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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: St Francis Medical Center Trenton NJ; Doing Business As; Number and street (or P O box if mail is not delivered to street address): 601 Hamilton Avenue; Room/suite; City or town, state or country, and ZIP + 4: Trenton, NJ 08629

D Employer identification number: 22-3431049; E Telephone number: (609) 599-5000; G Gross receipts \$ 136,463,113

F Name and address of principal officer: Gerard Jablonowski, 601 Hamilton Avenue, Trenton, NJ 08629

H(a) Is this a group return for affiliates? Yes No; H(b) Are all affiliates included? Yes No; H(c) Group exemption number 0928

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

J Website: stfrancismedical.org

K Form of organization: Corporation; L Year of formation: 1874; M State of legal domicile: NJ

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes summary of mission, financial data, and asset information.

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: 2010-11-09, Gerard Jablonowski President/CEO

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (Deloitte Tax LLP), EIN, Phone no

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

**Part III Statement of Program Service Accomplishments**

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

As a member of Catholic Health East("CHE"), under the sponsorship of Hope Ministries, and in accordance with the philosophy and tradition of its founders, The Sisters of St Francis of Philadelphia, St Francis Medical Center is a community of persons committed to being a transforming, healing presence within the communities we serve

**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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 121,435,728 including grants of \$ ) (Revenue \$ 135,406,831 )  
Please see Schedule O for a detail explanation of the organization's program services

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

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

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

**4e** Total program service expenses \$ 121,435,728

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

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

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i></p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i></p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 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></p>	<p><b>23</b></p>	<p>Yes</p>
<p><b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i></p>	<p><b>24a</b></p>	<p>Yes</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .</p>	<p><b>24b</b></p>	<p>No</p>
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .</p>	<p><b>24c</b></p>	<p>No</p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .</p>	<p><b>24d</b></p>	<p>No</p>
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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></p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</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></p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i></p>	<p><b>26</b></p>	<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . .</i></p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> 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)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28b</b></p>	<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28c</b></p>	<p>Yes</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i></p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> 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></p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> 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></p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i></p>	<p><b>34</b></p>	<p>Yes</p>
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>35</b></p>	<p>Yes</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>36</b></p>	<p>No</p>
<p><b>37</b> 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></p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .</p>	<p><b>38</b></p>	<p>Yes</p>

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 304		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,320		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	Yes	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	Yes	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (14); 1b Enter the number of voting members that are independent (11); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NJ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization (Mark Kelly, 601 Hamilton Avenue, Trenton, NJ 082690000, (609) 599-5119).



<b>1b Total</b>	3,049,025	528,563	227,931
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **82**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Center for Family Guidance PO Box 306 Marlton, NJ 08830	Child Psychology	1,776,070
Radiology Affiliates of Central NJ 3625 Quakerbridge Road Hamilton, NJ 08619	Professional Radiology	1,196,522
Chambers Emergency Associates 66 West Gilbert Street Red Bank, NJ 07701	ER Physicians	964,427
ARMDS 400 Broad Acres Dr 1st FLR Bloomfield, NJ 07003	AR Consulting	871,412
Center for Wound Healing 155 White Plains Road Tarrytown, NY 10591	Hyperbaric Procedures	778,575

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **25**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	513,685				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	406,041				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	919,726				
<b>Program Service Revenue</b>	<b>2a</b>	Net Patient Revenue	621,110	132,431,653	132,431,653		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	132,431,653				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	9,135			9,135	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross Rents	896,877			
		<b>c</b>	Less rental expenses	127,421			
	<b>d</b>	Net rental income or (loss) . . . . . ▶	769,456	769,456			
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory				
		<b>c</b>	Less cost or other basis and sales expenses				
<b>d</b>	Net gain or (loss) . . . . . ▶						
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . ▶						
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . ▶					
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code					
<b>11a</b>	Purchase Rebates	900,099	585,660	585,660			
<b>b</b>	Cafeteria	722,210	546,295	546,295			
<b>c</b>	Education Revenue	611,600	533,768	533,768			
<b>d</b>	All other revenue . . . . .		539,999	539,999			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		2,205,722				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		136,335,692	135,406,831	0	9,135	

**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) but are not required to complete columns (B), (C), and (D).

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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,823,433	1,641,088	182,345	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	44,934,862	40,441,376	4,493,486	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,796,041	2,516,437	279,604	
<b>9</b>	Other employee benefits . . . . .	4,429,091	3,986,182	442,909	
<b>10</b>	Payroll taxes . . . . .	3,401,596	3,061,436	340,160	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	996,539	896,885	99,654	
<b>b</b>	Legal . . . . .	196,860	177,174	19,686	
<b>c</b>	Accounting . . . . .	58,666	52,799	5,867	
<b>d</b>	Lobbying . . . . .	97,500	87,750	9,750	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	19,539,526	17,585,573	1,953,953	
<b>12</b>	Advertising and promotion . . . . .	576,607	518,946	57,661	
<b>13</b>	Office expenses . . . . .	769,679	692,711	76,968	
<b>14</b>	Information technology . . . . .	4,099,962	3,689,966	409,996	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	4,165,393	3,748,854	416,539	
<b>17</b>	Travel . . . . .	121,317	109,185	12,132	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	88,331	79,498	8,833	
<b>20</b>	Interest . . . . .	696,231	626,608	69,623	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	4,345,487	3,910,938	434,549	
<b>23</b>	Insurance . . . . .	2,315,231	2,083,708	231,523	
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	Medical Supplies & Drug	21,950,826	19,755,743	2,195,083	0
<b>b</b>	Bad Debt	5,674,901	5,674,901	0	0
<b>c</b>	Physician Fees	5,590,187	5,031,168	559,019	0
<b>d</b>	Equipment Rental & Main	2,997,358	2,697,622	299,736	0
<b>e</b>	Food & Dietary Supplies	923,987	831,588	92,399	0
<b>f</b>	All other expenses	1,708,436	1,537,592	170,844	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	134,298,047	121,435,728	12,862,319	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	188,651	<b>2</b>	261,551
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	15,659,082	<b>4</b>	14,790,377
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	640,389
	<b>8</b> Inventories for sale or use . . . . .	1,753,052	<b>8</b>	1,802,031
	<b>9</b> Prepaid expenses and deferred charges . . . . .	634,154	<b>9</b>	960,481
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	56,291,219		
	<b>b</b> Less accumulated depreciation . . . . .	22,081,089		
	<b>11</b> Investments—publicly traded securities . . . . .	37,967,288	<b>10c</b>	34,210,130
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	350,343	<b>11</b>	350,343
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	1,899,295	<b>12</b>	2,090,070
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	256,275
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,083,151	<b>15</b>	15,124,852	
	68,535,016	<b>16</b>	70,486,499	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	21,366,806	<b>17</b>	19,353,029
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	2,100,000	<b>20</b>	1,900,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	18,693,915	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	33,168,706	<b>25</b>	46,968,649
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	75,329,427	<b>26</b>	68,221,678
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-7,830,396	<b>27</b>	1,228,836
	<b>28</b> Temporarily restricted net assets . . . . .	475,812	<b>28</b>	475,812
	<b>29</b> Permanently restricted net assets . . . . .	560,173	<b>29</b>	560,173
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-6,794,411	<b>33</b>	2,264,821	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	68,535,016	<b>34</b>	70,486,499	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Francis Medical Center Trenton NJ

Employer identification number

22-3431049

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

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

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization St Francis Medical Center Trenton NJ

Employer identification number

22-3431049

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**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
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		97,500
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			97,500
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1	Explanation of Other Lobbying Activities	Lobbying fees paid to Impact NJ, LLC to engage in professional lobbying on behalf of the hospital on relevant healthcare issues including charity care, Medicaid, and other healthcare legislative issues

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization St Francis Medical Center Trenton NJ

Employer identification number 22-3431049

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 \$

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

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

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

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

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

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		632,832		632,832
<b>b</b> Buildings . . . . .		29,199,575	8,045,266	21,154,309
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		24,055,367	12,749,658	11,305,709
<b>e</b> Other . . . . .		2,403,445	1,286,165	1,117,280
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				34,210,130



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	136,335,692
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	134,298,047
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	2,037,645
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-115,737
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	7,137,324
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	7,021,587
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	9,059,232

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	136,184,068
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-115,737
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-115,737
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	136,299,805
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	35,887
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	35,887
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	136,335,692

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	134,298,047
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	134,298,047
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	134,298,047

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Pension Adjustment 3704958 Transfer From Related Organization 1259714 Change In Value of Interest Rate Swap Agreements 2172652
Part XII, Line 4b - Other Adjustments		Capital Donations 35887

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Name of the organization St Francis Medical Center Trenton NJ

Employer identification number 22-3431049

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility... 3b Does the organization use FPG to determine eligibility for providing discounted care... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 5b If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5c If "Yes" to line 5b... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			15,880	0	15,880	0.010 %
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			15,880		15,880	0.010 %

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

**Section A. Bad Debt Expense**

	Yes	No
<b>1</b> Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1 Yes	
<b>2</b> Enter the amount of the organization's bad debt expense (at cost) . . . . .	<b>2</b> 5,674,901	
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .	<b>3</b> 4,256,176	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b> 45,520,946
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b> 55,199,535
<b>7</b> Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	<b>7</b> -9,678,589
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

<b>9a</b> Does the organization have a written debt collection policy? . . . . .	<b>9a</b> Yes
<b>9b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	<b>9b</b> Yes

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> Central New Jersey Heart Services LLC	Cardiac Catheterization Lab Management	63.910 %	0 %	0 %
<b>2</b> Renal Center of Trenton LLC	Renal/Dialysis Services	29.000 %	0 %	0 %
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				

**Part V Facility Information**

Name and address

Other  
(Describe)

ER-other

ER-24 hours

Research facility

Critical access hospital

Teaching hospital

Children's hospital

General medical & surgical

Licensed hospital

X

X

X

X

St Francis Medical Center Trenton NJ  
601 Hamilton Ave  
Trenton, NJ 08629

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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Part I, Line 6a Catholic Health East

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Part I, Line 7f The amount of bad debt the organization included on Form 990, part IX, line 25, column (a), but subtracted for purposes of calculating the percentage in schedule H, Part 1, line 7, column (f) is \$5,674,901

Part I, Line 7 The overall cost-to-charge ratio from the Medicare cost report was used to determine the total community benefit cost for charity care, Medical Assistance, and Health Professional Education

Part III, Line 4 St Francis Medical Center provides services to all patients regardless of the ability to pay In accordance with the Medical Center's policy, a patient is classified as charity patient based on eligibility criteria as established by the Federal Poverty Guidelines Charges associated with these services do not include the provision for bad debts which is a result of the unwillingness of patients to make payment for services after recovery is deemed to be unlikely and all collection efforts have ceased Self-Pay accounts are written-down to what would be expected to be paid for the same services from Medicare, which is the estimate of cost The provision for bad debt should be considered a community benefit because a significant portion of bad debt expense is realized as a result to the lack of financial information provided by the patients, who would most likely qualify for charity care St Francis Medical Center Trenton NJ is a member of Catholic Health East ("CHE") and its operations are included within the consolidated financial statements of CHE Accordingly, St Francis does not have a separate footnote for bad debt CHE's footnotes for allowance for doubtful accounts and charity care are as follows Allowance for Doubtful Accounts-----The System records an allowance for doubtful accounts for estimated losses resulting from the unwillingness of patients to make payments for services The allowance is determined by analyzing historical data and trends Accounts receivable are written off against the allowance for doubtful accounts when management determines that recovery is unlikely and collection efforts cease Charity Care-----CHE provides services to all patients regardless of ability to pay In accordance with the System's policy, a patient is classified as a charity patient based on income eligibility criteria as established by the Federal Poverty Guidelines Charges for services to patients who meet the System's guidelines for charity care are not reflected in the accompanying consolidated financial statements The charges associated with these services for charity care provided by the System approximate \$474,326,000 and \$344,904,000 in 2009 and 2008, respectively These amounts do not include the provision of bad debts totaling \$274,749,000 and \$254,682,000 in 2009 and 2008, respectively, which is reflected separately in the consolidated statements of operations

Part III, Line 8 In determining the allowable cost of the Medicare patient the cost-to-charge ratio from the Medicare Cost Report is used Providing care to Elderly is part of the Mission of St Francis Medical Center

Part III, Line 9b Self-pay balances are transferred to professional collection agencies when the accounts complete a patient statement dunning cycle (e g , 121 days) with no payment from the patient or proof of eligibility for Charity Care or other programs Collection efforts for patients who have applied for charity care will continue, until a final determination on the application has been made A "pending application" is defined as an application that has been fully completed by the patient, submitted and is in the process of being determined for eligibility It is acceptable (but not preferable) to take an account through the full collection cycle and later reclassify it as Charity Care, as long as a consistent process is followed and a legitimate basis exists that the patient is unable to pay It is possible that a claim can complete the billing process and be referred for outside collection activity, prior to a favorable charity determination decision being made Once a patient has been identified as being eligible for charity care, the Health System will notify the collection agency to cease all further activity St Francis will distribute this policy to all vendors to advise them of the program's availability, to make them aware of the documentation required to apply, and to familiarize them with the determination letter, in case they receive notification from the patient, before an account has been written off If a favorable determination is rendered, the collection agency will not use wage garnishments or liens on primary residences for the portion of the claim eligible for a charity write off For those receiving a determination of less than 100% write off, the collection agency will resume their collection efforts and employ all means previously contractually agreed upon St Francis will, in all cases, specifically authorize all institutional litigation This does not preclude agencies from pursuing reimbursement from third party liability settlements

