line 2g) | 1390920503. | 1416959233. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 26,398,452. | 12,527,310. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 26,211,379. | 16,178,883. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1486491479. | 1562944114. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 77,750. | 2,131,700. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 815,778,704. | 875,463,506. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 600,702,220. | 621,988,494. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1416558674. | 1499583700. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 69,932,805. | 63,360,414. |

| | Beginning of Current Year | End of Year |
|--|---------------------------|--------------|
| 20 Total assets (Part X, line 16) | 1520405762. | 1794664163. |
| 21 Total liabilities (Part X, line 26) | 752,539,414. | 961,937,243. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 767,866,348. | 832,726,920. |

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: **11/15/2021**
BRIAN M REILLY, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **RUSLEE ARMSTRONG**
 Preparer's signature: 
 Date: **11/15/2021**
 Check If not employed
 PTIN: **P00288383**
 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**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 \$ **1,217,323,999.** including grants of \$ **2,131,700.**) (Revenue \$ **1,418,540,947.**)
THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION (CHS) IS A NEW JERSEY NOT-FOR-PROFIT ORGANIZATION. CHS IS COMPRISED OF THREE DIVISIONS: THE COOPER UNIVERSITY HOSPITAL (CUH), COOPER UNIVERSITY PHYSICIANS (UP) AND COOPER CARE ALLIANCE (CCA). THE CUH DIVISION INCLUDES THE OPERATIONS OF COOPER HOSPITAL/UNIVERSITY MEDICAL CENTER AND THE CHILDREN'S REGIONAL HOSPITAL AT COOPER, AS WELL AS PROGRAMS FOCUSING ON AMBULATORY DIAGNOSTIC AND TREATMENT SERVICES, WELLNESS AND PREVENTION, AND MANY OTHER HEALTH SERVICES. THE UP DIVISION CONSISTS PRIMARILY OF THE SERVICES PROVIDED BY THE EMPLOYED MEDICAL STAFF AND RELATED PHYSICIAN PRACTICES. THE CCA DIVISION CONSISTS PRIMARILY OF THE SERVICES PROVIDED BY EMPLOYED COMMUNITY-BASED MEDICAL PROFESSIONALS WHO DO NOT HAVE ACADEMIC FACULTY APPOINTMENTS.

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 **1,217,323,999.**

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

Form 990 (2020)

21-0634462 Page **3**

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> ? | 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 Revenue Procedure 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</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 | |

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

Form 990 (2020)

21-0634462 Page 4

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 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 lines 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 in Schedule O for Part VI, lines 11b and 19? | 38 | X |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1069 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

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

Form 990 (2020)

21-0634462 Page 5

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 10061 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 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? | 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 | 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)? | | 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 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? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 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? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

Form 990 (2020)

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

Form 990 (2020)

21-0634462 Page 6

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

| | | 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. | 23 | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 17 | |
| 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 in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 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 in 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 in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | 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

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

Form 990 (2020)

21-0634462 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KEVIN O'DOWD, JD CO-PRESIDENT/CEO | 50.00 5.00 | X | | X | | | | 2,036,361. | 0. | 164,223. |
| (2) ANTHONY MAZZARELLI, MD,JD,MBE CO-PRESIDENT/CEO | 51.00 4.00 | X | | X | | | | 1,933,357. | 0. | 144,031. |
| (3) MICHAEL ROSENBLUM, MD HEAD, DIV OF CARDIOTHORACIC SG | 55.00 0.00 | | | | | X | | 1,803,400. | 0. | 30,547. |
| (4) FRANK W. BOWEN, III, MD SURGEON | 55.00 0.00 | | | | | X | | 1,466,965. | 0. | 55,741. |
| (5) ADAM ELFANT, MD ASSC DIVISION HEAD-DEPT OF MED | 55.00 0.00 | | | | | X | | 1,440,837. | 0. | 43,479. |
| (6) RICHARD Y. HIGHBLOOM, MD SURGEON | 55.00 0.00 | | | | | X | | 1,368,910. | 0. | 25,973. |
| (7) JEFFREY P. CARPENTER, MD CHIEF OF SURGERY | 55.00 0.00 | | | | X | | | 1,317,636. | 0. | 31,176. |
| (8) BRIAN JANKOWITZ, MD NEUROLOGY | 55.00 0.00 | | | | | X | | 1,557,371. | 0. | 1,134. |
| (9) LAWRENCE S. MILLER, MD CHIEF, ORTHOPEDIC SURGERY | 55.00 0.00 | | | | X | | | 1,090,321. | 0. | 55,428. |
| (10) GENEROSA GRANA, MD TRUSTEE/DIR COOPER CANCER INS | 52.00 3.00 | X | | | | | | 995,867. | 0. | 27,920. |
| (11) BRIAN REILLY CHIEF FINANCIAL OFFICER | 53.00 2.00 | | | X | | | | 938,284. | 0. | 66,110. |
| (12) ERIC KUPERSMITH, MD CHIEF PHYSICIAN EXECUTIVE | 54.00 1.00 | | | X | | | | 896,051. | 0. | 112,385. |
| (13) ROLAND SCHWARTING, MD TRUSTEE/CHIEF, PATHOLOGY | 52.00 3.00 | X | | | | | | 753,160. | 0. | 17,038. |
| (14) ROBIN L. PERRY, MD CHIEF, DEPT OF OB GYN | 55.00 0.00 | | | | X | | | 684,376. | 0. | 32,168. |
| (15) SEAN MURPHY SR EVP/GENERAL COUNSEL | 55.00 0.00 | | | X | | | | 663,421. | 0. | 46,451. |
| (16) MICHAEL E. CHANSKY, MD TRUSTEE / CHIEF, EMERGENCY MED | 55.00 0.00 | X | | | | | | 678,501. | 0. | 9,426. |
| (17) ELIZABETH GREEN SVP HUMAN RESOURCE | 54.00 1.00 | | | | X | | | 447,564. | 0. | 60,160. |

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

Form 990 (2020)

21-0634462 Page **8**

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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KENNETH M. WRIGHT SVP/CHIEF ACCTG OFFICER | 49.00 6.00 | | | | X | | | 438,923. | 0. | 33,153. |
| (19) KATHLEEN DEVINE, RN DRNP SVP/CHIEF NURSING OFFICER | 55.00 0.00 | | | X | | | | 423,661. | 0. | 56,540. |
| (20) ROBERT HOCKEL SVP, OPERATIONS | 55.00 0.00 | | | | X | | | 421,183. | 0. | 36,173. |
| (21) STEVEN E. ROSS, MD TRUSTEE/DEPT OF SURGERY | 52.00 3.00 | X | | | | | | 293,757. | 0. | 30,011. |
| (22) DINA MATHEWS-LAURENDEAU BOARD SECRETARY | 38.00 2.00 | | | X | | | | 108,709. | 0. | 25,086. |
| (23) GARY LESNESKI SPECIAL COUNSEL | 20.00 0.00 | | | | | | X | 338,349. | 0. | 25,897. |
| (23) GEORGE E. NORCROSS, III CHARIMAN OF THE BOARD/TRUSTEE | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (24) PETER S. AMENTA, MD, PHD TRUSTEE | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) SIDNEY R. BROWN TRUSTEE | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 22,096,964. | 0. | 1130250. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 22,096,964. | 0. | 1130250. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,729**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|--|--------------------------------|---------------------|
| ROCHE DIAGNOSTICS CORP 9115 HAGUE ROAD, INDIANAPOLIS, IN 46250 | HEALTHCARE SVCS | 3,680,016. |
| PHOENIX MEDICAL CONSTRUCTION 681 CHESTNUT STREET, UNION, NJ 07083 | CONSTRUCTION | 3,348,928. |
| NTHRIVE, INC., 200 NORTH POINT CENTER, ALPHARETTA, GA 30022 | REVENUE CYCLE MGMT | 3,334,396. |
| THE CAMPAIGN GROUP, INC. 1600 LOCUST STREET, PHILADELPHIA, PA 19103 | ADVERTISING | 3,106,273. |
| WINSTON & STRAWN LLP 200 PARK AVENUE, NEW YORK, NY 10166 | LEGAL | 2,816,193. |

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 **55**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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

Form 990 (2020)