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Part VI, line 8, The list of states in which CHE's community benefit report is filed are Alabama, Connecticut, Delaware, Florida, Georgia, Maine, Massachusetts, New Jersey, New York, North Carolina and Pennsylvania

**2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 A Community Health Needs Assessment is performed by management every 2-3 years through a review of services offered, use patterns, and community health outcomes attained Data is assessed and prioritized with community leaders, physicians, and patients Needs assessed become the foundation for the Community Health Improvement Plan

**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 charity care policy

Part VI, Line 3 As members of the Catholic Health Care Ministry who are deeply committed to caring for those who are poor, St Francis Medical Center has established respectful and effective procedures for addressing the needs of those persons who are unable to pay for all or most of their care In order to preserve the dignity of these persons and to facilitate the process of securing necessary information, The Medical Center strongly prefers to perform financial screening upon scheduling, admission registration, or upon discharge processing in the emergency department Patients who represent increased financial risk as a result of the amount they are expected to owe "out-of-pocket", will be referred to a Financial Counselor for assistance in applying for alternative payment programs (e g , Medicaid Assistance), determining Charity Care eligibility, establishing payment plans or other financing arrangements Financial Counseling services will be made available to all elective, urgent and emergent patients Patients with insurance other than that afforded low income individuals will not have their patient liability unpaid balance, coinsurance, deductible or non-covered service written-off to Charity Care unless they qualify for the New Jersey State Hospital Care Assistance Program, or financial hardship can be proven

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

Part VI, Line 4 Community Needs and ResourcesThe health status of the city of Trenton presents numerous challenges and opportunities to the health care community and to St Francis in particular, as its mission focuses on service to the poor and marginalized Trenton, a diverse community located in Mercer County, is the only municipality among 13 towns Mercer County's population exceeds 300,000 and is one of the most affluent areas in the county, Trenton excluded Consequently, when reviewing Mercer County data rather than Trenton specific information, the statistical picture for Trenton is significantly diluted as a result of the high quality of health, education, and financial resources enjoyed by the remainder of the county Whereas the City of Trenton has an unemployment rate much higher than the State of New Jersey overall, Mercer County tends to have an unemployment rate lower than the State of New Jersey The county, state and nation have all experienced a decline in their unemployment rates over the past three years By comparison, the annualized unemployment rate for Trenton continues to be considerably higher than county or state Eighteen percent of Trentons population is disabled, compared to 15% nationally The socioeconomic status of Trenton mirrors the health status of urban communities with a high poverty level 21% of the city's population lives below poverty compared to the national rate of 9 8% Per capita income is approximately two thirds the nations level Only 67% of Trentons population has a high school diploma, compared to the national level of 84% 27% of households in Trenton are female households with no husband present, compared to 13 8% for Mercer County At least 3 of Trenton's 18 elementary public schools are failing to meet the No Child Left Behind criteria, established by the federal government A significant percentage of the population is uninsured According to the The Medically Uninsured in New Jersey, A Chart Book published in August of 2004 by the NJ Department of Health and Senior Services in collaboration with Rutgers Center for Health Policy, Trenton lies in the state's central region which had the second highest rates of uninsured adults (27%) and children (10%) with Hispanic children the most likely to be uninsured There are numerous gaps in service for the Trenton community Primarily these gaps have to do with the availability and access to basic resources and healthcare for all age groups, particularly the elderly and ethnic minorities The changing demographics of the community suggest language and cultural barriers, transportation limitations and cost of health care services are growing barriers to providing services Nineteen percent of Trenton's population is foreign born Access to primary care is a persistent need among the poor and indigent Through the Medical Clinics staffed by the medical residents and the Medical Centers innovative Walk-In clinic, In 2009, a total of 3,280 visits took place thanks to the Walk-In clinic St Francis makes a tremendous contribution toward addressing this community need In 2009, 54% of all clinic visits were for adult primary care There were 1,650 visits to the Surgical Clinic in 2009 In addition to the Medical and Surgical Clinics affiliated with the Medical Center's residency programs, 16 specialty clinics are also offered Clients of all ages are seen in the clinics, with the majority being 40-64 years of age In 2009 St Francis Medical Center opened its PACE program PACE stands for Program of All-inclusive Care for the Elderly It is an innovative Medicare program that provides frail individuals age 55 and older comprehensive medical and social services coordinated and provided by an interdisciplinary team of professionals in a community-based center and in their homes, helping program participants delay or avoid long-term nursing home care There are 12 zip codes that comprise the Medical Centers primary service area, however 81% of the visits to the Medical Centers clinics were made by those living in only five zip codes including 08629, the hospitals zip code The clinics payor mix demonstrates the importance of clinic services to the community's most vulnerable citizens About 75% of all clinic visits are made by those who are medically indigent and/or uninsured, that is to those with Medicaid, Charity Care or self pay Another 15% of those seen are Medicare beneficiaries, which means they are elderly or disabled Value of Services Provided beyond Dollars Spent or numbers served The economic contribution that St Francis provides to the Trenton community is enormous With a workforce of approximately 850 employees, St Francis is Trenton's third largest employer Since the majority of employees live within the service area radius, the taxes they pay, the gas they buy, the purchases they make, the restaurants they frequent all contribute substantially to the health of the local economy For 134 years, St Francis Medical Center has played a significant role in anchoring the Chambersburg neighborhood, a diverse, unique and economically successful district in Trenton

**5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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- 6** Provide any other information important to describing how the organization's hospitals 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 )

Part VI, Line 6 The Trenton Health Plan is comprised of the CEO, Executive Director of Emergency Department, and the Director of Information Systems of St Francis, City of Trenton Officials, New Jersey State Department of Health Officials, and the leaders of Capital Health System and Henry J Austin Health Center The Trenton Health Plan goal is to improve the community health of Trenton through collaboration and health information exchange

- 7** 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

Part VI, Line 7 Mission, Core Values and Guiding Social TeachingsSt Francis Medical Center is a community of persons committed to being a transforming healing presence within the communities we serve The mission has continued throughout the 134 year history as a strong Catholic witness to the Gospel of Jesus through constant commitment to live out the core values of reverence for each person, community, justice, commitment to those who are poor, stewardship, courage and integrity Based on gospel values and guided by the Social Teaching of the Catholic faith, health services are delivered with a special focus on the needs of the poor and underserved Following the Ethical and Religious Directives for Catholic Health Care Organizations, the Catholic identity of the medical Center is witnessed foremost by the delivery of healthcare with respect to treating the mind, body and spirit of the person History and Commitment to the CommunityLocated in Trenton, the Capital of New Jersey, St Francis became Trentons first hospital in 1874 Built at a time when the city was quickly becoming an industrial site, the hospital was embraced by the hard working citizens of the community and from its beginning, attracted physicians to the area In the first year care was given to 98 patients regardless of their race, creed, nationality or ability to pay The hospital was made available to the aged and infirm In 1974, St Francis Hospital changed its name to St Francis Medical Center, reflecting its certification as a teaching hospital During the 134 years of its existence, the Medical Center has been the only Catholic Acute Care Hospital in central New Jersey, among the counties of Hunterdon, Mercer, Monmouth, Middlesex and Ocean The hospital is located on its original site of 601 Hamilton Avenue Sponsorship for St Francis Medical Center was provided by the Sisters of St Francis of Assisi of Philadelphia, through the Franciscan Health System During the mid 1990s, the Franciscan Health and two other religious systems joined to form Catholic Health Initiatives (CHI) In 2002, ownership of St Francis Medical Center was transferred to Catholic Health East and sponsorship was transferred to Hope Ministries, located in Newtown Square, Pennsylvania There is a strong commitment to residents of all ages from the very youngest, through the Childrens Futures East Ward Community Center, to the elderly, through efforts to establish a PACE (Program of All-Inclusive Care for the Elderly) program for Trentons frail, dual eligible seniors The Medical Center serves a community diverse in both culture and needs Each program developed, while it maintains a strong Catholic identity, is dedicated to meeting the poor and indigent on their terms

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
St Francis Medical Center Trenton NJ

**Employer identification number**

22-3431049

**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 in 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 (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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 in 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in 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," to line 5a or 5b, describe in Part III

**6** For persons listed in 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," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
C James Romano MD	(i)	234,373	0	1,289	4,541	10,486	250,689	0
	(ii)	0	0	0	0	0	0	0
Gerard Jablonowski	(i)	0	0	0	0	0	0	0
	(ii)	292,154	127,256	109,153	27,234	25,779	581,576	0
Mark Kelly	(i)	177,683	19,769	365	7,283	13,671	218,771	0
	(ii)	0	0	0	0	0	0	0
Joseph Flamini	(i)	166,196	15,760	594	6,601	716	189,867	0
	(ii)	0	0	0	0	0	0	0
Mary Anne Suttles	(i)	161,498	12,000	576	6,339	10,447	190,860	0
	(ii)	0	0	0	0	0	0	0
Judith Dibartolo	(i)	145,229	13,200	230	5,750	5,109	169,518	0
	(ii)	0	0	0	0	0	0	0
Glenn Laub MD	(i)	590,813	0	1,497	10,278	16,966	619,554	0
	(ii)	0	0	0	0	0	0	0
Peter Benotti	(i)	478,238	0	5,151	7,813	10,737	501,939	0
	(ii)	0	0	0	0	0	0	0
Charles Kososky MD	(i)	324,186	0	2,168	3,617	5,601	335,572	0
	(ii)	0	0	0	0	0	0	0
Salman Muddassir MD	(i)	292,499	15,533	87	3,432	13,700	325,251	0
	(ii)	0	0	0	0	0	0	0
Joseph Costic MD	(i)	297,190	28,500	440	10,824	13,982	350,936	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Francis Medical Center Trenton NJ

Employer identification number  
22-3431049

**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	
							Yes	No	Yes	No
<b>A</b>	NJ Healthcare Facilities Financing Authority	22-2845542	64579E8M1	06-20-2003	3,100,000	Capital Expenditures		X		X

**Part II Proceeds**

	A	B	C	D	E
<b>1</b> Total proceeds of issue	3,100,000				
<b>2</b> Gross proceeds in reserve funds					
<b>3</b> Proceeds in refunding or defeasance escrows					
<b>4</b> Other unspent proceeds					
<b>5</b> Issuance costs from proceeds	89,587				
<b>6</b> Working capital expenditures from proceeds					
<b>7</b> Capital expenditures from proceeds	3,010,413				
<b>8</b> Year of substantial completion	2004				
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>
<b>9</b> Were the bonds issued as part of a current refunding issue?		X			
<b>10</b> Were the bonds issued as part of an advance refunding issue?		X			
<b>11</b> Has the final allocation of proceeds been made?	X				
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				

**Part III Private Business Use**

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

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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X								
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
<b>6</b> Total of lines 4 and 5		0 %								
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
<b>2</b> Is the bond issue a variable rate issue?	X									
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X								
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X								
<b>6</b> Did the bond issue qualify for an exception to rebate?		X								

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

2009

Open to Public Inspection

Name of the organization St Francis Medical Center Trenton NJ

Employer identification number 22-3431049

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

Table with 3 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

**Open to Public Inspection**

<b>Name of the organization</b> St Francis Medical Center Trenton NJ	<b>Employer identification number</b> 22-3431049
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Catholic Health East is the sole member
Form 990, Part VI, Section A, line 7a		Catholic Health East approves the appointment of the members of the governing body
Form 990, Part VI, Section A, line 7b		CHE has limited reserved powers to approve decisions of the governing body
Form 990, Part VI, Section B, line 11		The organization took steps to educate management, members of the Board and members of appropriate subcommittees of the Board on the compliance requirements mandated by Form 990. The form was reviewed by management and then submitted to the Board or a subcommittee thereof which reported its findings to the Board.
Form 990, Part VI, Section B, line 12c		The organization has adopted CHE's policy 103, which sets forth the organization's conflict-of-interest policy and processes. Annually, all those serving the organization in a fiduciary capacity, including directors, officers, and key employees receive a copy of the policy and annual disclosure statement to be completed. Disclosures of financial interest or other reportable circumstances as defined in the policy are submitted and reviewed by the organization's CEO and Board Chair. Summary information is reported to the entire Board and available to the Board throughout the year as business comes before the Board or management for action. The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict. The determination of whether a disclosed financial or other interest constitutes a conflict of interest is made by the Board or an appropriate committee thereof comprised of disinterested persons and without the participation of the affected individual except to respond to questions about the disclosure. The policy further addresses the procedure for the Board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings. Lastly, the policy addresses potential disciplinary action for violations of the policy. The policy is available to the public upon request.
Form 990, Part VI, Section B, line 15		The organization has adopted CHE's process for determining compensation which includes the following: The Board has an independent committee review and approve all elements of remuneration for all disqualified parties, as well as other key management. The Board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements. The committee engages with external consultants to provide market data comparing CHE roles to similarly sized health systems utilizing both title and job content comparisons. The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan. All of these discussions and decisions are documented through the provision of meeting minutes.
Form 990, Part VI, Section C, line 19		Organizational Articles of Incorporation, Corporate By-laws, governance policies believed to be of interest to the public, conflict-of-interest policy, audited financial statements, annual community benefit report and IRS Form 990 are available to the public upon request.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a	Description of Program Services	<p>Background ===== St Francis Medical Center ("SFMC") is a general medical and surgical hospital. SFMC is recognized by the IRS as an internal revenue code section 501(c)(3) tax-exempt organization. Pursuant to its charitable purposes, SFMC provides medically necessary health care services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin or ability to pay. Moreover, SFMC operates consistently with the following criteria in IRS Revenue Ruling 69-545: 1) SFMC provides medically necessary health care services to all individuals regardless of their ability to pay, including charity care, self-pay, Medicare and Medicaid patients, 2) SFMC operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3) SFMC maintains an open medical staff, with privileges available to all qualified physicians, and 4) Control of SFMC rests with its Board of Trustees, which is comprised of independent civic leaders and other prominent members of the community. A teaching medical center established in 1874 by the Sisters of St. Francis of Philadelphia, SFMC is sponsored by Hope Ministries and a member of Catholic Health East ("CHE"). SFMC provides total healthcare - physical, emotional and spiritual health in one convenient location. ST FRANCIS HEART HOSPITAL IS THE ONLY STATE-RECOGNIZED CARDIAC SURGERY PROGRAM IN MERCER COUNTY AND IS IN THE TOP TEN PERCENT OF HOSPITALS NATIONWIDE FOR OVERALL CARDIAC CARE. SFMC IS DEDICATED TO PROVIDING QUALITY HEALTHCARE, PERSONAL SERVICE, CONVENIENCE AND EDUCATION TO THE MANY DIFFERENT COMMUNITIES OF THE GREATER TRENTON AREA. TODAY, AS PART OF CHE AND SPONSORED BY HOPE MINISTRIES, SFMC REMAINS DEDICATED TO A MISSION THAT VALUES THE SANCTITY OF LIFE AND PLACES THE HIGHEST PRIORITY ON TREATING EVERY INDIVIDUAL WITH DIGNITY. PATIENTS HAVE ACCESS TO A FULL RANGE OF SERVICES AND TECHNOLOGY THAT SUPPORT THE HEALTH OF THE COMMUNITY, INCLUDING QUALITY MEDICAL CARE AND HOLISTIC APPROACHES TO HEAL THE MIND, BODY AND SPIRIT. THE MEDICAL TEAM OF BOARD CERTIFIED PHYSICIANS AND NURSES WORK CLOSELY TOGETHER TO ENSURE THE PROVISION OF SAFE, HIGH QUALITY CARE TOGETHER WITH THE LEADERSHIP TEAM AND OTHER PROFESSIONALS, THEY ALL SHARE IN A SINGLE-MINDED APPROACH TO PROVIDE THE HIGHEST QUALITY COMPASSIONATE CARE AND SERVICE POSSIBLE. PATIENT SATISFACTION ===== SFMC'S GOAL IS TO PROVIDE THE BEST ENVIRONMENT FOR PATIENTS TO RECEIVE CARE, PHYSICIANS TO PRACTICE MEDICINE AND EMPLOYEES TO WORK. SFMC PRIDES ITSELF ON ITS VALUES-BASED CULTURE WITH AN EMPHASIS ON EXCELLENCE. MISSION STATEMENT ===== AS A MEMBER OF CHE, UNDER THE SPONSORSHIP OF HOPE MINISTRIES, AND IN ACCORDANCE WITH THE PHILOSOPHY AND TRADITION OF ITS FOUNDERS, THE SISTERS OF ST. FRANCIS OF PHILADELPHIA, SFMC IS A COMMUNITY OF PERSONS COMMITTED TO BEING A TRANSFORMING, HEALING PRESENCE WITHIN THE COMMUNITIES IT SERVES. BASED ON GOSPEL VALUES, SFMC PROVIDES QUALITY HEALTH CARE IN AN ENVIRONMENT THAT FOSTERS THE VALUES OF REVERENCE FOR EACH PERSON, COMMUNITY, JUSTICE, STEWARDSHIP, COURAGE, INTEGRITY, HEALTH CARE EDUCATION, AND A COMMITMENT TO THOSE WHO ARE POOR. IN ORDER TO LIVE OUT THIS MISSION, SFMC - TREATS ALL PERSONS WITH RESPECT AND COMPASSION - CREATES AN ENVIRONMENT THAT RECOGNIZES THE DIGNITY OF ALL THOSE WITH WHOM IT WORKS, CALLING FORTH ITS FULLEST HUMAN POTENTIAL - PROVIDES A RANGE OF SERVICES THAT SUPPORT HEALTHY COMMUNITIES, INCLUDING QUALITY MEDICAL CARE AND HOLISTIC APPROACHES TO HEALING THE MIND, BODY, AND SPIRIT - COLLABORATES WITH OTHERS WHO SHARE A COMMON MISSION AND VISION - CONTINUALLY SEEKS INNOVATIVE WAYS TO ASSURE ACCESS TO SERVICES FOR PERSONS MOST IN NEED, AND - ADVOCATES FOR THE PRINCIPLES OF SOCIAL JUSTICE THAT AFFECT PUBLIC POLICIES AND INITIATIVES, PARTICULARLY THOSE IN THE AREA OF HEALTH CARE THAT ENSURE QUALITY OF LIFE FOR ALL. MISSION AND MINISTRY ----- FOR OVER 135 YEARS, THE MISSION OF THE SISTERS OF ST. FRANCIS OF PHILADELPHIA HAS REMAINED CONSTANT, TO SERVE AND BE RESPONSIVE TO THE NEEDS OF OTHERS, ESPECIALLY THE SICK, THE POOR, AND THE DYING. TO HELP ASSURE THAT THIS MISSION AT SFMC WOULD CONTINUE TO BE A MOTIVATIONAL FORCE IN DAY-TO-DAY ACTIVITIES OF THE INSTITUTION, THE DIVISION OF MISSION AND MINISTRY WAS ESTABLISHED IN 1987. THE DIVISION CONCENTRATES ITS EFFORTS ON BUILDING A CORPORATE CULTURE THAT REFLECTS A JUDAIC-CHRISTIAN PHILOSOPHY AND FOLLOWS THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE ORGANIZATIONS. MISSION EFFECTIVENESS CONNECTS THE FRANCISCAN PHILOSOPHY WITH ITS CHE MISSION AND VALUES. THIS IS ACCOMPLISHED BY MEANS OF SERVICES THAT IDENTIFY AND STRENGTHEN THE VALUES THAT ARE FUNDAMENTAL TO THE OPERATIONS OF SFMC. THE VALUES PROCESS IS DESIGNED TO HELP EACH PERSON APPRECIATE HIS OR HER UNIQUE GIFTEDNESS AND THE VALUE OF WHAT EACH ONE BRINGS TO THE MISSION AND LIFE OF THE MEDICAL CENTER. MISSION EFFECTIVENESS SERVICES INCLUDE SOCIAL ACCOUNTABILITY, MISSION AND MINISTRY COMMITTEE, AND INSTITUTIONAL ETHICS. SPIRITUAL CARE, UNDER THE DIRECTION OF RUSSELL HANSEL AND SISTER MAUREEN MAGUIRE, OSF, CONCRETELY EXPRESSES THE SFMC'S HOLISTIC APPROACH TO PATIENT CARE WHERE THE PATIENT IS RECOGNIZED AS A SPIRITUAL BEING, AS WELL AS A PHYSICAL BEING. IT RECOGNIZES THE PERSON IN TERMS OF RELATIONSHIPS TO SELF, OTHERS, AND TO GOD. SERVICES FOCUS ON THE SPIRITUAL, EMOTIONAL, AND SOCIAL NEEDS OF PATIENTS AND THEIR FAMILIES FROM A THEOLOGICAL PERSPECTIVE, OFFERING COUNSELING IN SITUATIONS OF CRISIS, ETHICAL DILEMMAS, AND GRIEF. THE SPIRITUAL CARE PROFESSIONAL HELPS THE SICK AND THOSE WHO CARE FOR THEM DISCOVER A NEW SENSE OF MEANING IN THE MIDST OF PAIN AND SUFFERING. CHAPLAIN SISTER MAUREEN MAGUIRE, OSF, IS AVAILABLE TO ADDRESS THE SPIRITUAL NEEDS OF PATIENTS, FAMILIES AND EMPLOYEES. ALL PATIENTS ARE VISITED BY A CHAPLAIN OR PASTORAL CARE VOLUNTEER. AWARDS AND RECOGNITIONS ===== STROKE BRONZE PERFORMANCE ACHIEVEMENT AWARD ----- THE AMERICAN STROKE ASSOCIATION RECENTLY AWARDED SFMC ITS GET WITH THE GUIDELINES(SM) - STROKE (GWTG-STROKE) BRONZE PERFORMANCE ACHIEVEMENT AWARD AT THE ASSOCIATION'S INTERNATIONAL STROKE CONFERENCE 2008. THE AWARD RECOGNIZES SFMC'S COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF STROKE CARE BY ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARDS AND RECOMMENDATIONS. AFFILIATIONS ===== CATHOLIC HEALTH EAST ----- CHE IS A MULTI-INSTITUTIONAL CATHOLIC HEALTH SYSTEM, WHICH IS CO-SPONSORED BY FIFTEEN RELIGIOUS CONGREGATIONS AND HOPE MINISTRIES, A PUBLIC JURIDIC PERSON WITHIN CHE. BASED IN NEWTOWN SQUARE, PENNSYLVANIA, THE SYSTEM PROVIDES THE MEANS TO ENSURE THE CONTINUATION OF THE CATHOLIC IDENTITY AND OPERATIONAL STRENGTH OF THE SPONSORS HEALTH MINISTRIES, WHICH ARE LOCATED WITHIN ELEVEN EASTERN STATES FROM MAINE TO FLORIDA. THE SYSTEM INCLUDES 34 ACUTE CARE HOSPITALS, 25 FREESTANDING AND HOSPITAL-BASED LONG TERM CARE FACILITIES, 12 ASSISTED LIVING FACILITIES, 4 CONTINUING CARE RETIREMENT COMMUNITIES, 37 HOME HEALTH/HOSPICE AGENCIES AND NUMEROUS AMBULATORY AND COMMUNITY-BASED HEALTH SERVICES. CHE FACILITIES EMPLOY APPROXIMATELY FORTY THREE THOUSAND FULL-TIME EMPLOYEES AS PARTNERS IN MINISTRY. IN THE U.S. IT IS THE NINTH LARGEST HEALTH SYSTEM RANKED BY NET PATIENT REVENUE, THE FOURTH LARGEST CATHOLIC HEALTH SYSTEM RANKED BY ACUTE CARE BEDS, AND THE THIRD LARGEST HEALTH SYSTEM OPERATING ASSISTED LIVING FACILITIES RANKED BY RESIDENTS. CHE IS THE LARGEST NOT-FOR-PROFIT HOME HEALTH SYSTEM PROVIDER BY VISITS. CHE WAS FORMED THROUGH THE COMING TOGETHER OF TWELVE RELIGIOUS FRANCISCAN AND ITS THREE HEALTH SYSTEMS. IN MAY 1997, THE FRANCISCAN SISTERS OF ALLEGANY, FRANCISCAN SISTER OF ST. JOSEPH, NINE REGIONAL COMMUNITIES OF THE INSTITUTE OF THE SISTERS OF MERCY OF THE AMERICAS, AND THE SISTERS OF PROVIDENCE ANNOUNCED THEIR INTENT TO FORM A NEW CO-SPONSORED SYSTEM. IN THE FALL OF 1997, ALLEGANY HEALTH SYSTEM, EASTERN MERCY HEALTH SYSTEM, AND SISTERS OF PROVIDENCE HEALTH SYSTEM COMBINED LEGALLY AND OPERATIONALLY TO CREATE CHE. THE FORMATION OF THE SYSTEM REFLECTS THE INTENTION OF THE SPONSORS TO STRENGTHEN THE ROLE AND IDENTITY OF THE CATHOLIC HEALTH MINISTRY IN THE EASTERN UNITED STATES. IT IS GROUNDED IN THE SPONSORS HISTORIC COMMITMENT TO THE DIGNITY OF EVERY INDIVIDUAL, THE SACREDNESS OF LIFE, AND SPECIAL DEDICATION TO CARING FOR THE POOR, THE ELDERLY, AND DISADVANTAGED. CHE IS ABLE TO USE ITS COLLECTIVE STRENGTH AND RESOURCES TO PIONEER NEW AND CREATIVE WAYS OF RESPONDING TO COMMUNITY HEALTH NEEDS.</p>