21-0634462 Page 9

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | 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 | 2,432,853. | | | | |
| | e Government grants (contributions) | 1e | 109,111,179. | | | | |
| | 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 | | | 111,544,032. | | | |
| | | | | | | | |
| Program Service Revenue | 2 a NET PATIENT SERVICE REVENUE | Business Code | | | | | |
| | | 622110 | 1372538173. | 1372538173. | | | |
| | b OTHER HEALTHCARE RELATED REVENUE | 622110 | 42,455,981. | 42,455,981. | | | |
| | c RESEARCH ACTIVITIES | 541715 | 5,734,656. | 5,734,656. | | | |
| | d ROWAN UNIVERSITY SUBSIDY | 611310 | 1,914,229. | 1,914,229. | | | |
| | e EDUCATION | 622110 | 50,850. | 50,850. | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 1422693889. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 9,128,373. | | 9,128,373. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | | 238,987. | | | |
| | | | (ii) Personal | | | | |
| | b Less: rental expenses | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 238,987. | | | | |
| | d Net rental income or (loss) | | | 238,987. | | 238,987. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | 60,006,098. | 34,000. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 56,641,161. | 0. | | | |
| | c Gain or (loss) | 7c | 3,364,937. | 34,000. | | | |
| d Net gain or (loss) | | | 3,398,937. | | 3,398,937. | | |
| 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 | | | Business Code | | | | |
| | 11 a AIR/GROUND TRANSPORT/PARKING | | 900099 | 7,477,673. | | 7,477,673. | |
| | b CAFETERIA/COFFEE/GIFT SHOP | | 900099 | 4,966,280. | | 4,966,280. | |
| | c MISCELLANEOUS REVENUE | | 900099 | 3,495,943. | 3,495,943. | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 15,939,896. | | | |
| 12 Total revenue. See instructions | | | 1562944114. | 1426189832. | 0. | 25,210,250. | |

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

Form 990 (2020)

21-0634462 Page **10**

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 | 2,131,700. | 2,131,700. | | |
| 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 | 10,790,639. | 6,331,299. | 4,459,340. | |
| 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 | 739,024,326. | 673,620,698. | 65,403,628. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 15,963,902. | 9,104,853. | 6,859,049. | |
| 9 Other employee benefits | 59,530,477. | 26,518,013. | 33,012,464. | |
| 10 Payroll taxes | 50,154,162. | 24,896,096. | 25,258,066. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 12,307,148. | 3,101,888. | 9,205,260. | |
| b Legal | 3,088,905. | 268,945. | 2,819,960. | |
| c Accounting | 724,357. | | 724,357. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 590,516. | | 590,516. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 56,172,839. | 26,775,481. | 29,397,358. | |
| 12 Advertising and promotion | 8,292,976. | 3,665,477. | 4,627,499. | |
| 13 Office expenses | 301,188,452. | 256,010,184. | 45,178,268. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 34,042,989. | 25,070,997. | 8,971,992. | |
| 17 Travel | 351,097. | 310,924. | 40,173. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 387,105. | 387,105. | | |
| 20 Interest | 14,636,850. | 9,978,190. | 4,658,660. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 52,664,510. | 52,378,483. | 286,027. | |
| 23 Insurance | 41,109,540. | 38,528,055. | 2,581,485. | |
| 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 MISCELLANEOUS EXPENSE | 96,431,210. | 58,245,611. | 38,185,599. | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 1499583700. | 1217323999. | 282,259,701. | 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)

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

Form 990 (2020)

21-0634462 Page **11**

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--------------------------|--------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 15,747,968. | 1 | 169,602,448. | |
| | 2 Savings and temporary cash investments | 313,383,070. | 2 | 387,146,450. | |
| | 3 Pledges and grants receivable, net | 6,107,639. | 3 | 7,964,926. | |
| | 4 Accounts receivable, net | 146,719,322. | 4 | 140,505,310. | |
| | 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 | 0. | |
| | 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 | 0. | |
| | 7 Notes and loans receivable, net | | 7 | 0. | |
| | 8 Inventories for sale or use | 20,615,893. | 8 | 17,837,632. | |
| | 9 Prepaid expenses and deferred charges | 7,324,586. | 9 | 8,771,563. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1301213731. | | | |
| | b Less: accumulated depreciation | 693,218,098. | | | |
| | 11 Investments - publicly traded securities | 579,025,956. | 10c | 607,995,633. | |
| | 12 Investments - other securities. See Part IV, line 11 | 329,174,577. | 11 | 353,766,702. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | | |
| | 14 Intangible assets | 67,539,348. | 13 | 69,340,329. | |
| | 15 Other assets. See Part IV, line 11 | 34,767,403. | 14 | 31,733,170. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1520405762. | 15 | 1794664163. | | |
| 17 Accounts payable and accrued expenses | 214,575,616. | 16 | 1794664163. | | |
| 18 Grants payable | | 17 | 245,302,127. | | |
| 19 Deferred revenue | 18,222,579. | 18 | 0. | | |
| 20 Tax-exempt bond liabilities | 244,880,901. | 19 | 25,982,763. | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | 237,473,890. | | |
| 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 | 48,467,121. | 22 | | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | 48,159,896. | | |
| 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 | 226,393,197. | 24 | | | |
| 26 Total liabilities. Add lines 17 through 25 | 752,539,414. | 25 | 405,018,567. | | |
| 27 Net assets without donor restrictions | 767,427,348. | 26 | 961,937,243. | | |
| 28 Net assets with donor restrictions | 439,000. | | | | |
| 29 Capital stock or trust principal, or current funds | | | | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | | | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | | | | |
| 32 Total net assets or fund balances | 767,866,348. | 27 | 832,287,920. | | |
| 33 Total liabilities and net assets/fund balances | 1520405762. | 28 | 439,000. | | |

Form **990** (2020)

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

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 | 1,562,944,114. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,499,583,700. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 63,360,414. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 767,866,348. |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,476,806. |
| 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 | -11,976,648. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 832,726,920. |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| | | | | | | |
| 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/> |

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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 in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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). | | |

THE COOPER HEALTH SYSTEM, A NEW JERSEY

Schedule A (Form 990 or 990-EZ) 2020 NON-PROFIT CORPORATION

21-0634462 Page 7

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 - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 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-2020 | (iii) Distributable Amount for 2020 |
|---|---|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2020 | | |
| a | From 2015 | | |
| b | From 2016 | | |
| c | From 2017 | | |
| d | From 2018 | | |
| e | From 2019 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2020 distributable amount | | |
| i | Carryover from 2015 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2020 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2016 | | |
| b | Excess from 2017 | | |
| c | Excess from 2018 | | |
| d | Excess from 2019 | | |
| e | Excess from 2020 | | |

Schedule A (Form 990 or 990-EZ) 2020

THE COOPER HEALTH SYSTEM, A NEW JERSEY

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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

[X] 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

[X] 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

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 | <hr/> <hr/> <hr/> | \$ <u>2,432,853.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (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 |
|--|---|

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 | |
| | | | |
| | | | |
| (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 | |
| | | | |
| | | | |
| (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 | |
| | | | |
| | | | |
| (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 | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

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. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (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 | | | | | |

THE COOPER HEALTH SYSTEM, A NEW JERSEY

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 | | 112,935. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 21,109. |
| j Total. Add lines 1c through 1i | | | 134,044. |
| 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 \$47,935 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 \$65,000 WHERE ITS PROFESSIONALS PARTICIPATED IN LOBBYING EFFORTS.

LINE 1G: \$47,935

LINE 1G: \$65,000

TOTAL LINE 1G: \$112,935

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 \$21,109.

NEW JERSEY HOSPITAL ASSOCIATION \$12,109

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

2020

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?

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)?

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) 2020

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) SETTLEMENTS THIRD-PARTY PAYORS | 154,327,537. |
| (3) SELF-INSURED RESERVES | 119,218,088. |
| (4) OPERATING LEASE LIABILITY | 46,209,169. |
| (5) LONG-TERM INTERCO PAYABLE | 31,422,166. |
| (6) ACCRUED RETIREMENT BENEFITS | 20,747,279. |
| (7) OTHER LIABILITIES | 33,094,328. |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 405,018,567. |

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 ...

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

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 | 1559581000. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 13,476,806. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -16,839,920. |
| e | Add lines 2a through 2d | 2e | -3,363,114. |
| 3 | Subtract line 2e from line 1 | 3 | 1562944114. |
| 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 | 1562944114. |

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 | 1494720000. |
| 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 | 1494720000. |
| 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 | 4,863,700. |
| c | Add lines 4a and 4b | 4c | 4,863,700. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 1499583700. |

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 | -6,998,927. |
| CHANGE IN PROVISION BENEFIT OBLIGATION | -4,977,293. |
| RECLASS: INVESTMENT MGMT FEES | -590,516. |
| RECLASS: DEFINED BENEFIT PLAN COSTS | -1,738,332. |
| RECLASS: GE LEASE | -2,534,852. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | -16,839,920. |

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| RECLASS: INVESTMENT MGMT FEES | 590,516. |
| RECLASS: DEFINED BENEFIT PLAN COSTS | 1,738,332. |
| RECLASS: GE LEASE | 2,534,852. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 4,863,700. |

**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

2020

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | X | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> % | X | |
| 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 | 934 | 27590424. | 14668000. | 12922424. | .86% |
| b Medicaid (from Worksheet 3, column a) | 1 | 10,331 | 361848346 | 295612115 | 66236231. | 4.42% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | 2 | 11,265 | 389438770 | 310280115 | 79158655. | 5.28% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 8 | 42,835 | 140,469. | 11,060. | 129,409. | .01% |
| f Health professions education (from Worksheet 5) | 1 | 167 | 127817975 | 50784402. | 77033573. | 5.14% |
| g Subsidized health services (from Worksheet 6) | 1 | 41 | 1,708. | 0. | 1,708. | .00% |
| h Research (from Worksheet 7) | 1 | 102 | 8,978. | 0. | 8,978. | .00% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 2121700. | 0. | 2121700. | .14% |
| j Total. Other Benefits | 11 | 43,145 | 130090830 | 50795462. | 79295368. | 5.29% |
| k Total. Add lines 7d and 7j | 13 | 54,410 | 519529600 | 361075577 | 158454023 | 10.57% |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

| | Yes | No |
|--|------|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 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 | 2 | 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 | 3 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: 20 <u>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 | 5 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 | 6a 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 | 6b X | |
| 7 Did the hospital facility make its CHNA report widely available to the public? | 7 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 | 8 X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 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? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | |

Part V Facility Information (continued)

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? | 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? | X | |
| 15 | Explained the method for applying for financial assistance? | 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? | 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) 2020

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? | 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? | | 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? | 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) | | |

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. | | |

Schedule H (Form 990) 2020

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) THAT COVERS THE REQUIRED THREE YEAR PERIOD FOR 2019-2021 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

COOPER IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN THE RECENTLY
CONDUCTED CHNA AS FOLLOWS:

BEHAVIORAL HEALTH/CHRONIC DISEASE COMORBIDITIES:

- CREATION OF AN ADVANCED CARE CENTER WITH IMPLEMENTATION OF AN

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.

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

SPECIFIC AND POPULATION SPECIFIC NEEDS WERE IDENTIFIED, THE GROUP FOUND

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.

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? 77

| 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 | GYNONC |
| 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) 2020

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? 77

| 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) 2020

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? 77

| Name and address | Type of Facility (describe) |
|--|--|
| 21 URGENT CARE 318 S. WHITEHORSE PIKE AUDUBON, NJ 08106 | URGENT CARE |
| 22 PULMONARY & FAMILY SLEEP CENTER 218 SUNSET RD, STE C WILLINGBORO, NJ 08046 | PULMONARY/FAMILY SLEEP CENTER/CARDIOLOGY/ANESTHESIOLOGY/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 501 FELLOWSHIP RD, STE 101 & 102 MOUNT LAUREL, NJ 08053 | PHYSICIAN PRACTICE/AMBULATORY CARE/OUTPATIENT ENDOSCOPY CENTER |
| 26 RADIOLOGY, LAB, OBGYN, INTERNAL MED 1103 NORTH KINGS HIGHWAY CHERRY HILL, NJ 08034 | RADIOLOGY/LAB/OBGYN/INTERNAL 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) 2020

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? 77

| 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) 2020

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? 77

| 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) 2020

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? 77

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 51 SURGERY, CNI, PT 1935 ROUTE 70 CHERRY HILL, NJ 08003 | SURGERY/CNI/PT |
| 52 UROGYNECOLOGY 6012 MAIN ST VOORHEES, NJ 08043 | UROGYN |
| 53 FAMILY MEDICINE 111 EAST MAIN ST MAPLE SHADE, NJ 08052 | FAMILY MEDICINE |
| 54 INTERNAL MEDICINE 151 FRIES MILL RD, STES 202/203/204 TURNERSVILLE, NJ 08012 | INTERNAL MEDICINE |
| 55 HEMATOLOGY ONCOLOGY 1000 SALEM RD, STE C WILLINGBORO, NJ 08046 | HEMATOLOGY ONCOLOGY |
| 56 SURGERY 500 CROSS KEYS RD, BLDG A SICKLERVILLE, NJ 08081 | SURGERY |
| 57 FAMILY MEDICINE 200 COLLEGE DR BLACKWOOD, NJ 08012 | FAMILY MEDICINE |
| 58 CANCER INSTITUTE 301-303 CENTRAL AVE, UNIT A & B EGG HARBOR TWNSHP, NJ 08234 | CANCER INSTITUTE |
| 59 INTERNAL MEDICINE 416 HADDON AVE COLLINGSWOOD, NJ 08108 | INTERNAL MEDICINE |
| 60 DERM & COSMETIC PROCEDURAL SURGE 10000 SAGEMORE DR, STE 10103 MARLTON, NJ 08053 | DERMATOLOGIC & COSMETIC |

Schedule H (Form 990) 2020

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? 77

| Name and address | Type of Facility (describe) |
|--|--|
| 61 ORTHOPEDICS 3740 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19063 | ORTHOPEDICS |
| 62 INTERNAL MEDICINE 180 TUCKERTON ROAD MEDFORD, NJ 08055 | INTERNAL MEDICINE |
| 63 PEDIATRICS, LEARNING CENTER 110 MARTER AVE, STE 505 & 506 MOORESTOWN, NJ 08057 | PEDIATRICS/LEARNING CENTER |
| 64 MATERNAL FETAL MEDICINE 10 FORRESTAL RD, STE 208 & 210 PRINCETON, NJ 08540 | MATERNAL FETAL MEDICINE |
| 65 PRIMARY CARE 17 WEST RED BANK AVENUE WOODBURY, NJ 08096 | PRIMARY CARE |
| 66 CYBER KNIFE CENTER 715 FELLOWSHIP RD, STE B & C MOUNT LAUREL, NJ 08054 | CYBER KNIFE CENTER/OUTPATIENT INFUSION THERAPY SERVICES |
| 67 CARDIAC 151 FRIES MILL ROAD, STE 400-403 WASHINGTON TOWNSHIP, NJ 08012 | CARDIAC |
| 68 CARDIOLOGY 400 MEDICAL CENTER DR, STE B TURNERSVILLE, NJ 08081 | CARDIOLOGY |
| 69 ORTHOPEDICS 401 S. KINGS HIGHWAY, STE 3A & 3B CHERRY HILL, NJ 08034 | ORTHOPEDICS |
| 70 REGIONAL CLEFT-CRANIOFACIAL PALATE 110 MARTER AVE, STE 402 MOORESTOWN, NJ 08057 | REGIONAL CLEFT-CRANIOFACIAL PA |

Schedule H (Form 990) 2020

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? 77

| Name and address | Type of Facility (describe) |
|---|--|
| 71 UROGYNECOLOGY 3100 QUAKERBRIDGE RD HAMILTON, NJ 08619 | UROGYNECOLOGY |
| 72 PRIMARY CARE 200 CAMPBELL DRIVE WILLINGBORO, NJ 08046 | PRIMARY CARE |
| 73 COOPER CENTER FOR HEALING 800 COOPER STREET CAMDEN, NJ 08103 | COOPER CENTER FOR HEALING |
| 74 BONE & JOINT 20 S. BLACKHORSE PIKE GLASSBORO, NJ 08028 | B&J INSTITUTE/AMBULATORY CARE/OUTPATIENT INFUSION THERAPY SERVICES/CNI |
| 75 LEARNING CENTER 4011 MAIN ST VOORHEES, NJ 08043 | LEARNING CENTER |
| 76 ORTHOPEDICS (PT/OT) 1878 MARLTON PIKE EAST, STE 4 & 5 CHERRY HILL, NJ 08003 | ORTHOPEDICS (PT/OT) |
| 77 PAIN MANAGEMENT & REHABILITATION 1101 NORTH KINGS HIGHWAY, STE 100 CHERRY HILL, NJ 08034 | PAIN MANAGEMENT/REHABILITATION |
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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 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.

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 \$26,115,442 AND \$29,629,971 FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, RESPECTIVELY.

THE HEALTH SYSTEM'S PATIENT ACCEPTANCE POLICY IS BASED UPON ITS MISSION

Part VI Supplemental Information (Continuation)

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 THE YEAR ENDED DECEMBER 31, 2020, AND FOR SERVICES PROVIDED SUBSEQUENT TO THE ADOPTION OF ASU 2014-09 ON JANUARY 1, 2018, 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. FOR PATIENT SERVICES PROVIDED PRIOR TO DECEMBER 31, 2017, PRIOR TO THE ADOPTION OF ASU-2014-09, FOR PATIENTS WHO WERE DETERMINED BY THE HEALTH SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS WERE CLASSIFIED AS PROVISION FOR BAD DEBTS.

PART III, LINE 4:

SEE PAGES 23-25 OF THE AUDITED FINANCIAL STATEMENTS FOR A DISCUSSION ON THIS TOPIC.