Identifier	Return Reference	Explanation
		<p>CHE ENABLES ITS RELIGIOUS SPONSORS AND PARTICIPATING HEALTH CARE ORGANIZATIONS TO REALIZE BENEFITS IN THREE PRIMARY AREAS 1 SPONSORSHIP TO CREATE A STABLE VEHICLE FOR RELIGIOUS SPONSORS TO MAINTAIN SPONSORSHIP AND CATHOLIC IDENTITY OF ITS HEALTH MINISTRY INTO THE FUTURE, 2 STEWARDSHIP TO ENABLE MORE EFFECTIVE STEWARDSHIP OF COLLECTIVE RESOURCES TO ACHIEVE MAXIMUM BENEFIT FOR THE COMMUNITIES SERVED AND THE COMMON GOOD OF THE CATHOLIC HEALTH MINISTRY, AND 3 STRATEGIC PLANNING TO USE ENHANCED SIZE AND CRITICAL MASS TO STRENGTHEN THE POSITIONING OF INDIVIDUAL LOCAL HEALTH MINISTRIES AND THE CHE SYSTEM AS A WHOLE VALUES ----- THE CORE VALUES ARTICULATED AND AFFIRMED BY CHES LEADERSHIP AND STAFF INDICATE THE MANNER IN WHICH THE SYSTEM WILL ACHIEVE ITS MISSION AS A FAITH-BASED HEALTHCARE MINISTRY, IT IS VITALLY IMPORTANT THAT SFMC MEETS BOTH OF ITS CHALLENGES AND OPPORTUNITIES IN THE CONTEXT OF AND IN ACCORDANCE WITH ITS CORE VALUES HOPE MINISTRIES ----- HOPE MINISTRIES IS A COMMUNITY OF CATHOLIC PERSONS COMMITTED TO EXTENDING AND STRENGTHENING THE HEALING MINISTRY OF JESUS CHRIST THROUGH SPONSORSHIP IN THE NAME OF THE CHURCH AND FOR THE SAKE OF THOSE IN NEED SFMC ACCEPTS AND CARRIES OUT SPONSORSHIP OF ALL MINISTERIAL WORKS ENTRUSTED TO THEM THEY NURTURE AND HONOR THE GIFTS AND HERITAGE OF THESE WORKS THEY EXTEND AND STRENGTHEN THE CATHOLIC IDENTITY OF THESE WORKS, EXERCISE ACCOUNTABILITY TO THE CHURCH FOR ITS STEWARDSHIP OF THESE WORKS, AND IDENTIFY AND DEVELOP LEADERS IN THE MINISTRY OF SPONSORSHIP THE CORE VALUES OF HOPE MINISTRIES INVOLVES THE REVERENCE FOR EACH PERSON, THE COMMUNITY, TO SERVE JUSTICE, A COMMITMENT TO THOSE WHO ARE POOR, STEWARDSHIP, COURAGE, AND INTEGRITY SINCE THE EARLY FORMATION OF CHE, THE CHE SPONSORS COUNCIL HAS DISCUSSED THE NEED FOR AN ALTERNATIVE METHOD OF SPONSORSHIP THAT WOULD ENSURE THE FUTURE OF THE MINISTRIES OF CHE FOR THREE YEARS, THEY STUDIED, CONSULTED AND EVENTUALLY DESIGNED A MODEL THAT BECAME HOPE MINISTRIES THE SPONSOR'S COUNCIL THEN PETITIONED THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE FOR THE ESTABLISHMENT OF HOPE MINISTRIES AS A PUBLIC JURIDIC PERSON OF PONTIFICAL RIGHT ON JULY 7, 2000, HOPE MINISTRIES WAS ESTABLISHED BY THE CONGREGATION HOPE MINISTRIES IS DESIGNED TO SERVE AS A SPONSORING BODY FOR NEW ORGANIZATIONS THAT JOIN CHE AND FOR THOSE ORGANIZATIONS WHOSE SPONSORS MAY EVENTUALLY NEED TO TRANSFER SPONSORSHIP TO ANOTHER PUBLIC JURIDIC PERSON IT WILL SERVE AS A VEHICLE TO STRENGTHEN THE MINISTRY FOR THE FUTURE IT IS AN ORGANIZATION THAT WILL ENABLE MINISTRIES TO CONTINUE ITS SERVICE AS CATHOLIC HEALTHCARE ORGANIZATIONS AND ALLOW OTHER-THAN-CATHOLIC ORGANIZATIONS TO JOIN CHE AND DEVELOP AN IDENTITY AS CATHOLIC SPECIALTY CENTERS OF CARE ===== SFMC IS WELL KNOWN FOR ITS SPECIALTY CENTERS OF CARE WHILE MEDICAL EXCELLENCE AND STATE-OF-THE-ART TECHNOLOGY ARE OF UTMOST IMPORTANCE, SO IS SFMC'S CONCERN FOR THE PATIENTS TOTAL WELL BEING SFMC PROVIDES AN EXTENSIVE ARRAY OF MEDICALLY NECESSARY HEALTH CARE SERVICES WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING - AMBULATORY SURGERY - ANGIOGRAPHY - BARIATRIC SURGERY AND NON INTERVENTIONAL WEIGHT LOSS - CANCER CARE - CARDIOLOGY - CARDIAC CATHETERIZATION - CARDIAC EP STUDIES - CARDIAC SURGERY - CARDIOVASCULAR DIAGNOSTICS - MEDICAL, SURGICAL, &amp; SPECIALTY CLINICS - COMPASSIONATE CARE (HOSPICE) - DIALYSIS - EMERGENCY DEPARTMENT - GASTROENTEROLOGY AND PULMONARY DIAGNOSTICS - LABORATORY - MENTAL HEALTH - MUSCULAR DYSTROPHY - NEUROSCIENCE - NURSING - OUTPATIENT INFUSION (CHEMOTHERAPY) - PHYSICAL THERAPY AND REHABILITATION - PRE ADMISSION TESTING - PULMONARY TESTING - RADIATION ONCOLOGY - RADIOLOGY - SLEEP LAB - SR HYACINTHA PROGRAM FOR THE HOMEBOUND - STROKE CENTER - SURGERY - WOMENS HEALTH - WOUND CARE CENTER / HYPERBARIC OXYGEN THERAPY</p>