PART III, LINE 8:

MEDICARE COSTS WERE DERIVED FROM THE 2020 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 37.51 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 FOURTH 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 48.69 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY. IN ADDITION, APPROXIMATELY 37.51 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,

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

PHYSICIANS, P.C.; COOPER UNIVERSITY RADIOLOGY, P.C.; COOPER NEPHROLOGY, P.C.; COOPER CARE ALLIANCE 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

2020

**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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| HEAD OF SCHUYLKILL REGATTA 249 FORREST ROAD MERION, PA 19066 | 35-2366125 | 501(C)(3) | 8,000. | 0. | | | SPONSORSHIP |
| THE CLEVELAND CLINIC ED FOUND PO BOX 951026 CLEVELAND, OH 44193 | 34-0714585 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIP |
| SUSAN G KOMEN 2 PRINCESS ROAD, SUITE D LAWRENCEVILLE, NJ 08648 | 43-2052349 | 501(C)(3) | 12,160. | 0. | | | SPONSORSHIP |
| CAMDEN COMMUNITY PARTNERSHIP, INC. 2 RIVERSIDE DR #501 CAMDEN, NJ 08103 | 52-1333698 | 501(C)(3) | 2,010,000. | 0. | | | COMMUNITY PROGRAMMING |
| | | | | | | | |
| | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **4.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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) 2020

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

Schedule J (Form 990) 2020

21-0634462

Page 2

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 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) | 816,799. | 1,103,786. | 115,776. | 140,466. | 23,757. | 2,200,584. | 103,786. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ANTHONY MAZZARELLI, MD,JD,MBE CO-PRESIDENT/CEO | (i) | 820,919. | 1,000,224. | 112,214. | 120,966. | 23,065. | 2,077,388. | 100,224. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL ROSENBLOOM, MD HEAD, DIV OF CARDIOTHORACIC SG | (i) | 1,709,200. | 89,844. | 4,356. | 7,125. | 23,422. | 1,833,947. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) FRANK W. BOWEN, III, MD SURGEON | (i) | 1,368,915. | 96,532. | 1,518. | 26,625. | 29,116. | 1,522,706. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ADAM ELFANT, MD ASSC DIVISION HEAD-DEPT OF MED | (i) | 798,870. | 639,129. | 2,838. | 26,625. | 16,854. | 1,484,316. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) RICHARD Y. HIGHBLOOM, MD SURGEON | (i) | 1,221,366. | 143,188. | 4,356. | 7,125. | 18,848. | 1,394,883. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JEFFREY P. CARPENTER, MD CHIEF OF SURGERY | (i) | 1,114,261. | 199,019. | 4,356. | 7,125. | 24,051. | 1,348,812. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) BRIAN JANKOWITZ, MD NEUROLOGY | (i) | 1,499,655. | 57,056. | 660. | 0. | 1,134. | 1,558,505. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) LAWRENCE S. MILLER, MD CHIEF, ORTHOPEDIC SURGERY | (i) | 959,505. | 122,434. | 8,382. | 26,625. | 28,803. | 1,145,749. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) GENEROSA GRANA, MD TRUSTEE/DIR COOPER CANCER INS | (i) | 919,797. | 71,714. | 4,356. | 26,625. | 1,295. | 1,023,787. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) BRIAN REILLY CHIEF FINANCIAL OFFICER | (i) | 660,844. | 263,225. | 14,215. | 42,353. | 23,757. | 1,004,394. | 13,225. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) ERIC KUPERSMITH, MD CHIEF PHYSICIAN EXECUTIVE | (i) | 576,167. | 271,683. | 48,201. | 88,963. | 23,422. | 1,008,436. | 46,683. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) ROLAND SCHWARTING, MD TRUSTEE/CHIEF, PATHOLOGY | (i) | 652,591. | 96,213. | 4,356. | 7,125. | 9,913. | 770,198. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) ROBIN L. PERRY, MD CHIEF, DEPT OF OB GYN | (i) | 599,838. | 80,182. | 4,356. | 7,125. | 25,043. | 716,544. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) SEAN MURPHY SR EVP/GENERAL COUNSEL | (i) | 509,770. | 150,000. | 3,651. | 22,752. | 23,699. | 709,872. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) MICHAEL E. CHANSKY, MD TRUSTEE / CHIEF, EMERGENCY MED | (i) | 596,183. | 74,002. | 8,316. | 7,125. | 2,301. | 687,927. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Schedule J (Form 990) 2020

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

Schedule J (Form 990) 2020

21-0634462

Page 2

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 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) | 313,467. | 106,293. | 27,804. | 50,076. | 10,084. | 507,724. | 26,293. |
| SVP HUMAN RESOURCE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) KENNETH M. WRIGHT | (i) | 371,326. | 59,254. | 8,343. | 28,467. | 4,686. | 472,076. | 7,754. |
| SVP/CHIEF ACCTG OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (19) KATHLEEN DEVINE, RN DRNP | (i) | 324,095. | 83,623. | 15,943. | 33,260. | 23,280. | 480,201. | 13,623. |
| SVP/CHIEF NURSING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (20) ROBERT HOCKEL | (i) | 336,635. | 76,518. | 8,030. | 20,368. | 15,805. | 457,356. | 6,518. |
| SVP, OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (21) STEVEN E. ROSS, MD | (i) | 289,227. | 500. | 4,030. | 6,953. | 23,058. | 323,768. | 0. |
| TRUSTEE/DEPT OF SURGERY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (22) GARY LESNESKI | (i) | 259,493. | 75,500. | 3,356. | 6,323. | 19,574. | 364,246. | 0. |
| SPECIAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (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 AND REPORTED ON
SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION.

KEVIN O'DOWD

ANTHONY MAZZARELLI

BRIAN REILLY

ERIC KUPERSMITH

ELIZABETH GREEN

KENNETH WRIGHT

KATHLEEN DEVINE

ROBERT HOCKEL

DURING THE CALENDAR YEAR, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED
IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED
BELOW HAD A PORTION OF THE CONTRIBUTIONS CONSIDERED NOT YET VESTED;

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.

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

KENNETH WRIGHT

KATHLEEN DEVINE

ROBERT HOCKEL

PART I, LINE 7:

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT
LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION
OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS
DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL
COMPENSATION REVIEW OF THE OFFICERS, KEY EMPLOYEES, AND TOP FIVE

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.

HIGHEST COMPENSATED.

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.**

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 AUTHORITY | 22-2681222 | NONE | 08/01/13 | 53048439. | VARIOUS CAPITAL PROJECTS | | X | | X | | X |
| B NEW JERSEY ECONOMIC DEV AUTH | 22-2045817 | NONE | 11/09/09 | 10000000. | CONSTRUCTION/REFUND ISSUE | | X | | X | | X |
| C CAMDEN COUNTY IMPROVEMENT AUTHORITY | 22-2681222 | 645918TVS | 11/04/08 | 50000000. | CONSTRUCTION-BLDG, VARIOUS | | X | | X | | X |
| D CAMDEN COUNTY IMPROVEMENT AUTHORITY | 22-2681222 | 13281QBP9 | 11/18/14 | 159117690. | REFUND ISSUES 12/25/05, 6/26/04 | | X | | X | | X |

| Part II Proceeds | | | | | | | | | | |
|--|-------------|----|-------------|----|-------------|----|--------------|----|---|--|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | | | 9,814,000. | | | | 23,990,000. | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 53,168,034. | | 10,000,000. | | 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. | | 190,000. | | 986,526. | | 1,966,144. | | | |
| 8 Credit enhancement from proceeds | | | | | 208,947. | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | 192,465. | | | |
| 10 Capital expenditures from proceeds | 48,507,681. | | 5,771,076. | | 48,804,527. | | | | | |
| 11 Other spent proceeds | | | 4,038,924. | | | | 159,959,427. | | | |
| 12 Other unspent proceeds | 3,609,384. | | | | | | | | | |
| 13 Year of substantial completion | | | 2010 | | 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 | 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 | | | X | |
| 16 Has the final allocation of proceeds been made? | | X | X | | X | | | | X | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | | | |

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

Part III Private Business Use

| | A | | B | | C | | D | |
|--|-----|----|-----|----|------|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | X | | X | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | 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 | | 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 | | 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 | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | X | | | X | | X |
| c No rebate due? | X | | | X | X | | X | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | X | | X | | | X |

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

| | 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 | | 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 | | 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 | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

| | 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 | | 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 DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND

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 C:
A REBATE REPORT WAS COMPLETED ON 11/18/2016 WITH NO REBATE BEING DUE;
AN INTERIM REBATE REPORT WAS COMPLETED ON 7/31/2018 WITH NO REBATE BEING DUE

PART IV, QUESTION 2(C), COLUMN D:
A REBATE REPORT WAS COMPLETED ON 11/18/2019 WITH NO REBATE BEING DUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH INNOVATIVE AND EFFECTIVE SYSTEMS OF CARE AND BY BRINGING PEOPLE
AND RESOURCES TOGETHER, CREATING VALUE.

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. DURING THIS TIME, THE
HEALTH SYSTEM HAS ALSO EXPERIENCED SIGNIFICANT PRICE INCREASES IN, AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

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

UTILIZATION OF, MEDICAL SUPPLIES, PARTICULARLY PERSONAL PROTECTIVE EQUIPMENT, AS GLOBAL SUPPLY LINES WERE DISRUPTED BY THE PANDEMIC. DUE TO THE EVOLVING NATURE 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:

THROUGH DECEMBER 31, 2020, THE HEALTH SYSTEM RECEIVED GOVERNMENT FUNDING RELATED TO THE COVID-19 PANDEMIC AS FOLLOWS:

FEDERAL PROVIDER RELIEF FUNDS \$56,153,000

CARES ACT-CAMDEN COUNTY CORONAVIRUS RELIEF FUND \$10,537,000

CARES ACT-CAMDEN COUNTY TENT REIMBURSEMENT GRANT \$4,093,000

FEDERAL EMERGENCY MANAGEMENT AGENCY DISASTER RELIEF FUND \$7,503,000

* 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

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

CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER SENIOR MANAGEMENT MEMBERS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER SENIOR MANAGEMENT MEMBERS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER SENIOR MANAGEMENT MEMBERS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENT 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

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

ORGANIZATION'S COMPLIANCE AND LEGAL DEPARTMENTS HAVE DEVELOPED PROCESSES TO REVIEW AND PRESENT POTENTIAL CONFLICTS TO THE AUDIT/ETHICS & COMPLIANCE COMMITTEE.

FORM 990, PART VI, SECTION B, 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 INCLUDES THE FIRM'S OPINION THAT THE EXECUTIVES' COMPENSATION FALLS WITHIN

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

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

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)

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

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 | -6,998,927. |
| CHANGE IN PENSION BENEFIT OBLIGATION | -4,977,293. |
| ROUNDING | -428. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -11,976,648. |

PART III, LINE 4 (CONTINUED)

STATISTICS FOR THE YEAR 2020:

HOSPITAL ADMISSIONS: 30,032

AVERAGE DAILY CENSUS: 452

EMERGENCY DEPARTMENT VISITS: 68,575

URGENT CARE VISITS: 35,199

OUTPATIENT VISITS: HOSPITAL 370,113; PHYSICIAN PRACTICES 1,235,467

SURGICAL CASES: 20,071

TRAUMA CASES: 4,489

CANCER VISITS: INPATIENT 2,644; OUTPATIENT 106,750

LICENSED BEDS: 663 (INCLUDES 35 NICU/NEWBORN BASSINETS)

*** NEW FOR 2020 - OUTPATIENT COVID TESTING ENCOUNTERS (PATIENT ONLY FOR TEST): 49,830 ***

COMMUNITY BENEFIT STATEMENT INDEX:

REFERENCES THE NUMBER ON BOTTOM MIDDLE OF THE PAGE.

1. BACKGROUND, PAGE 85

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

- 2. CHARITABLE PURPOSES, CHARITY CARE AND COMMUNITY ACTIVITES, PAGE 87
- 3. VISION AND MISSION OF THE COOPER HEALTH SYSTEM, PAGE 88
- 4. SIGNATURE PROGRAMS, PAGE 89
- 5. OTHER MEDICAL SPECIALTIES, PAGE 98
- 6. COOPER COMMUNITY BENEFIT PROGRAMS, PAGE 98
 - (A) COMM HLTH, EDUC, CLINICAL SVCS, FUNDRAISING, GRANTWRITING, PAGE 98
 - (B) HEALTH PROFESSIONAL EDUCATION, PAGE 101
 - (C) SUBSIDIZED HEALTH SERVICES, PAGE 103
 - (D) RESEARCH-CLINICAL AND COMMUNITY HEALTH, PAGE 109
 - (E) CASH-IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS, PAGE 109
 - (F) COMMUNITY BUILDING, PAGE 109

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 1.6 MILLION PATIENT VISITS TO COOPER UNIVERSITY HEALTH CARE FACILITIES.

COOPER'S MAIN HOSPITAL CAMPUS IS LOCATED ON THE HEALTH SCIENCES CAMPUS IN CAMDEN, NEW JERSEY. COOPER HAS A LONG HISTORY OF OUTREACH AND SERVICE TO ITS LOCAL COMMUNITY, INCLUDING HEALTH AND WELLNESS PROGRAMS FOR THE NEIGHBORHOOD, DEVELOPMENT OF THREE NEIGHBORHOOD PARKS, OUTREACH PROGRAMS IN LOCAL SCHOOLS, AND PARTNERING WITH LOCAL ORGANIZATIONS TO REHABILITATE NEARBY RESIDENTIAL PROPERTIES.

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

COOPER HAS ALSO EXPANDED ITS FOOTPRINT IN THE CITY WITH THE CONSTRUCTION OF A STATE-OF-THE-ART MEDICAL, 10 STORY PATIENT PAVILION, THE MD ANDERSON CANCER CENTER AT COOPER, AND COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY. MD ANDERSON COOPER AT THE CORNER OF HADDON AVENUE AND MARTIN LUTHER KING BOULEVARD IS A FREESTANDING 103,000 SQUARE FOOT FACILITY PROVIDES INTEGRATED DIAGNOSIS, TREATMENT AND CANCER CARE. COOPER PARTNERED WITH MD ANDERSON, THE NATION'S LEADING CANCER CENTER, TO OFFER THE MOST ADVANCED CANCER CARE TO PATIENTS IN SOUTH JERSEY AND THE DELAWARE VALLEY. TODAY, THOUSANDS OF NEW JERSEY RESIDENTS CHOOSE TO STAY IN THE GARDEN STATE FOR FIRST-RATE CANCER CARE.

COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY (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 8,000 EMPLOYEES AND A MEDICAL STAFF OF MORE THAN 800 PHYSICIANS IN MORE THAN 75 SPECIALTIES. COOPER OFFERS A NETWORK OF COMPREHENSIVE AMBULATORY AS WELL AS HOSPITAL SERVICES, WHICH INCLUDES PREVENTION AND WELLNESS, PRIMARY AND SPECIALTY PHYSICIAN SERVICES, HOSPITAL CARE, AMBULATORY DIAGNOSTIC AND TREATMENT SERVICES, AND EDUCATION AND SUPPORT SERVICES WITHIN SOUTHERN NEW JERSEY AND THE ENTIRE DELAWARE VALLEY.

COOPER PHYSICIANS ARE ALSO INVOLVED IN ONGOING RESEARCH AND DEVELOPMENT AS THEY KEEP ABREAST OF CHANGING MODALITIES OF MEDICAL CARE. AS AN

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

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.

2) CHARITABLE PURPOSES, CHARITY CARE AND COMMUNITY ACTIVITIES

COOPER IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. MOREOVER, COOPER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

A. COOPER PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY - INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS.

B. COOPER OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.

C. COOPER MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES IN MOST

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

COOPER PROVIDES HEALTH CARE SERVICES TO ALL PERSONS IN A
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX,
NATIONAL ORIGINS OR ABILITY TO PAY. MOREOVER, COOPER PROVIDES HEALTH
CARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY
CARE POLICY IN COMPLIANCE WITH THE NEW JERSEY STATE ATTORNEY GENERAL
WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. COOPER
MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT
PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR
SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY.

ADDITIONALLY, AS OUTLINED HEREIN, COOPER SPONSORS OTHER CHARITABLE
PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY.
SUCH PROGRAMS INCLUDE SERVICES TO THE LOW INCOME AND ELDERLY POPULATION
THAT REQUIRE SPECIAL SUPPORT, VARIOUS CLINICAL OUTREACH PROGRAMS AS
WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY
WELFARE.

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| Name of the organization THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION | Employer identification number 21-0634462 |
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3) VISION AND MISSION OF THE COOPER HEALTH SYSTEM

VISION STATEMENT

COOPER UNIVERSITY HEALTH CARE WILL BE THE PREMIER HEALTH CARE PROVIDER IN THE REGION, DRIVEN BY OUR EXCEPTIONAL PEOPLE DELIVERING A WORLD-CLASS PATIENT EXPERIENCE, ONE PATIENT AT A TIME, AND THROUGH OUR COMMITMENT TO EDUCATING THE PROVIDERS OF THE FUTURE.

MISSION

OUR MISSION IS TO SERVE, TO HEAL, TO EDUCATE. WE ACCOMPLISH OUR MISSION THROUGH INNOVATIVE AND EFFECTIVE SYSTEMS OF CARE AND BY BRINGING PEOPLE AND RESOURCES TOGETHER, CREATING VALUE FOR OUR PATIENTS AND THE COMMUNITY.