CLINICAL CENTERS OF EXCELLENCE / SPECIALTY SERVICES ----- BARIATRIC SURGERY AND MEDICAL NUTRITION THERAPY ----- DEDICATED SOLELY TO THE TREATMENT OF MORBID OBESITY, THE ST FRANCIS CENTER FOR ADVANCED WEIGHT LOSS PROVIDES INNOVATIVE, COMPREHENSIVE AND COMPASSIONATE CARE FOR PATIENTS UNDERGOING BARIATRIC SURGERY THE BARIATRIC TEAM REPRESENTS A COMBINATION OF TRAINING, EXPERTISE AND RECOGNITION UNIQUE AND UNPARALLELED IN MERCER COUNTY AND THROUGHOUT THE STATE OF NEW JERSEY WITH A DEDICATED SURGICAL STAFF AND A COMPLETE MULTIDISCIPLINARY APPROACH, THE SAINT FRANCIS CENTER FOR ADVANCED WEIGHT LOSS PROVIDES THE BEST BARIATRIC SURGICAL CARE AVAILABLE THE BARIATRIC PROGRAM COORDINATOR IS THE ONLY BARIATRIC CERTIFIED NURSE IN MERCER COUNTY ST FRANCIS CENTER FOR ADVANCED WEIGHT LOSS, ITS BARIATRIC SURGERY PROGRAM AT SFMC, PROVIDES OBESE AND MORBIDLY OBESE PATIENTS WITH NON-SURGICAL AND SURGICAL OPTIONS TO HELP ACHIEVE THEIR WEIGHT LOSS GOALS AND IMPROVE THE QUALITY OF THEIR LIVES SFMC HAS UPDATED ITS FACILITY WITH STATE-OF-THE-ART EQUIPMENT SPECIFICALLY FOR ITS PATIENTS SURGICAL OPTIONS, WHICH ARE AVAILABLE, INCLUDE LAPAROSCOPIC OR OPEN ROUX-EN-Y GASTRIC BYPASS AND LAPAROSCOPIC GASTRIC BANDING MEDICAL PROBLEMS ASSOCIATED WITH OBESITY SUCH AS DIABETES, HIGH BLOOD PRESSURE, HEART DISEASE, SLEEP APNEA AND OSTEOARTHRITIS CAN BE IMPROVED OR RESOLVED AFTER WEIGHT LOSS SURGERY SFMC HAS DEVELOPED A "PATIENT-DRIVEN" SUPPORT GROUP THAT GIVES PATIENTS THE OPPORTUNITY TO HELP OTHERS AND DISCUSS TOPICS ASSOCIATED WITH THEIR EXPERIENCES FOR 2009, APPROXIMATELY 150 PATIENTS PER MONTH ATTEND THE BARIATRIC SUPPORT GROUP AND 100 PATIENTS PER MONTH RECEIVE NUTRITION COUNSELING CARDIAC SERVICES ----- SFMC OFFERS A WIDE RANGE OF CARDIAC SERVICES TO THE COMMUNITY INCLUDING 1 CARDIOLOGY SFMC HAS BEEN THE REGIONAL LEADER IN PROVIDING HIGH QUALITY, COMPASSIONATE CARDIAC CARE TO THE RESIDENTS OF MERCER COUNTY SFMC INVOLVES THE PATIENT AND FAMILY IN THE IDENTIFICATION, TREATMENT, REHABILITATION AND EDUCATION THROUGH ITS ATTENTION AND CARE TO INDIVIDUAL NEEDS WITH ITS HIGHLY TRAINED PHYSICIANS AND STAFF, SFMC IS ABLE TO PROVIDE STATE-OF-THE-ART HEART CARE TO ITS PATIENTS WITH CARDIOVASCULAR DISEASE SFMC PRIDES ITSELF IN BEING THE ONLY REGIONAL HEART CENTER TO OFFER A FULL SPECTRUM OF INDIVIDUALIZED SERVICES SFMC OFFERS DIAGNOSTIC TESTS FOR CARDIAC PATIENTS INCLUDING ANGIOGRAPHY, CARDIOPULMONARY EXERCISE STRESS TEST, DOPPLER ULTRASOUND, ECHOCARDIOGRAM, ELECTROCARDIOGRAM, HOLTER MONITOR, MUGA SCAN, POSITRON EMISSION TOMOGRAPHY, SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY, AND THALLIUM STRESS TESTS 2 ANGIOGRAPHY ANGIOGRAPHY IS JUST ONE OF THE MANY SPECIALIZED CARDIOLOGY SERVICES OFFERED AT SFMC ANGIOGRAPHY, ALSO CALLED AN ANGIOGRAM, IS A DIAGNOSTIC TOOL DURING WHICH A CONTRAST DYE IS INJECTED THROUGH A CATHETER INTO THE HEART THIS ENABLES AN IMAGE OF THE CORONARY ARTERIES TO BE DISPLAYED ON A MONITOR THESE IMAGES REVEAL THE LOCATION AND APPROXIMATE SIZE OF ANY BLOCKAGES THAT ARE FOUND, AND THE PUMPING ABILITY OF THE HEART CAN ALSO BE OBTAINED DEPENDING ON THE REASON FOR THIS PROCEDURE, A SECOND CATHETER MAY BE INSERTED TO RECORD PRESSURES IN THE HEART'S CHAMBERS AND TO OBTAIN BLOOD SAMPLES 3 CARDIAC CATHETERIZATION A FULL SERVICE, STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB, WHICH IS MANAGED THROUGH A PARTNERSHIP WITH CENTRAL NEW JERSEY HEART SERVICES, IS AVAILABLE AT SFMC WHICH PROVIDES DIAGNOSTIC AND ADVANCED CLINICAL PROCEDURES WITH THE SURGICAL BACK-UP CAPABILITIES ON SITE THEY ARE EQUIPPED WITH TWO FULLY STAFFED INTERVENTIONAL LABS CAPABLE OF THE LATEST IN CARDIAC INTERVENTIONAL THERAPIES WITH MORE THAN 1,665 CASES AND 679 INTERVENTIONS IN 2009 SFMC'S VOLUME ALLOWS THEM TO PERFORM STATE-OF-THE-ART PROCEDURES ONLY AVAILABLE AT MERCER COUNTY'S TOP HOSPITAL FOR CARDIAC CARE SFMC IS ALSO THE ONLY HOSPITAL IN THE COUNTY WITH AN OPEN HEART SURGERY TEAM AVAILABLE AT ALL TIMES FOR BACK-UP ALONG WITH HAVING THE LATEST EQUIPMENT INCLUDING THE NEWEST IN DRUG ELUTING STENTS, IVUS, X-SYSOR AND IMAGING EQUIPMENT, SFMC ALSO HAS A HIGHLY QUALIFIED AND CARING STAFF OF PHYSICIANS, NURSES, AND CARDIOVASCULAR TECHNICIANS 4 CARDIAC ELECTROPHYSIOLOGY SFMC'S BRAND NEW, STATE-OF-THE-ART FACILITY IS THE ONLY LAB IN MERCER COUNTY TO DIAGNOSE AND TREAT CONDITIONS RELATED TO THE HEARTS ELECTRICAL SYSTEM DIAGNOSTIC TESTS OFFERED THROUGH CARDIAC ELECTROPHYSIOLOGY INCLUDE THE TILT TABLE TEST, EP STUDIES, EP WITH ABLATION, PACEMAKER INSERTION, DEFRIBILLATOR INSERTION, AND CARDIAC RESYNCHRONIZATION THERAPY 5 CARDIOVASCULAR DIAGNOSTICS SFMC'S CARDIOLOGY DEPARTMENT OFFERS A FULL RANGE OF DIAGNOSTIC TESTS TO PROVIDE EACH INDIVIDUAL WITH A PICTURE OF THE HEART'S HEALTH THIS ASSISTS THE PHYSICIAN IN DETERMINING THE BEST TREATMENT OPTIONS SFMC'S FULLY CERTIFIED TEAM INCLUDES CARDIOLOGISTS, REGISTERED NURSES, REGISTERED CARDIAC SONOGRAPHERS, AND CERTIFIED CARDIOLOGY TECHNICIANS, ALL WITH EXPERTISE AND SPECIALIZED TRAINING IN THE FIELD OF CARDIOLOGY DIALYSIS ----- SFMC DEDICATED AN OUTPATIENT DIALYSIS UNIT FOR THE TREATMENT OF END-STAGE RENAL DISEASE ("ESRD") THIS UNIT - RENAL CENTER OF TRENTON, LLC - WAS ESTABLISHED AND IS MANAGED IN PARTNERSHIP WITH RENAL VENTURES MANAGEMENT, LLC THE RENAL CENTER FEATURES 18 COMPUTERIZED HEMODIALYSIS STATIONS, WHICH INCLUDE RECLINERS, PERSONAL TELEVISIONS AND PRIVACY CURTAINS THE UNIT WILL ALSO PROVIDE ON-SITE TRAINING FOR PATIENTS IN PERITONEAL, OR HOME-BASED DIALYSIS AS WELL AS A TRANSPLANT REFERRAL PROGRAM EMERGENCY MEDICINE ----- SINCE 1998, SFMC HAS BEEN MERCER COUNTY'S HEART HOSPITAL WITH STATE OF THE ART IMAGING AND HEART SURGERY SFMC'S HEART HOSPITAL TEAM OF CERTIFIED PHYSICIANS AND NURSES ARE ACCUSTOMED TO RESPONDING QUICKLY AND ACCURATELY TO PATIENTS WITH LIFE THREATENING CARDIAC PROBLEMS ANOTHER STATE-OF-THE-ART PROGRAM THAT DISTINGUISHES FROM ALL OTHER EMERGENCY DEPARTMENTS IS SFMC'S LIFE SAVING STROKE TEAM THE MOST RECENT STATISTICS REGARDING STROKES INDICATE THAT LIFE SAVING TREATMENT MUST START WITHIN MINUTES OF THE FIRST SYMPTOMS SFMC'S SPECIALISTS RESPOND TO START TREATMENT QUICKLY TO MAXIMIZE SURVIVAL AND QUALITY OF LIFE FOR ITS PATIENTS THE EMERGENCY DEPARTMENT OFFERS THE FOLLOWING - A "NO WAITING" POLICY PATIENTS WHO ARRIVE AT THE EMERGENCY ENTRANCE REQUIRING EMERGENCY CARE, RECEIVE PROMPT ATTENTION AND TRIAGE BY AN EXPERIENCE TRIAGE NURSE, THEN ARE MOVED IMMEDIATELY INTO THE MAIN ED FOR CARE - SFMC BELIEVES THAT REGISTRATION FOR EMERGENCIES SHOULD BE DONE AT THE BEDSIDE, AND HAVE MADE THAT A CONVENIENCE AND A PRIORITY - THE EXPERIENCED EMERGENCY PHYSICIANS ARE READY 24 HOURS A DAY/7 DAYS A WEEK TO MEET YOUR NEEDS - THE MAGNET NURSING STAFF IS CERTIFIED IN ADVANCED LIFE SUPPORT AND PEDIATRIC ADVANCED LIFE SUPPORT - EACH OF THE FOURTEEN EMERGENCY BEDS HAS CARDIAC MONITORING CAPABILITY - RADIOLOGY SERVICES INCLUDING X-RAY, CT SCAN, MR, PET SCAN AND ULTRA SOUND ARE LOCATED IN CLOSE PROXIMITY TO THE EMERGENCY DEPARTMENT FOR SPEED OF SERVICE AND PATIENT CONVENIENCE - FOR MINOR INJURIES AND ILLNESSES REQUIRING URGENT CARE, THE "FAST TRACK" PROGRAM PROVIDES QUICK ATTENTION BY A SPECIALLY TRAINED NURSE PRACTITIONER - SUPPORT SERVICES SUCH AS PASTORAL CARE, PHYSICAL THERAPY, AND EKG - ON-LINE CONNECTIONS TO THE NATIONAL POISON CONTROL CENTER - INDIVIDUALIZED INFORMATION REGARDING DIAGNOSIS AND INSTRUCTIONS FOR AFTERCARE UPON DISCHARGE CANCER CENTER ----- THE COMFORTS OF HOME BECOME ESPECIALLY IMPORTANT IN TIMES OF ILLNESS ST FRANCIS REGIONAL CANCER CENTER OFFERS A FULL ARRAY OF CANCER SERVICES TO PATIENTS WITHIN THE COMMUNITY MULTIDISCIPLINARY DIAGNOSIS, PRETREATMENT EVALUATION, INPATIENT CARE, COUNSELING AND SUPPORT, AND OUTPATIENT CARE ARE ALL AVAILABLE CLOSE TO HOME THE COMPREHENSIVE BREAST PROGRAM PROVIDES PATIENTS WHO MAY HAVE FOUND A LUMP IN THEIR BREAST OR HAVE AN ABNORMAL MAMMOGRAM, A TIMELY APPOINTMENT WITH A BREAST SPECIALIST IN AN EFFORT TO DECREASE APPREHENSION, IF A BIOPSY IS RECOMMENDED MOST OF THE TIME IT CAN BE PERFORMED THAT DAY WITH THE RAPID DIAGNOSIS PROCESS MANY WOMEN WILL BE MADE AWARE OF THE PATHOLOGY RESULTS THAT SAME DAY THE PATIENT WILL LEAVE THE OFFICE WITH A PLAN OF CARE IN PLACE IN 2009 THE ST FRANCIS CANCER CENTER WAS REACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER THE LUNG CANCER TREATMENT TEAM IS COMPOSED OF A PULMONOLOGIST, SURGEON, RADIATION ONCOLOGIST AND MEDICAL ONCOLOGISTS, REVIEW NEWLY DIAGNOSED LUNG CANCER PATIENTS TO DEVELOP THE MOST COMPREHENSIVE TREATMENT PLAN TO ADDRESS THIS DISEASE SFMC ALSO OFFERS WORKSHOPS SPONSORED BY THE AMERICAN CANCER SOCIETY FOR PATIENTS WHO ARE UNDERGOING CHEMOTHERAPY AND RADIATION TREATMENTS NURSING ----- FOR OVER 130 YEARS, SFMC HAS BEEN TRENTON'S LEADING NON-PROFIT ACUTE CARE TEACHING HOSPITAL THE SFMC MEDICAL STAFF IS A GROUP OF HIGHLY SKILLED AND DEDICATED HEALTH CARE PROFESSIONALS WHO WORK SIDE BY SIDE WITH THEIR NURSES TOGETHER, THE CARING PHYSICIANS AND NURSES WORK EACH AND EVERY DAY TO CONTINUE A PROUD HISTORY OF PROVIDING THE HIGHEST QUALITY HEALTH CARE WITH COMPASSION AND RESPECT PHYSICAL THERAPY AND REHABILITATION ----- THE PHYSICAL THERAPY DEPARTMENT CONSISTS OF A DYNAMIC STAFF OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS WHO ARE ACTIVE PARTICIPANTS IN A LARGE MULTIDISCIPLINARY TEAM IN THE ACUTE CARE SETTING THEY PROVIDE AN ARRAY OF SERVICES DESIGNED TO RESTORE, IMPROVE OR MAINTAIN THE PATIENT'S OPTIMAL LEVEL OF FUNCTION, SELF-CARE, SELF-RESPONSIBILITY, INDEPENDENCE AND QUALITY OF LIFE THE PRIMARY PURPOSE OF THE PHYSICAL THERAPY DEPARTMENT IS TO PROVIDE SERVICES THAT WILL SHORTEN HOSPITAL STAY, CONVALESCENCE AND IMPROVE FUNCTIONAL CAPACITY FOR PATIENTS IN NEED THE PHYSICAL THERAPISTS PLAY A VITAL ROLE IN THE CARE OF THE POST-SURGICAL CARDIOTHORACIC PATIENTS, NEUROSURGICAL AND POST-SURGICAL ORTHOPEDIC PATIENTS, POST-SURGICAL GASTRIC-BYPASS PATIENTS, CARDIAC PATIENTS, ARTHRITIC PATIENTS, WOUND-CARE PATIENTS, PULMONARY PATIENTS, ICU AND CCU PATIENTS AND GENERAL MEDICAL PATIENTS SFMC'S PHYSICAL THERAPISTS DEVELOP GOALS AND A COMPREHENSIVE TREATMENT PLAN UPON A PATIENT'S INITIAL EVALUATION THE FREQUENCY AND DURATION OF THE TREATMENT IS DETERMINED BY A PATIENTS LEVEL OF FUNCTION AND PROGRESSION IN HIS OR HER PROGRAM THE DEPARTMENT ALSO INCLUDES OUTPATIENT SERVICES WITH NUMEROUS SUBSPECIALTIES OUTPATIENT