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 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-RENOWNED TEAM OF CARDIOVASCULAR EXPERTS, THE MOST ADVANCED TECHNOLOGY AND THE BEST CARE OPTIONS. COOPER PROVIDES THE FULL SPECTRUM OF HEART CARE FROM PREVENTION AND DIAGNOSIS, TO THE MOST INNOVATIVE NON-SURGICAL TECHNIQUES AND SURGICAL TREATMENTS, FROM SPECIAL STENTING PROCEDURES TO OPENING BLOCKED HEART ARTERIES TO BEATING HEART SURGERY AND COMPLEX

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

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, 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, 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 ULTIDISCIPLINARY 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,

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| Name of the organization | THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION | Employer identification number | 21-0634462 |
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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 AN INNOVATIVE SURGICAL TECHNIQUES INCLUDING MINIMALLY INVASIVE AND REBOTIC. 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

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| Name of the organization THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION | Employer identification number 21-0634462 |
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CAMDEN IS THE CORNERSTONE OF OUR PARTNERSHIP AND IS ONE OF THE MOST TANGIBLE EXAMPLES OF THE INTEGRATION BETWEEN OUR TWO ORGANIZATIONS. AT THIS NEW CENTER, PATIENTS EXPERIENCE MD ANDERSON'S SIGNATURE, MULTIDISCIPLINARY APPROACH TO CARE IN A STATE-OF-THE-ART SETTING CLOSE TO HOME. EVERY ASPECT OF THE PATIENT EXPERIENCE AT MD ANDERSON COOPER IS MODELED ON THE CARE AND OPERATIONAL STRUCTURE AT MD ANDERSON IN HOUSTON. ADVANCED, COMPREHENSIVE OUTPATIENT CANCER SERVICES ARE ALSO PROVIDED AT OUR 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. KNOWN FOR ITS CLINICAL AND ACADEMIC EXCELLENCE, THE CENTER HAS A STATE-OF-THE-ART INTENSIVE CARE UNIT AND AN ACCLAIMED CLINICAL RESEARCH PROGRAM. MORE THAN 40 PERCENT OF INTER-HOSPITAL TRANSFERS FROM SOUTH JERSEY ARE DIRECTED TO COOPER'S CRITICAL CARE SERVICE SINCE THE IMPLEMENTATION OF THE COOPER TRANSFER CENTER. COOPER CRITICAL CARE HAS BEEN SOUTH JERSEY'S LEADER OF INPATIENT CARE DURING THE COVID-19 PANDEMIC. 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

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|--------------------------|--|--------------------------------|------------|
| Name of the organization | THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION | Employer identification number | 21-0634462 |
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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 4,000 CRITICALLY INJURED PATIENTS ARE TRANSPORTED TO COOPER'S LEVEL I TRAUMA CENTER, SOUTH JERSEY'S ONLY LEVEL I TRAUMA SERVICE. WHETHER THEY ARRIVE BY HELICOPTER OR AMBULANCE, THE MISSION OF THE TRAUMA TEAM REMAINS THE SAME: RESUSCITATE, EVALUATE AND TREAT THE PATIENT'S INJURIES AS QUICKLY AS POSSIBLE. COOPER'S TRAUMA CENTER IS KNOWN AND RESPECTED THROUGHOUT THE REGION AND IS THE MOST ACTIVE TRAUMA CENTER IN THE ENTIRE DELAWARE VALLEY. COOPER'S TRAUMA TEAMS HAVE SAVED TENS OF THOUSANDS OF LIVES. THE TRAUMA CENTER AT COOPER WAS ESTABLISHED IN 1982 AND IS ONE OF ONLY THREE NEW JERSEY STATE-DESIGNATED LEVEL I TRAUMA CENTERS. COOPER SERVES AS THE REGIONAL TRAUMA CENTER FOR SOUTHERN NEW JERSEY INCLUDING ATLANTIC, BURLINGTON, CAMDEN, CAPE MAY, CUMBERLAND, GLOUCESTER, MERCER, OCEAN AND SALEM COUNTIES; AND AS A RESOURCE FOR THE LEVEL II TRAUMA CENTERS IN OUR REGION. A LEVEL I TRAUMA CENTER CARES FOR SEVERELY INJURED PATIENTS INCLUDING PERSONS INVOLVED IN MOTOR VEHICLE ACCIDENTS, FALLS, AND ASSAULTS WITH GUNS, KNIVES, OR OTHER BLUNT OBJECTS. THE LEVEL I TRAUMA CENTER AT COOPER HAS ALSO BEEN RECOGNIZED AND VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL II PEDIATRIC TRAUMA CENTER COOPER IS THE FIRST HOSPITAL IN

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

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. THE CNI STROKE PROGRAM WAS RECENTLY AWARDED 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 IS THE ONLY PROGRAM IN SOUTHERN NEW JERSEY, AND ONE OF THE FIRST HOSPITALS IN THE U.S., TO OFFER PATIENTS THE LEKSELL

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

GAMMA KNIFE (FEDERALLY REGISTERED TRADEMARK SYMBOL) PERFEXION (UNREGISTERED TRADEMARK SYMBOL). GAMMA KNIFE PERFEXION RADIOSURGERY IS AVAILABLE FOR THE TREATMENT OF PATIENTS WITH BRAIN DISORDERS SUCH AS CANCERS AND TUMORS, VASCULAR ABNORMALITIES, FUNCTIONAL DISORDERS, AND OCULAR DISORDERS. THE GAMMA KNIFE SURGICAL TECHNOLOGY PROVIDES BRAIN SURGERY WITHOUT ANY INCISIONS, AND IS AS PRECISE AS A PINPOINT. A PATIENT CAN NORMALLY RETURN HOME THE SAME DAY. THE CNI ALSO TREATS PATIENTS FOR PARKINSON'S DISEASE, TREMORS AND DYSTONIA. CNI PROVIDES DEEP BRAIN STIMULATION (DBS) WHICH INVOLVES THE IMPLANTATION IN THE BRAIN OF A THIN ELECTRODE WHICH IS CONNECTED TO A NEUROSTIMULATOR THE SIZE OF A PACEMAKER. ONCE IN PLACE, PATIENTS CAN EXPERIENCE RELIEVED OR DECREASED SYMPTOMS OF TREMOR, RIGIDITY, SLOWNESS OF MOVEMENT, STIFFNESS, AND BALANCE. CNI ALSO PROVIDES HELP FOR PATIENTS WITH GAIT OR BALANCE DYSFUNCTION. THE CNI PROVIDES A FULL RANGE OF SERVICES FROM SOPHISTICATED DIAGNOSTICS TO ADVANCED REHABILITATION RESOURCES-AND OFFERS THE MOST PROGRESSIVE MEDICAL AND SURGICAL TREATMENTS IN VIRTUALLY EVERY NEUROLOGICAL FIELD.

- CHILDREN'S REGIONAL HOSPITAL AT COOPER
A HOSPITAL-WITHIN-A-HOSPITAL, THE CHILDREN'S REGIONAL HOSPITAL AT COOPER (CRH) PROVIDES THE FINEST PEDIATRIC SERVICES AVAILABLE TO THE CHILDREN OF SOUTHERN NEW JERSEY. DESIGNATED BY THE STATE DEPARTMENT OF HEALTH AS A SPECIALTY, ACUTE CARE CHILDREN'S HOSPITAL, COOPER IS UNIQUELY EQUIPPED AND CAREFULLY STAFFED TO TREAT THE REGION'S MOST CRITICALLY ILL AND SERIOUSLY INJURED CHILDREN, FROM NEWBORNS TO ADOLESCENTS. PHYSICIANS AND SURGEONS ARE RECRUITED FROM THE BEST CHILDREN'S HOSPITALS IN THE NATION, AND BECAUSE THEY ARE EXPERTS IN THEIR FIELDS, THEY ARE ALSO FACULTY MEMBERS AT COOPER MEDICAL SCHOOL OF

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

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 3,800 CHILDREN ARE ADMITTED TO THE CHILDREN'S REGIONAL HOSPITAL AT COOPER FOR SPECIALIZED CARE. MORE THAN 13,700 CHILDREN ARE TREATED EACH YEAR IN ITS PEDIATRIC EMERGENCY ROOM. IN ADDITION, THERE ARE MORE THAN 27,700 OUTPATIENT VISITS EACH YEAR TO THE PEDIATRIC MEDICINE AND SURGICAL SPECIALISTS OF THE CRH. THE CRH PROVIDES A WIDE RANGE OF PEDIATRIC SERVICES FOR INFANTS, CHILDREN AND ADOLESCENTS FROM SOUTHERN NEW JERSEY, PHILADELPHIA AND THROUGHOUT THE DELAWARE VALLEY. THE CRH'S SERVICES ARE COMPREHENSIVE WITH THE CLINICAL STAFF AND MEDICAL TECHNOLOGY TO DIAGNOSE THE MOST COMPLEX PEDIATRIC DISEASES IN AN ENVIRONMENT WHERE THE FOCUS IS ON THE CHILD AND THE FAMILY. IN ADDITION TO ITS HIGHLY SKILLED PHYSICIANS, THE CRH IS STAFFED WITH NURSES, CLINICAL SPECIALISTS, THERAPISTS, NUTRITIONISTS, SOCIAL WORKERS AND TECHNICIANS WHO ARE DEDICATED TO PROVIDING THE HIGHEST CALIBER OF CARE IN EACH OF THEIR RESPECTIVE PROFESSIONS. THEIR EXCELLENT TRAINING IS COMPLEMENTED BY THEIR DEDICATION TO SERVING THE SPECIAL NEEDS OF CHILDREN.

- COOPER CENTER FOR URGENT AND EMERGENCY SERVICES

COOPER CENTER FOR URGENT AND EMERGENCY SERVICES INCLUDE COOPER EMERGENCY DEPARTMENT; URGENT CARE CENTERS; 911 EMERGENCY MEDICAL SERVICES; AIR

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

MEDICAL SERVICES; AND, THE COOPER TRANSFER CENTER. COOPER'S EMERGENCY DEPARTMENT IN CAMDEN HANDLES MORE THAN 68,000 VISITS ANNUALLY WHICH AVERAGES APPROXIMATELY 186 A DAY. SEEKING TO PROVIDE AN ALTERNATIVE TO THE EMERGENCY DEPARTMENT FOR PATIENTS IN THE REGION, COOPER HAS A 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 60 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 MEDICAL TRANSPORTATION FROM LOCATIONS THROUGHOUT THE SEVEN COUNTIES OF SOUTHERN NEW JERSEY TO COOPER UNIVERSITY HOSPITAL. CRITICALLY INJURED PATIENTS RECEIVE RAPID TRANSPORT FROM EMERGENCY SCENES TO 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

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

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 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

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

1. COMMUNITY HEALTH OUTREACH

- CLASSES AND HEALTH SCREENINGS FOR THE COMMUNITY:

(I) CLASSES FOR PARENTS - CLASSES AND SUPPORT GROUPS OFFERED BY COOPER INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING IN-PERSON AND VIRTUAL CLASSES AND TOURS:

- 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

(II) 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

- RIPACENTER HEALTH AND WELLNESS-SEMINARS

- BREAST HEALTH EDUCATION

- COMMUNITY BASED DIABETES EDUCATION CLASSES

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

- HEALTH CONFERENCES AND HEALTH FAIRS
- HEALTH AND WELLNESS-NUTRITION PROGRAMS
- HEALTHY LIVING FREE SEMINARS
- EHEALTH CONNECTION NEWSLETTERS
- HEALTH ETALK WEB CHAT
- TEACHERS AND COACHES SEMINARS
- CONCUSSION AND SPORTS RELATED INJURIES EDUCATION AND OUTREACH

- 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

2. TRAUMA EDUCATION:

THE TRAUMA OUTREACH PROGRAM OFFERS A VARIETY OF EDUCATIONAL AND
 INTERVENTIONAL CLASSES THAT FOCUS ON INJURY/TRAUMA PREVENTION. FOR THE
 PAST 15 YEARS THE TRAUMA OUTREACH PROGRAM HAS BEEN COMMITTED TO
 REDUCING THE INCIDENCE OF TRAUMA INJURIES IN SOUTHERN NEW JERSEY BY
 DELIVERING COMPREHENSIVE TRAUMA/INJURY INTERVENTION PROGRAMS. PROGRAMS
 AND CLASSES INCLUDE SUCH TOPICS AS: ALCOHOL ABUSE AND OUTCOMES, DON'T
 FALL FOR US, DRIVERS EDUCATION, PROM PROGRAM, RISK TAKING, TEEN DRUG
 USE AND OUTCOMES, YOUTH GANG VIOLENCE, TOURS OF THE TRAUMA FACILITIES

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

FOR SCHOOLS AND STUDENTS, AND SAFE KIDS WALK TO SCHOOL DAY. THE DEPARTMENT ALSO PROVIDES COURSES, PROGRAMS AND EDUCATION SESSIONS FOR LOCAL EMS ORGANIZATIONS.

3. SAFE KIDS SOUTHERN NEW JERSEY COALITION:

THIS LOCAL COALITION COVERS THE CAMDEN, GLOUCESTER, AND BURLINGTON COUNTY AREA AND IS ONE OF MORE THAN 300 GROUPS ACROSS THE COUNTRY AND AROUND THE WORLD ORGANIZED BY THE NATIONAL SAFE KIDS CAMPAIGN. COOPER UNIVERSITY HOSPITAL SERVES AS THE LEAD ORGANIZATION FOR THE COALITION OF HOSPITALS, PUBLIC SAFETY DEPARTMENTS, NON-PROFITS, BUSINESSES, AND CONCERNED PARENTS. THE MISSION OF THE COALITION IS TO REDUCE ACCIDENTAL INJURIES AND DEATHS OF CHILDREN AGES 14 AND UNDER THROUGH EDUCATION IN SCHOOLS. SAFE KIDS SOUTHERN NEW JERSEY DRAWS ON THE STRENGTH OF ITS GRASSROOTS PARTICIPATION AND BRINGS TOGETHER A CROSS-SECTION OF COMMUNITY LEADERSHIP INCLUDING LAW ENFORCEMENT, FIREFIGHTERS AND PARAMEDICS, MEDICAL AND HEALTH PROFESSIONALS, EDUCATORS, PARENTS, BUSINESSES, PUBLIC POLICYMAKERS, AND MEDIA. CURRENT PROGRAMS ALSO INCLUDE CLASSES ON CAR SEAT SAFETY, BIKE HELMET SAFETY, SUMMER SAFETY AND HOME SAFETY.

4. LIFE SUPPORT TRAINING CENTER:

BASIC LIFE SUPPORT (BLS) TRAINING TEACHES THE PROCESS OF SUPPLYING RESCUE BREATHS AND CHEST COMPRESSIONS TO INDIVIDUALS EXPERIENCING CARDIAC ARREST. THE LIFE SUPPORT TRAINING CENTER OFFERS TWO BASIC PROGRAMS: HEALTHCARE PROVIDER BLS FOR HEALTH PROFESSIONAL AND HEARTSAVER AED FOR COMMUNITY MEMBERS.

(B) HEALTH PROFESSIONAL EDUCATION, PHYSICIANS, MEDICAL STUDENTS,

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

NURSES, ETC.; SCHOLARSHIP

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 260 RESIDENTS AND FELLOWS PER YEAR. COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY IN OCTOBER 2009, COOPER AND ROWAN UNIVERSITY

ANNOUNCED A LANDMARK PARTNERSHIP TO ESTABLISH A MEDICAL SCHOOL - THE FIRST FOUR-YEAR ALLOPATHIC MEDICAL SCHOOL EVER IN SOUTHERN NEW JERSEY AND THE FIRST NEW MEDICAL SCHOOL IN 35 YEARS IN THE STATE. THE 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

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

BENSON STREETS. THE SIX-FLOOR, 200,000 SQUARE-FOOT SCHOOL GRADUATED ITS INAUGURAL CLASS IN MAY 2016.

3. COOPER PROVIDES CONTINUING MEDICAL EDUCATION PROGRAMS TO PHYSICIANS EMPLOYED WITH THE LOCAL FQHC.

4. SIMULATION LAB - THE COOPER UNIVERSITY HOSPITAL SIMULATION LABORATORY IS DEDICATED TO ADVANCING PATIENT SAFETY AND HEALTHCARE PROVIDER EDUCATION AT ALL CLINICAL LEVELS. WE AIM TO BE A RESOURCE TO OUR COOPER DEPARTMENTS AND TO OTHER HOSPITALS AND HEALTHCARE PROVIDERS IN OUR COMMUNITY AND REGION. ONE-TO-ONE AND SMALL GROUP INSTRUCTION UTILIZING LIFELIKE MANNEQUINS IS CONDUCTED BY FACILITATORS TRAINED IN THE USE OF COMPUTER DRIVEN SIMULATION ADJUNCTS. ATTENTION IS FOCUSED ON MAINTAINING A NON-THREATENING LEARNING ENVIRONMENT, PROVIDING ADEQUATE MECHANISMS FOR POSITIVE FEEDBACK AND DEVELOPING A SUPPORTIVE STUDENT-FACILITATOR RELATIONSHIP. THIS INCLUDES TRAINING FOR MEDICAL STUDENTS.

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

(C) SUBSIDIZED HEALTH SERVICES, ER AND TRAUMA, HOSPITAL OUTPATIENT, BEHAVIORAL HEALTH, PALLIATIVE CARE

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

2. EARLY INTERVENTION PROGRAM - THE COOPER UNIVERSITY HOSPITAL EIP/FAMILY

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

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, 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

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

(MCC) SERVES AS THE REGIONAL HUB FOR HEALTHCARE RELATED EMERGENCY PLANNING, TRAINING AND RESPONSE. THE MCC LOCATED AT CUH PROVIDES SITUATIONAL AWARENESS, RESOURCE MANAGEMENT, AND INFORMATION MANAGEMENT FOR THE HEALTHCARE CONTINUUM AS IT RELATES TO EMERGENCY PREPAREDNESS, RESPONSE, MITIGATION AND RECOVERY. THE PRIMARY AREA OF RESPONSIBILITY FOR THE CUH MCC IS THE ENTIRE SOUTHERN REGION OF NEW JERSEY WHICH CONSISTS OF THE SEVEN SOUTHERN MOST COUNTIES AS WELL AS INTEGRATION WITH SOUTHEASTERN PENNSYLVANIA (INCLUDING THE CITY OF PHILADELPHIA) AND THE STATE OF DELAWARE (INCLUDING THE CITY OF WILMINGTON). THE MCC UTILIZES THE EXPERTISE PROVIDED BY THE DIVISION OF EMS AND DISASTER MEDICINE, REGIONAL LAW ENFORCEMENT, FIRE DEPARTMENTS, EMERGENCY MEDICAL SERVICES, CBRNE (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE) TEAMS, TECHNICAL RESCUE TEAMS, ETC., TO ASSIST THE HEALTHCARE CONTINUUM IN MEETING THEIR MISSION.

4. VIRTUAL AND IN-PERSON 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 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

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

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.