THERAPISTS APPLY STATE OF THE ART TECHNIQUES FOR THE MANAGEMENT OF COMPLEX ORTHOPEDIC, MUSCULOSKELETAL NEUROMUSCULAR CONDITIONS AND WOUND CARE IN ADDITION, THE DEPARTMENT MAINTAINS A COMPLETE COMPREHENSIVE PROGRAM IN THE TREATMENT OF STROKE VICTIMS SFMC'S SPEECH THERAPY DEPARTMENT PROVIDES QUALITY CARE TO INPATIENTS AND OUTPATIENTS WHO HAVE SPEECH, LANGUAGE OR SWALLOWING DISORDERS DIAGNOSIS AND TREATMENT IS PROVIDED FOR DISORDERS OF SPEECH, LANGUAGE, SWALLOWING, VOICE AND STUTTERING VIDEO FLUOROSCOPIC SWALLOWING STUDIES PROVIDE VALUABLE INFORMATION FOR ASSESSMENT AND TREATMENT OF THOSE DISORDERS STROKE CENTER ----- THE NEUROSCIENCE INSTITUTE STROKE PROGRAM COMBINES HIGHLY TRAINED STAFF, ADVANCED TECHNOLOGY AND A CONCENTRATION IN PATIENT EDUCATION TO BRING QUALITY AND COMPREHENSIVE STROKE CARE TO MERCER COUNTY THE STROKE TEAM CONSISTS OF NEUROLOGISTS, EMERGENCY ROOM STAFF, NURSES, PRIMARY CARE PHYSICIANS AS WELL AS RADIOLOGISTS TO PROVIDE RAPID CARE TO THOSE AFFECTED BY STROKE AT LEAST ONE NEUROLOGIST AND NURSE ARE ON CALL 24 HOURS A DAY, 7 DAYS A WEEK, TO RESPOND QUICKLY TO STROKE PATIENTS WHO ARE BROUGHT TO SFMC THE STROKE TEAM IS ACTIVE IN DISTRIBUTING INFORMATION REGARDING SIGNS, TREATMENT AND PREVENTION OF STROKES TO SFMC EMPLOYEES, PATIENTS, AND THE SURROUNDING COMMUNITY EDUCATION RELATED TO STROKE RECOGNITION AND TIMELY RESPONSE IS KEY TO IMPROVED CLINICAL OUTCOMES IN ADDITION TO RESPONDING TO THE EMERGENT STROKE PATIENT, THE NEUROSCIENCE INSTITUTE COORDINATES A NUMBER OF CLINICAL TRIALS RELATED TO STROKE INTERVENTION AND THEREBY STROKE OUTCOME WOMENS HEALTH ----- SFMC PROVIDES SEVERAL SERVICES OF PARTICULAR INTEREST TO WOMEN AND ADDRESS A WOMAN'S CHANGING NEEDS CANCER PREVENTION AND CARE, MAMMOGRAMS, HEART DISEASE, OSTEOPOROSIS, AND MENOPAUSE ARE AMONG THE MANY ISSUES IN WHICH SFMC SERVES THE COMMUNITY RESEARCH ===== RESEARCH IS ESSENTIAL IF SFMC IS GOING TO IMPROVE THE HEALTHCARE OF PEOPLE TODAY AND GENERATIONS TO COME SFMC'S HEALTHCARE TEAM IS WORKING ON CURES, TREATMENTS TO STOP THREATENING ILLNESSES, AND WAYS TO PREVENT DISEASES CLINICAL RESEARCH IS AN IMPORTANT PART OF SFMC'S HOSPITAL OPERATIONS AND BRINGS SUPERIOR PATIENT CARE SFMC'S PATIENTS HAVE AN OPPORTUNITY TO ACCESS THE NEWEST APPROACHES TO MEDICINE THIS IS WHAT DISTINGUISHES THEM FROM OTHER COMMUNITY HOSPITALS Form 990, Part V, Line 1c The organization did not have any backup withholding requirements for reportable payments to vendors and reportable gaming winnings to prize winners Had the organization been required to do so backup withholding would have been performed COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES ===== SFMC'S COMMUNITY OUTREACH PROGRAMS SERVE CHILDREN, SENIORS, THE HOMELESS, AND THE MEDICALLY UNDERSERVED SFMC TAKES PRIDE IN PROVIDING HIGH-QUALITY MEDICAL TREATMENT AND SERVICES TO PROMOTE WELLNESS AND ENHANCE THE HEALTH OF THE COMMUNITY THE DEDICATED AND COMPETENT HEALTH CARE TEAM CONSISTING OF DOCTORS, NURSES, NURSE PRACTITIONERS, AND STAFF WORK TOGETHER TO FURTHER ITS MISSION OF BEING A TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE TO FULFILL ITS MISSION, SFMC OFFERS MANY OUTREACH SERVICES INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING TEDDY BEAR TOSS ----- SFMC AND THE TRENTON DEVILS HOST AN ANNUAL TEDDY BEAR TOSS TO BENEFIT THE CHILDREN OF CHILDREN'S FUTURES AND C A R E S EACH YEAR, THE DEVILS DEDICATE ONE GAME FOR FANS TO "TOSS" NEW TEDDY BEARS ON THE ICE THE TEAM COLLECTS THE BEARS AND DISTRIBUTES THEM TO THE CHILDREN AT SFMC CHILDRENS FUTURES EAST WARD THE CHILDREN'S FUTURES EAST WARD PARENT/CHILD CENTER, PARTIALLY FUNDED BY A GRANT FROM THE ROBER WOOD JOHNSON FOUNDATION, PROVIDES A SAFE AND NURTURING ENVIRONMENT WHERE MOTHERS AND FATHERS CAN UTILIZE A FULL RANGE OF FREE SERVICES CHILDREN'S FUTURES IS A PROGRAM ENSURING THAT MOTHERS, FATHERS AND INFANTS GET EXCELLENT HEALTHCARE AND SUPPORT THROUGH THE VARIOUS SERVICES OFFERED, CHILDREN'S FUTURES REACHES OVER 100 CHILDREN AND THEIR FAMILIES IN THE TRENTON COMMUNITY C A R E S THE C A R E S (CHILDREN ARE REALLY EXTRA SPECIAL) PROGRAM IS AN ACUTE PARTIAL HOSPITALIZATION PROGRAM FOR CHILDREN BETWEEN THE AGES OF 4 AND 18 YEARS WHO SUFFER FROM EMOTIONAL AND BEHAVIORAL DIFFICULTIES THE PROGRAM PROVIDES HIGH QUALITY MENTAL HEALTH DIAGNOSIS AND INTENSIVE PSYCHIATRIC TREATMENT FOR CHILDREN WHO DO NOT REQUIRE INPATIENT CARE, BUT WHO CANNOT BE MANAGED BY OUTPATIENT CARE ALONE HIV CASE MANAGEMENT ----- THROUGH A GRANT FUNDED BY THE STATE OF NEW JERSEY, DEPARTMENT OF HEALTH AND SENIOR SERVICES, DIVISION OF AIDS PREVENTION AND CONTROL, SFMC IS ABLE TO PROVIDE HIV CASE MANAGEMENT SERVICES TO INDIVIDUALS INFECTED AND AFFECTED LIVING OR WORKING IN THE MERCER COUNTY AREA SPECIALLY TRAINED CASE MANAGERS WORK DILIGENTLY TO ASSESS THE UNIQUE NEEDS OF EACH CLIENT IN THE PROGRAM REFERRALS ARE THEN MADE TO AGENCIES THAT ASSIST CLIENTS IN OBTAINING HOUSING, FOOD, TRANSPORTATION, MEDICAL/DENTAL CARE, MEDICATIONS, LEGAL ISSUES AND ENTITLEMENTS Sister Hyacintha Program WITH THE AID OF GRANTS FROM THE STATE OF NEW JERSEY AND MERCER COUNTYS DEPARTMENTS OF HEALTH AND SENIOR SERVICES, ST FRANCIS PROVIDES MEDICAL CARE TO THE HOMEBOUND SINCE 1984 THE PHYSICIANS AND NURSES IN THIS PROGRAM SPECIALIZE IN HOME HEALTH CARE THEIR EXPERTISE IN CASE MANAGEMENT IS COUPLED WITH THE FACT THAT THE DELIVERY OF QUALITY HEALTH CARE CAN BE ACCOMPLISHED IN THE COMFORT OF ONES HOME AND TO GIVE A REPRIEVE TO THE FAMILY MEMBER WHO TYPICALLY GIVES CARE CANCER SCREENING PROGRAMS ----- SFMC'S OUTPATIENT CANCER SCREENING PROGRAMS FUNDED THROUGH THE SUSAN G KOMEN FOUNDATION ARE DESIGNED TO GIVE ACCESS TO INDIVIDUALS WHO DO NOT HAVE HEALTH INSURANCE EXPERIENCED STAFF TAKE PRIDE IN EDUCATING EACH CLIENT AS THEY PERSONALIZE THEIR CARE THE BREAST CANCER SCREENING PROGRAM WILL CAREFULLY GUIDE EACH WOMAN THROUGH HER EXPERIENCE WITH MAMMOGRAPHY AND WILL PROVIDE SUPPORTIVE CASE MANAGEMENT FOR FOLLOW UP CARE CERVICAL CANCER, PROSTATE CANCER, AND COLORECTAL CANCER SCREENING TESTS ARE ALSO AVAILABLE IN 2009, 282 SCREENINGS WERE PERFORMED CERVICAL CANCER ----- ANNUAL PAP TESTS CAN DETECT CHANGES IN THE CERVIX THAT CAN BE TREATED BEFORE CANCER DEVELOPS WHEN TREATED IN ITS EARLY STAGES, CERVICAL CANCER IS HIGHLY CURABLE PROSTATE CANCER ----- PROSTATE CANCER IS THE MOST COMMON CANCER IN MEN, ACCOUNTING FOR 30% OF ALL MALE CANCERS SFMC'S PROSTATE SCREENING PROGRAM IS BASED ON INDIVIDUAL MEDICAL CONDITIONS AND HEALTH CARE NEEDS WITH EARLY DETECTION OF PROSTATE CANCER, MEN HAVE MORE EFFECTIVE TREATMENT OPTIONS FROM WHICH TO CHOOSE THE GOAL OF SFMC'S SCREENING PROGRAM IS TO PROVIDE THAT OPPORTUNITY FORM 990, PART V, LINE 7G & 7H The organization did not receive any contributions that require the filing of Form 8879 or 1098-C for the 2009 year If it had the respective forms would have been filed COLORECTAL CANCER ----- ACCORDING TO THE AMERICAN CANCER SOCIETY, WHEN COLORECTAL CANCER IS DETECTED EARLY, THE OPPORTUNITY FOR CURE IS THE GREATEST SFMC'S COLORECTAL SCREENING OPTIONS CAN PROVIDE THE DIAGNOSTIC INFORMATION MEN AND WOMEN NEED FOR PEACE OF MIND SFMC ALSO OFFERS OTHER OUTREACH SERVICES TO FULFILL ITS MISSION INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING - SMOKING CESSATION CLASSES - HEALTH FAIRS - HEALTH SCREENINGS - SHOTS FOR TOTS & PRESCRIPTION ASSISTANCE - SAFE SITTER COURSE - HBC HEALTH BUSINESS CONNECTION - CANCER SURVIVOR DAY - DIVERSITY WITHIN OUR CULTURE - WORLD BREAST FEEDING DAY VOLUNTEERING ----- UNDER THE AUSPICES OF THE MISSION AND MINISTRY DIVISION WE WELCOME CARING INDIVIDUALS WHO DONATE THEIR TIME AND ENERGY TO HELP BRIGHTEN THE LIVES OF OUR PATIENTS THEY ALSO PROVIDE SUPPORT SERVICES IN MOST OF THE MEDICAL CENTER'S DEPARTMENTS THIS ENABLES STAFF TO WORK MORE EFFICIENTLY, AND CAREGIVERS TO DEVOTE MORE OF THEIR EFFORTS TO PATIENT CARE THERE 17,468 HOURS WORKED BY VOLUNTEERS IN 2009 ANOTHER PART OF SFMC'S VOLUNTEER FORCE IS THE JUNIOR VOLUNTEER PROGRAM OPERATIONAL DURING THE SUMMER MONTHS, IT OFFERS HIGHSCHOOL AGE YOUTH THE OPPORTUNITY TO VOLUNTEER AT THE HOSPITAL FOR A FIVE WEEK PERIOD PHYSICALLY AND EMOTIONALLY CHALLENGED INDIVIDUALS PROVIDE VALUABLE SUPPORT SERVICES AT THE SFMC SFMC'S NUMBERS CONTINUE TO GROW IN THIS AREA, AND ITS PERFORMANCE IS NOTHING SHORT OF OUTSTANDING THEY PROVIDE THE SFMC WITH NEEDED ASSISTANCE WHILE SIMULTANEOUSLY LEARNING NEW SKILLS, BUILDING SELF-ESTEEM, CONFIDENCE, AND GOOD WORK HABITS, AS WELL AS DEVELOPING SOCIAL SKILLS HEALTH BUSINESS CONNECTION ----- THE HEALTH/BUSINESS CONNECTION (HBC) LUNCHEON TAKES PLACE QUARTERLY IN SOME OF TRENTON'S MOST PRESTIGIOUS LOCATIONS IT WAS ESTABLISHED FOR THE FOLLOWING REASONS - OPPORTUNITY TO INFORM AND EDUCATE THE COMMUNITY AND SURROUNDING AREAS BUSINESS LEADERS ON HEALTH ISSUES - TO CONNECT WITH THE BUSINESS COMMUNITY AS THEY CONTINUE TO GROW ALONG WITH TRENTON'S REVITALIZATION - OPPORTUNITY FOR MEMBERS OF THE BUSINESS COMMUNITY TO NETWORK WITH EACH OTHER AND THE SFMC BOARD OF TRUSTEES AND DOCTORS - OPPORTUNITY TO HIGHLIGHT SFMC PROGRAMS SUCH AS THE HEART HOSPITAL, THE ST FRANCIS REGIONAL CANCER CENTER AND THE NEUROSCIENCE INSTITUTE - OPPORTUNITY FOR THOSE WHO ATTEND THE PRESENTATIONS TO REQUEST A SPECIFIC HEALTH TOPIC THAT THEY WOULD LIKE TO SEE FEATURED IN AN UPCOMING HBC EVENT THIS IS DONE VIA SURVEYS THAT ARE DISTRIBUTED AND COLLECTED AT EVERY HBC LUNCHEON ACADEMIC PROGRAMS ===== SURGICAL EDUCATION ----- THE SURGICAL RESIDENCY PROGRAM AT SFMC HAS BEEN IN EXISTENCE SINCE 1947 AS A FREESTANDING TRAINING PROGRAM IN 1999, THE PROGRAM BECAME A UNIVERSITY AFFILIATE WITH THE PRESTIGIOUS SETON HALL UNIVERSITY, IN SOUTH ORANGE, NEW JERSEY THERE ARE 15 POSITIONS AVAILABLE TO THE DEPARTMENT OF SURGERY, WHICH GRADUATE TWO FULLY TRAINED GENERAL SURGEONS EACH YEAR THERE ARE 9 FACULTY MEMBERS AT SFMC, SEVERAL OF THESE MEMBERS ARE FULL TIME, WITH A FULL TIME GENERAL DIRECTOR, ALL OF WHICH ARE DEDICATED TO THE TRAINING OF THESE RESIDENTS IN ADDITION, THE SFMC SURGICAL RESIDENTS ROTATE TO ST JOSEPHS REGIONAL MEDICAL CENTER IN PATERSON, NJ, WHERE THEY RECEIVE TRAINING IN TRAUMA AND PEDIATRIC SURGERY OVERALL, THE SURGICAL RESIDENTS ARE TRAINED IN GENERAL SURGERY, INCLUDING THORACIC, BARIATRIC, MINIMALLY INVASIVE, VASCULAR, SURGICAL INTENSIVE CARE, COLORECTAL, BREAST, TRAUMA, PEDIATRIC, AND COMPLICATED ONCOLOGIC SURVEY

Identifier	Return Reference	Explanation
		<p>MEDICAL EDUCATION ----- THERE ARE A TOTAL OF 24 RESIDENTS IN THE INTERNAL MEDICINE PROGRAM SFMC ALSO RANKS THROUGH THE NRMP EACH YEAR WITH 8 CATEGORICAL SLOTS AND 2 DESIGNATED PRELIMINARY RESIDENTS DESIGNATED MEANS THAT THEY MUST HAVE MATCHED IN A PROGRAM THAT BEGINS IN THE SECOND YEAR AND WILL NEED TO COMPLETE THEIR FIRST YEAR IN MEDICINE THEY MUST HAVE A COMMITMENT LETTER FROM A PROGRAM BEFORE THEY CAN BE CONSIDERED FOR ONE OF TWO SLOTS THERE ARE 13 ROTATIONS PER YEAR INCLUDING EMERGENCY MEDICINE, ORTHOPEDICS, OPHTHALMOLOGY, PSYCHIATRY, AMBULATORY (PRIVATE OFFICE), DERMATOLOGY, OFFICE GYNCOLOGY, ENT THE RESIDENTS ARE OFFERED AN OPPORTUNITY IN THEIR SECOND YEAR FOR AN OUTSIDE SUBSPECIALTY ELECTIVE THIS IS A VERY IMPORTANT STEP FOR SELECTION INTO A FELLOWSHIP AFTER COMPLETING TRAINING INTERNAL MEDICINE IS ACCREDITED BY THE ACCREDITING COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND IS CURRENTLY ACCREDITED FOR THREE YEARS THE NEXT VISIT WILL BE IN 2010 THE SFMC SCHOOL OF NURSING - ----- THE REPUTATION OF THE FACILITY, STAFF, AND GRADUATES OF SFMC SCHOOL OF NURSING HAS ALWAYS BEEN ONE OF EXCELLENCE AND CARING SINCE 1905, WHEN THE SCHOOL WAS FOUNDED BY THE SISTERS OF THE THIRD ORDER OF SAINT FRANCIS IN ASTON, PA, MORE THAN 3,300 GRADUATES HAVE CONTRIBUTED TO VARIOUS ASPECTS OF NURSING AND HEALTHCARE THROUGHOUT THE U S AND OTHER COUNTRIES THE SCHOOL OF NURSING IS A TWO-YEAR PROGRAM, AFFILIATED WITH MERCER COUNTY COMMUNITY COLLEGE, WHICH CULMINATES IN A DIPLOMA IN NURSING FROM SFMC AND AN ASSOCIATE IN SCIENCE DEGREE FROM MERCER COUNTY COMMUNITY COLLEGE IT IS A PROGRESSIVE, FAST-PACED CURRICULUM COMPOSED OF FORTY CREDITS IN PROFESSIONAL NURSING COURSES TAUGHT AT SFMC AND THIRTY GENERAL EDUCATION CREDITS TAUGHT AT MERCER COUNTY COMMUNITY COLLEGE SFMC ALSO OFFERS A SCHOOL OF RADIOLOGIC TECHNOLOGY ACLS/BLS TRAINING CENTER ----- SFMC IS A COMMUNITY TRAINING CENTER FOR BOTH BASIC LIFE SUPPORT ("BLS") AND ADVANCED LIFE SUPPORT ("ACLS") TRAINING THE COURSES OFFERED ARE TAUGHT UNDER THE GUIDELINES OF THE AMERICAN HEART ASSOCIATION (AHA) AND FOLLOW CURRENT GUIDELINES FOR RESUSCITATION THE TRAINING CENTER OFFERS COURSES ON A MONTHLY BASIS FOR BOTH THE PROFESSIONAL AND LAY RESCUER COURSES ARE CONDUCTED AT THE SFMC AS WELL AS AT OFF-SITE LOCATIONS SFMC HAS BEEN A RESCUER TRAINING CENTER FOR OVER TWENTY FIVE YEARS AND TRAINS OVER 2500 PEOPLE ANNUALLY SFMC HAS OVER FIFTY INSTRUCTORS WHO ARE CERTIFIED BY THE AMERICAN HEART ASSOCIATION COMMUNITY EDUCATION PROGRAMS ----- BABY-SITTING BASICS SFMC'S BABY-SITTING PROGRAM TEACHES CHILDREN HOW TO HANDLE EMERGENCY SITUATIONS AS WELL AS THE EVERY DAY RESPONSIBILITIES THAT GO ALONG WITH BABY-SITTING THIS PROGRAM INCLUDES INSTRUCTION ON AGE APPROPRIATE SAFE ACTIVITIES, AND SNACKS FOR YOUNG CHILDREN THAT GIVE CHILDREN CONFIDENCE IN BABY-SITTING SITUATIONS - SMOKING CESSATION FREE SMOKING CESSATION CLASSES ARE OFFERED WEEKLY INSTRUCTED BY TOBACCO DEPENDENCE TREATMENT SPECIALISTS IN ORDER TO ASSIST INDIVIDUALS IN THE COMMUNITY IN LEADING A HEALTHIER LIFESTYLE OTHER COMMUNITY BENEFIT SUPPORT GROUPS AND PROGRAMS ----- SFMC PROVIDES VARIOUS OTHER COMMUNITY BENEFIT PROGRAMS, EDUCATION AND SUPPORT GROUPS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING - BARIATRIC SUPPORT GROUP - ALCOHOLICS ANONYMOUS - AWAKE SLEEP DISORDERS - BEREAVEMENT - CANCER AND NUTRITION - MOMS SUPPORT GROUP - LIVING WITH A CHRONIC MEDICAL ILLNESS - SPANISH SUPPORT GROUP - INGLIS AL RESCATE (ENGLISH AS A SECOND LANGUAGE) - ENGLISH SUPPORT GROUP WITH CARLA - LAWRENCEVILLE BREAST CANCER SUPPORT GROUP - LECTURE ON FAD DIETS - COMMUNITY OF FATHERS - "REDUCING STRESS" - "MILK AND COOKIE STORY TIME" - "PREGNANCY 101" - "CRIANZA CON CARINO" PARENTING WORKSHOP - COMMUNITY NIGHT - "JUST US" BREAST CANCER SUPPORT AND EDUCATION GROUP - "TE CON INES" LATINA WOMENS SUPPORT GROUP - HEALTHY COOKING - EPIC PARENTING WORKSHOP - MUSIC TOGETHER - TREMENDOUSLY TRENTON</p>