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. COOPER ALSO PARTICIPATES AS A MEMBER OF THEIR HEALTH INFORMATION EXCHANGE WHICH ALLOWS VISIBILITY INTO PATIENT INFORMATION IF THEY RECEIVED CARE AT ANOTHER FACILITY.

COMMUNITY BASED CLINICAL SERVICES - COOPER PROVIDES A VARIETY OF TARGETED POPULATONS WITH VARIOUS FREE CLINICAL HEALTH SCREENINGS (E.G. HEAD, ORAL, MOUTH, SKIN CANCER SCREENINGS) AND PHYSICAL EXAMS IN

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

CONVENIENT, EASY TO ACCESS COMMUNITY SETTINGS.

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 GEOGRPAHY.

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.

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

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

THE COALITION'S PHILOSOPHY IS THAT BY INCREASING CAPACITY WITHIN LOCAL PRIMARY CARE OFFICES WE CAN HELP THEM ACHIEVE HIGHER PATIENT SATISFACTION, IMPROVED ECONOMIC VIABILITY, AND BETTER HEALTH OUTCOMES. MONTHLY ROUNDTABLE MEETINGS AND SEMINARS HAVE BEEN HELD FOR LOCAL OFFICE MANAGERS AND PROVIDERS TO ENCOURAGE PEER-TO-PEER LINKAGES, INCREASE SKILLS AND KNOWLEDGE OF MODERN MEDICAL OFFICE MANAGEMENT TECHNIQUES AND EDUCATE IN SPECIFIC PRACTICE MANAGEMENT TOPICS. PARTICIPATION IN THIS GROUP LEADS TO ON-SITE CONSULTATION FOR INDIVIDUAL OFFICES, FOCUSING ON PROCESS FLOWS, OPERATIONS MANAGEMENT, ANALYZING CYCLE TIMES, AND INFORMATION MANAGEMENT.

EXPANSION OF ACCESS TO MENTAL HEALTH CARE PSYCHIATRY SERVICES ARE EXTREMELY DIFFICULT TO ACCESS IN UNDERSERVED COMMUNITIES. THE COALITION IS DEVELOPING A SYSTEM OF JOINT PRIMARY CARE/PSYCHIATRY APPOINTMENTS TO INCREASE A PRIMARY CARE PROVIDER'S CAPACITY TO PROVIDE MENTAL HEALTH CARE. THE PSYCHIATRIST WILL PROVIDE MENTORING, COACHING AND CONSULTATION TO THE PRIMARY PROVIDER.

7. PALLIATIVE CARE PROGRAM

THE PALLIATIVE CARE PROGRAM IS DESIGNED TO BE INTEGRATED AS PART OF A PATIENT'S CARE PLAN AT ANY TIME, TO MANAGE SYMPTOMS RELATED TO TREATMENT SUCH AS CHEMOTHERAPY, OR FOR SYMPTOMS THAT LINGER OR APPEAR AFTER TREATMENT IS COMPLETE. PALLIATIVE CARE IS THE COMPREHENSIVE TREATMENT OF THE DISCOMFORT, SYMPTOMS AND STRESS OF SERIOUS ILLNESS. IT DOES NOT REPLACE A PATIENT'S PRIMARY TREATMENT, BUT WORKS TOGETHER WITH TREATMENT AT ANY POINT IN A PATIENT'S CARE. PALLIATIVE CARE ALSO ADDRESSES PSYCHOLOGICAL, SOCIAL AND SPIRITUAL CONCERNS - ALL TO ACHIEVE THE BEST QUALITY OF LIFE POSSIBLE FOR EACH PATIENT. AT COOPER, THE

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

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 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

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

HEALTHY COMMUNITY.

(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

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

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

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 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

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

- 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
AN ACTIVE PARTNER WITH THE CITY OF CAMDEN, CENTER FOR FAMILY SERVICES
AND OTHER COMMUNITY GROUPS ON THE PLANNING EFFORT AND THE PROMISE
NEIGHBORHOOD INITIATIVE TO DEVELOP A COMPREHENSIVE APPROACH TO SOCIAL
SERVICES FOR CHILDREN AND FAMILIES LIVING IN THE COOPER LANNING
NEIGHBORHOOD.

- SUPPORT FOR THE KIPP COOPER NORCROSS ACADEMY

- CAMDEN PROMISE NEIGHBORHOOD WITH THE CENTER FOR FAMILY SERVICES
- COOPER PROVIDES EDUCATION AND CLINICAL SCREENING PROGRAMS WITHIN
CAMDEN AND THE SURROUNDING COMMUNITY

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.

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|--------------------------|--|--------------------------------|------------|
| Name of the organization | THE COOPER HEALTH SYSTEM, A NEW JERSEY NON-PROFIT CORPORATION | Employer identification number | 21-0634462 |
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- STREETSCAPING, LANDSCAPING AND PARK MAINTENANCE IN COMMUNITY.

5) LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS COOPER PROVIDES DEVELOPMENT AND TRAINING TO INCLUDE BUT NOT LIMITED TO:

- CHILD PASSENGER SAFETY TECHNICIAN CLASSES
- CHILD PASSENGER SAFETY TRAINING
- BOOSTER SEAT PROGRAM
- FIRE SAFETY SESSIONS

6) COALITION BUILDING AND COLLABORATIVE EFFORTS TO ADDRESS HEALTH AND SAFETY ISSUES INCLUDE BUT NOT LIMITED TO:

- CAMDEN HIGHER EDUCATION AND HEALTH CARE TASK FORCE - COOPER IS A FOUNDING MEMBER AND ACTIVE PARTICIPANT IN THE CAMDEN HIGHER EDUCATION AND HEALTH CARE TASK FORCE ("EDS AND MEDS").
- HOUSING IMPLEMENTATION TASK FORCE - COOPER CONVENES MEETINGS WITH NON-PROFITS, COMMUNITY ORGANIZATIONS, AND GOVERNMENT AGENCIES TO DISCUSS OPPORTUNITIES TO IMPROVE HOUSING OPTIONS IN THE CITY OF CAMDEN.

- SAFE KIDS NEW JERSEY AND SOUTHERN NEW JERSEY

7) WORKFORCE DEVELOPMENT:

- CAREER FAIRS AND EDUCATION: STRIVE, WOODLAND COMMUNITY DEVELOPMENT CORPORATION, CAMDEN COUNTY AND CAMDEN ONE STOP
- PARTNERING WITH THE CAMDEN COUNTY WORKFORCE INVESTMENT BOARD
- YOUTH SUMMER EMPLOYMENT PROGRAM - COOPER'S SUMMER YOUTH EMPLOYMENT PROGRAM PROVIDES OPPORTUNITIES FOR CAMDEN RESIDENTS THAT ARE IN HIGH SCHOOL TO WORK IN PAID INTERNSHIP POSITIONS FOR SIX WEEKS IN THE SUMMER AT VARIOUS DEPARTMENTS AT COOPER.

**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

2020

Open to Public Inspection

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| ALL CARE HEALTH ALLIANCE LLC - 21-0634462 1 FEDERAL STREET, SUITE S-400 CAMDEN, NJ 08103 | ACO | NEW JERSEY | 0. | 0. | COOPER HEALTH |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| COOPER MEDICAL SEVICES, 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) 2020

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

Schedule R (Form 990)

21-0634462

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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | 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 PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER PHYSICAL MEDICINE&REHAB ASSOC PC - 22-3137520, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103 | PHYSICIAN PRATICES | 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 PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |

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

Schedule R (Form 990)

21-0634462

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 PRATICES | 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 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER FAMILY MEDICINE PC - 22-3358732 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER UNIVERSITY RADIOLOGY PC - 51-0483383 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103 | PHYSICIAN PRATICES | 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 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER PEDIATRIC SPECIALISTS PC - 22-3474357 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER PRIMARY CARE AT PENNSVILLE PA - 22-3486722, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103 | PHYSICIAN PRATICES | 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 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| RADIATION ONCOLOGY PC - 22-3587486 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER UNIVERSITY TRAUMA PHYSICIANS PC - 20-0031895, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER UNIVERSITY EMERGENCY PHHYSICIANS PC - 20-0835576, 1 FEDERAL ST., SUITE NW2-400, CAMDEN, NJ 08103 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |
| COOPER SURGICAL ASSOCIATES PA - 22-2170196 1 FEDERAL ST., SUITE NW2-400 CAMDEN, NJ 08103 | PHYSICIAN PRATICES | NEW JERSEY | 501(C)(3) | LINE 10 | CH SYSTEM | X | |

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

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

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | X | |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | 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 | 487,628,835. | CASH-FMV |
| (3) COOPER FOUNDATION | C | 2,432,853. | CASH-FMV |
| (4) COOPER FOUNDATION | Q | 2,290,899. | CASH-FMV |
| (5) COOPER HEALTHCARE PROPERTIES | Q | 265,099. | CASH-FMV |
| (6) C&H COLLECTIONS | O | 63,468. | CASH-FMV |

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

Schedule R (Form 990)

21-0634462

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) | | | |
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| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.