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

St Francis Medical Center Trenton NJ

**Employer identification number**

22-3431049

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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See Additional Data Table

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

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

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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See Additional Data Table

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
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(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**Software ID:**  
**Software Version:**  
**EIN:** 22-3431049  
**Name:** St Francis Medical Center Trenton NJ

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mercy Health System of Maine 144 State Street Portland, ME04101 01-0484074	Management & Support Services	ME	501(c)(3)	Line 11a, I	Catholic Health East
Mercy Hospital 144 State Street Portland, ME04101 01-0211534	Hospital	ME	501(c)(3)	Line 3	Mercy Health System of Maine
Mercy Care for Kids Inc 310 South Manning Blvd Albany, NY12208 14-1717564	Day care center	NY	501(c)(3)	Line 9	St Peter's Health Care Services
Our Lady of Mercy Life Center 2 Mercycare Lane Guilderland, NY12084 14-1743506	Nursing Home Facility	NY	501(c)(3)	Line 3	St Peter's Health Care Services
St Peter's Auxiliary 315 South Manning Blvd Albany, NY01228 22-2843206	Auxiliary	NY	501(c)(3)	Line 11a, I	St Peter's Health Care Services
St Peter's Health Care Services 315 South Manning Blvd Albany, NY12208 22-2702507	Management & Support Services	NY	501(c)(3)	Line 9	Catholic Health East
St Peter's Hospital 315 South Manning Blvd Albany, NY12208 14-1348692	Hospital	NY	501(c)(3)	Line 3	St Peter's Health Care Services
St Peter's Hospital Foundation Inc 319 South Manning Blvd Suite 309 Albany, NY12208 22-2262982	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services
St Peter's Licensed Home Care Agency 159 Wolf Road Albany, NY12205 14-1818568	Home Health	NY	501(c)(3)	Line 3	St Peter's Health Care Services
The Community Hospice Foundation Inc 295 Valley View Blvd Rensselaer, NY12144 22-2692940	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services
The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY12144 14-1608921	Serving seriously ill people & their families	NY	501(c)(3)	Line 3	St Peter's Health Care Services
Villa Mary Immaculate 301 Hackett Blvd Albany, NY12208 14-1438749	Nursing Home & Physical Rehab	NY	501(c)(3)	Line 3	St Peter's Health Care Services
Warde Service Corporation Inc 159 Wolf Road 3rd Floor Albany, NY12205 14-1732097	Supporting & strengthening the ministries of rel sr mercy	NY	501(c)(3)	Line 9	St Peter's Health Care Services
Brightside Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-2182395	Behavioral Care	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc
Farren Care Center Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-2501711	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-3398280	Acute Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street No 108 Holyoke, MA01040 26-4033168	Neurosurgery Medical Services	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 22-2541103	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-3398374	Management & Support Services	MA	501(c)(3)	Line 11a, I	Catholic Health East
McAuley Center Inc 275 Steele Road West Hartford, CT06117 06-1058086	Independent Living	CT	501(c)(3)	Line 9	Mercy Community Health Inc
Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT06117 06-1492707	Management & Support Services	CT	501(c)(3)	Line 11a, I	Catholic Health East
Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT06117 06-1488137	In Home Health Care	CT	501(c)(3)	Line 9	Mercy Community Health Inc
Mercy Services 2021 Albany Avenue West Hartford, CT06117 06-1453323	Support Services	CT	501(c)(3)	Line 1	Mercy Community Health Inc
Mercyknoll Inc 2021 Albany Avenue West Hartford, CT06117 06-0757380	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc
Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT06117 06-1164104	Elderly Care	CT	501(c)(3)	Line 3	Mercy Community Health Inc
St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT06117 06-0646843	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc
Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY12986 15-0532211	Hospital	NY	501(c)(3)	Line 3	Catholic Health East
Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY12946 16-1535133	Hospital	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center
Mercy Uihlein Health Foundation 185 Old Military Road Lake Placid, NY12946 14-1808618	Foundation	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center
Uihlein Mercy Center 185 Old Military Road Lake Placid, NY12946 15-0532190	Hospital	NY	501(c)(3)	Line 3	Mercy Healthcare Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY 14843 16-1486437	Foundation	NY	501(c)(3)	Line 7	St James Mercy Health System Inc
St James Mercy Health System Inc 411 Canisteo Street Hornell, NY 14843 22-3127184	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East
St James Mercy Hospital 411 Canisteo Street Hornell, NY 14843 16-0743310	Hospital	NY	501(c)(3)	Line 3	St James Mercy Health System Inc
Marian Community Hospital 100 Lincoln Avenue Carbondale, PA 18407 24-0711230	Hospital	PA	501(c)(3)	Line 3	Maxis Health System
Marian Community Hospital Auxiliary 100 Lincoln Avenue Carbondale, PA 18407 25-1874733	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System
Maxis Foundation 100 Lincoln Avenue Carbondale, PA 18407 23-2330090	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System
Maxis Health System 100 Lincoln Avenue Carbondale, PA 18407 91-1940902	Health Care System	PA	501(c)(3)	Line 11b, II	Catholic Health East
Maxis Medical Services 100 Lincoln Avenue Carbondale, PA 18407 23-2577185	Physician Practices	PA	501(c)(3)	Line 3	Maxis Health System
Tri-County Human Services Center Inc PO Box 517 Carbondale, PA 18407 23-1938528	Behavioral Health Organization	PA	501(c)(3)	Line 7	Maxis Health System
Columbus Acquisition Corp 1160 Raymond Boulevard Newark, NJ 07102 26-2616342	Health Services	NJ	501(c)(3)	Line 3	Saint Michaels Medical Center
Saint Michaels Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East
St James Care Inc 1160 Raymond Boulevard Newark, NJ 07102 26-2616230	Hospital	NJ	501(c)(3)	Line 3	Saint Michaels Medical Center
St Michaels Medical Center Foundation 1160 Raymond Boulevard Newark, NJ 07102 22-3311976	Foundation	NJ	501(c)(3)	Line 11a, I	Saint Michaels Medical Center
University Heights Property Company Inc 1160 Raymond Boulevard Newark, NJ 07102 22-3100162	Medical Property Holding Company	NJ	501(c)(2)		Saint Michaels Medical Center
Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ 08629 22-2797282	Health Services	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ
St Francis Medical Center Foundation NJ 601 Hamilton Avenue Trenton, NJ 08629 52-1025476	Foundation	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ
Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529	MRI Services	PA	501(c)(3)	Line 9	St Mary Medical Center
Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699	Physician Services	PA	501(c)(3)	Line 9	St Mary Medical Center
LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184	Elderly Care	PA	501(c)(3)	Line 9	St Mary Medical Center
St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910	Hospital	PA	501(c)(3)	Line 3	Catholic Health East
St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468	Foundation	PA	501(c)(3)	Line 7	St Mary Medical Center
East Norriton Physician Services c/o One West Elm Street Conshohocken, PA 19428 23-2515999	Physician Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Mercy Catholic Medical Center of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-1352191	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Mercy Family Support 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325059	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania
Mercy Health Foundation of Southeastern Pennsylvania c/o MHS One West Elm Street Conshohocken, PA 19428 23-2829864	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Health Plan c/o One West Elm Street Conshohocken, PA 19428 22-2483605	Health Plans	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Health System of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2212638	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East
Mercy Home Health 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-1352099	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania
Mercy Home Health Services 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325058	Home Health	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Management of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2627944	Physician Practices	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mercy Suburban Hospital One West Elm Street Conshohocken, PA 19428 23-1396763	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA 19152 23-2300951	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152 23-2794121	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Nazareth Physician Services Inc 2601 Holme Avenue Philadelphia, PA 19152 20-3261266	Physician Practices	PA	501(c)(3)	Line 11c, III-FI	Mercy Health System of Southeastern Pennsylvania
NE Physician Services 2601 Holme Avenue Philadelphia, PA 19152 23-2497355	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
St Agnes Continuing Care Center 1900 S Broad Street Philadelphia, PA 19145 23-2840137	Continuing Care Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
St Agnes Continuing Care Center Foundation 1900 S Broad Street Philadelphia, PA 19145 23-2415137	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Life at Lourdes Inc 1600 Haddon Avenue Camden, NJ 08108 26-1854750	Supporting Organization	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525	Supporting Organization	NJ	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services
Lourdes Dialysis at Innova Inc 1600 Haddon Avenue Camden, NJ 08108 26-3237625	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Lourdes Medical Center Burlington County 218 Sunset Road Willingboro, NJ 08046 22-3612265	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528	Management & Support Services	NJ	501(c)(3)	Line 11b, II	Catholic Health East
Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ 08103 22-2351960	Foundation	NJ	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services
Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103 21-0635001	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE 19805 22-3008680	Eldercare	DE	501(c)(3)	Line 9	St Francis Hospital
St Francis Foundation PO Box 2500 Wilmington, DE 19805 51-0374158	Foundation	DE	501(c)(3)	Line 11b, II	St Francis Hospital
St Francis Hospital PO Box 2500 Wilmington, DE 19805 51-0064326	Hospital	DE	501(c)(3)	Line 3	Catholic Health East
McAuley Ministries McAuley Hall 3333 Fifth Avenue Pittsburgh, PA 15213 94-3436142	Management & Support Services	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System
Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA 19073 25-1310602	Hospital	PA	501(c)(3)	Line 3	Pittsburgh Mercy Health System
Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1604115	Community Treatment	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System
Pittsburgh Mercy Foundation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1479026	Foundation	PA	501(c)(3)	Line 11b, II	Pittsburgh Mercy Health System
Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA 15213 25-1464211	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East
St Joseph's of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 56-0694200	Hospital	NC	501(c)(3)	Line 3	Catholic Health East
Mercy Senior Care Inc 212 West Third Street PO Box 866 Rome, GA 30162 58-1366508	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc
Saint Joseph's at East Georgia Inc 1201 Siloam Raod Greensboro, GA 30462 26-1720984	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc
Saint Joseph's Health System Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1744848	Management & Support Services	GA	501(c)(3)	Line 11b, II	Catholic Health East
Saint Joseph's Hospital of Atlanta Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-0566257	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc
Saint Joseph's Mercy Care Services Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1752700	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc
Saint Joseph's Mercy Foundation Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1448522	Fundraising	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc
Saint Joseph's Research Institute Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 80-0079841	Research	GA	501(c)(3)	Line 4	Saint Joseph's Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St Mary's Health Care System Inc  1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(c)(3)	Line 3	Catholic Health East
St Mary's Foundation Inc  1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(c)(3)	Line 11b, II	St Mary's Health Care System Inc
St Mary's Highland Hills Inc  1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc
St Mary's Medical Group Inc  1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc
Mercy Medical Corporation  PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(c)(3)	Line 3	Catholic Health East
Allegany Franciscan Ministries Inc  33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325	Management & Support Services	FL	501(c)(3)	Line 11b, II	Catholic Health East
St Francis Hospital Inc  33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442	Hospital	FL	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries Inc
Holy Cross Hospital Inc  4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	Hospital	FL	501(c)(3)	Line 3	Catholic Health East
Holy Cross Long-Term Inc  4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320	Medical Services	FL	501(c)(3)	Line 3	Holy Cross Hospital Inc
Holy Cross Medical Properties Inc  4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	Medical Building Real Estate Management	FL	501(c)(2)		Holy Cross Hospital Inc
Mercy Hospital Foundation Inc  3663 South Miami Avenue Miami, FL 33133 59-1709438	Fundraising	FL	501(c)(3)	Line 7	Mercy Hospital Inc
Mercy Hospital Inc  3663 South Miami Avenue Miami, FL 33133 59-0791034	Hospital	FL	501(c)(3)	Line 3	Catholic Health East
Mercy Medical Development Inc  3663 South Miami Avenue Miami, FL 33133 59-2789194	Outpatient Services	FL	501(c)(3)	Line 9	Mercy Hospital Inc
Mercy Mission Services Inc  3663 South Miami Avenue Miami, FL 33133 65-0435764	Health Care	FL	501(c)(3)	Line 11a, I	Mercy Hospital Inc
Catholic Health East  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748	Management Services	PA	501(c)(3)	Line 11a, I	N/A
Continuing Care Management Services Network  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East
Global Health Ministry  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656	Health Care	PA	501(c)(3)	Line 7	Catholic Health East
Mercy Jeanette Hospital Foundation  600 Jefferson Avenue Jeannette, PA 15644 25-1462863	Foundation	PA	501(c)(3)	Line 7	Pittsburgh Mercy Health System
VNA Home Health & Hospice  50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(c)(3)	Line 11a, I	Mercy Health System of Maine
Providence Place Inc  5 Gamelin Street Holyoke, MA 01040 04-3404084	Retirement Community	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc
Intracoastal Health Systems  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938180	Building Management	MA	N/A	C			
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3128890	Medical Services	MA	N/A	C			
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3029829	Medical Services	MA	N/A	C			
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3317426	Health Care Services	MA	N/A	C			
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938181	Lab Services	MA	N/A	C			
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA010400000 04-6608649	Property Management	MA	N/A	C			
SJM Properties 411 Canisteo Street Hornell, NY148482104 16-1294991	Property Holdings	NY	N/A	C			
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA18407 23-2801677	Medical Insurance Contracting	PA	N/A	C			
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA18407 23-2801676	Inactive	PA	N/A	C			
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA18407 23-2365077	Pharmacy	PA	N/A	C			
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD	Insurance	BD	N/A	C			
LifeCare Physicians PC 601 Hamilton Avenue trenton, NJ086291986 26-1649038	Health Care Services	NJ	N/A	C	-2,139,235	407,942	100 000 %
Multicare Plus Inc 601 Hamilton Avenue Trenton, NJ086291986 22-3435844	Inactive	NJ	N/A	C			100 000 %
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 25-3795549	General Partner of LMO B Partners, II	PA	N/A	C			
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 23-2625981	General Partner of LMO B Partners	PA	N/A	C			
AMHP Holdings Corp 200 Stevens Drive Philadelphia, PA19113 26-1144363	Behavioral Health	PA	N/A	C			
Select Health of South Carolina Inc 4390 Belle Oaks Drive Suite 400 Charleston, SC29405 57-1032456	Health Maintenance Organization	SC	N/A	C			
Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA15219 25-1505506	Health Care	PA	N/A	C			
Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA15219 30-0282076	Health Care	PA	N/A	C			
MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA19428 23-2184261	Medical Office Buildings	PA	N/A	C			
Community Behavioral Healthcare Network of PA Inc 8040 Carlson Road Harrisburg, PA17112 25-1765391	Behavioral Health	PA	N/A	C			
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ08035 22-3366580	Health Care Billing	NJ	N/A	C			
Lourdes Health Services Inc 1600 Haddon Avenue Camden, NJ08103 22-2890286	Health Services	NJ	N/A	C			
Jeannette MP Inc 600 Jefferson Ave Jeannette, PA15644 25-1787334	Holding Company	PA	N/A	C			
Jeannette OGG Inc 600 Jefferson Ave Jeannette, PA15644 23-2890748	Holding Company	PA	N/A	C			
Jeannette PCG Inc 600 Jefferson Ave Jeannette, PA15644 23-2890743	Holding Company	PA	N/A	C			
Saint Joseph's Service Corporation Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1750815	Service Provider	GA	N/A	C			
Saint Joseph's Real Estate Management Corp 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1657768	Investment Company	GA	N/A	C			
Magnetic Resonance Imaging Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1609308	Holding Company	GA	N/A	C			
ACTx 5673 Peachtree Dunwoody Road Atlanta, GA303421769 83-0345672	Research	GA	N/A	C			
Georgia Health Enterprises LLC 11440 Commerce Park Drive Reston, VA20191 54-1806329	Healthcare	VA	N/A	C			
St Mary's Highland Hills Village Inc 1660 Jennings Mill Pkly Bogart, GA30622 58-2276801	Assisted Living	GA	N/A	C			
GHE Physicians PC 3500 Piedmont Road Atlanta, GA30305 58-2277939	Practice Management	GA	N/A	C			
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale Highwa, FL333080000 59-1145192	Medical Services	FL	N/A	C			
Mercy Physician Group Inc 3663 South Miami Avenue Miami, FL33133 20-2970015	Health Care	FL	N/A	C			
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0078266	Insurance	CJ	N/A	C			
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA19073 37-1572595	Senior Services	PA	N/A	C			

  

Form 990, Schedule R, Part V - Transactions With Related Organizations		
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) St Mary's Medical Center	E	221,332
(2) St Mary's Medical Center	O	84,436
(3) Life St Francis Corporation	D	6,009,519
(4) Our Lady of Lourdes Health Care Services	E	530,377
(5) Our Lady of Lourdes Health Care Services	O	887,711
(6) Central New Jersey Heart Services LLC	E	2,545,136
(7) Central New Jersey Heart Services LLC	O	7,499,603
(8) Central New Jersey Heart Services LLC	P	2,027,012
(9) Central New Jersey Heart Services LLC	C	1,274,426
(10) Catholic Health East	E	1,498,608
(11) Catholic Health East	O	3,231,884
(12) LifeCare Physicians PC	D	2,875,893
(13) St Francis Medical Center Foundation	D	118,695
(14) Catholic Health East	O	17,257,230
(15) life St Francis Corporation	K	91,068
(16) st Francis Medical Center Foundation	K	11,385

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 22-3431049

**Name:** St Francis Medical Center Trenton NJ

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
C James Romano MD President - Medical Staf	40 00	X			X			235,662	0	15,027
James Bishop Trustee	1 00	X						0	0	0
Br Gen Maria Falca-Dod Trustee	1 00	X						0	0	0
Gerard Jablonowski President/CEO	40 00	X						0	528,563	53,013
David Knowlton Trustee	1 00	X						0	0	0
Paul Langevin Jr Chairman	1 00	X						0	0	0
Marlene Lao-Collins Vice-Chairman	1 00	X						0	0	0
Msgr Walter Nolan Trustee	1 00	X						0	0	0
Masoud RezvanMD Trustee	1 00	X						0	0	0
David Rosvold MD FACC Trustee	1 00	X						0	0	0
Stephen Scogna Trustee	1 00	X						0	0	0
Joseph Steeger MD PhD Trustee	1 00	X						0	0	0
Joseph YoungbloodJDPHD Trustee	1 00	X						0	0	0
Sr Kathryn Miller OSF Trustee	1 00	X						0	0	0
Mark Kelly Treasurer	40 00			X				197,817	0	20,954
Elizabeth Jovovich Secretary	40 00			X				63,961	0	7,025
Joseph Flaminì VP of Administration	40 00				X			182,550	0	7,317
Mary Anne Suttles VP of Patient Care Serv	40 00				X			174,074	0	16,786
Judith Dibartolo E R Exec Dir	40 00				X			158,659	0	10,859
Judith Rottkamp VP Clinical & Pfs Serv	40 00				X			127,341	0	23,825
Glenn Laub MD Physician	40 00					X		592,310	0	27,244
Peter Benotti Physician	40 00					X		483,389	0	18,550
Charles Kososky MD Physician	40 00					X		326,354	0	9,218
Salman Muddassir MD Physician	40 00					X		308,119	0	17,132
Joseph Costic MD Physician	40 00					X		326,130	0	24,806

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
Medical Supplies & Drug	21,950,826	19,755,743	2,195,083	0
Bad Debt	5,674,901	5,674,901	0	0
Physician Fees	5,590,187	5,031,168	559,019	0
Equipment Rental & Main	2,997,358	2,697,622	299,736	0
Food & Dietary Supplies	923,987	831,588	92,399	0