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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
SOUTH JERSEY HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
333 IRVING AVENUE

City or town, state or country, and ZIP + 4
BRIDGETON, NJ 08302

D Employer identification number
21-0634484

E Telephone number
(856) 641-8610

G Gross receipts $ 358,204,538

F Name and address of principal officer
CHESTER B KALETKOWSKI
333 IRVING AVENUE
BRIDGETON, NJ 08302

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SJHS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1913 | **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF SOUTH JERSEY HOSPITAL IS TO PROVIDE QUALITY HEALTHCARE SERVICES THAT CONTRIBUTE TO THE IMPROVED HEALTH AND WELL-BEING OF ALL IT SERVES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,412
6	Total number of volunteers (estimate if necessary)	**6**	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	86,931
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,766

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,806,755	4,330,251
	9 Program service revenue (Part VIII, line 2g)	334,642,049	347,532,128
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,219,042	3,990,324
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,762,302	1,932,242
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,430,148	357,784,945
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	360,154	63,503
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	189,835,467	194,251,001
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	135,966,395	140,751,896
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	326,162,016	335,066,400
	19 Revenue less expenses Subtract line 18 from line 12	19,268,132	22,718,545

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	534,226,537	574,560,300
	21 Total liabilities (Part X, line 26)	292,022,843	297,130,061
	22 Net assets or fund balances Subtract line 21 from line 20	242,203,694	277,430,239

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

****** | 2011-11-10
Signature of officer | Date

THOMAS P BALDOSARO VICE PRESIDENT FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Scott Mariani	Scott Mariani			
Firm's name ▶ WithumSmithBrown PC				Firm's EIN ▶
Firm's address ▶ 465 South St Ste 200 Morristown, NJ 079606497				Phone no ▶ (973) 898-9494

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF SOUTH JERSEY HOSPITAL IS TO PROVIDE QUALITY HEALTHCARE SERVICES THAT CONTRIBUTE TO THE IMPROVED HEALTH AND WELL-BEING OF ALL IT SERVES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 $ 11,554,457 including grants of $ 0) (Revenue $ 24,293,583)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY DEPARTMENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION HANDLED 102,454 EMERGENCY DEPARTMENT VISITS DURING 2010 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 12,390,043 including grants of $ 0) (Revenue $ 21,798,191)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY MEDICAL ACUTE CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED 37,985 INPATIENT DAYS DURING 2010 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 18,672,705 including grants of $ 0) (Revenue $ 13,878,116)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OPERATING ROOM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION HANDLED 12,766 OPERATING ROOM CASES DURING 2010 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O)

(Expenses $ 258,962,743 including grants of $ 63,503) (Revenue $ 287,562,238)

4e **Total program service expenses** ▶ $ 301,579,948

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	238		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,412		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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 ▶

JOHN A DIANGELO
333 IRVING AVENUE
BRIDGETON, NJ 08302
(856) 641-8610

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								6,420,606	0	1,543,564

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 ▶ 139

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Regional Diagnostic Imaging PO BOX 2089 VINELAND, NJ 08360	RADIOLOGY	5,609,263
REHABCARE GROUP INC PO BOX 502096 ST LOUIS, MO 63150	REHABILITATION	4,256,811
PINNACLE MID-ATLANTIC ANESTHESIOLOG 13601 PRESTON ROAD SUITE 1000W DALLAS, TX 75240	ANESTHESIOLOGY	3,174,459
CENTER FOR FAMILY GUIDANCE PO BOX 306 MARLTON, NJ 08053	MENTAL HEALTH	1,779,147
SLEEP CARE CENTERS INC 130 GAITHER DRIVE SUITE 124 MT LAUREL, NJ 08054	STAFFING	1,354,054

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 ▶ 80

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d	982,441				
	e Government grants (contributions) 1e	3,320,971				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	26,839				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		4,330,251			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	541900	341,876,516	341,876,516		
	b OTHER HEALTHCARE RELATED REVENUE	812300	5,655,612	5,568,681	86,931	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		347,532,128			
	3 Investment income (including dividends, interest and other similar amounts)		4,012,315			4,012,315
	4 Income from investment of tax-exempt bond proceeds		-21,991			-21,991
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	360,757				
	b Less rental expenses	419,593				
	c Rental income or (loss)	-58,836				
	d Net rental income or (loss)		-58,836			-58,836
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA/DIETARY	900099	1,479,817			1,479,817
	b GIFT SHOP	453220	511,261			511,261
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		1,991,078			
	12 **Total revenue.** See Instructions		357,784,945	347,445,197	86,931	5,922,566

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
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,000	8,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	55,503	55,503		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,872,915	6,185,624	687,291	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	142,043,281	127,838,953	14,204,328	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,671,281	7,804,153	867,128	
9 Other employee benefits	24,440,083	21,996,073	2,444,010	
10 Payroll taxes	12,223,441	11,001,097	1,222,344	
a Fees for services (non-employees) Management	0			
b Legal	1,496,506	1,346,855	149,651	
c Accounting	171,750	154,575	17,175	
d Lobbying	136,420	122,778	13,642	
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	20,257,381	18,231,643	2,025,738	
12 Advertising and promotion	2,056,769	1,851,092	205,677	
13 Office expenses	46,195,878	41,576,290	4,619,588	
14 Information technology	224,267	201,840	22,427	
15 Royalties	0			
16 Occupancy	3,071,837	2,764,653	307,184	
17 Travel	441,446	397,301	44,145	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,508,171	7,657,354	850,817	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,360,822	15,624,740	1,736,082	
23 Insurance	3,613,639	3,252,275	361,364	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a REPAIRS AND MAINTENANCE	11,096,677	9,987,009	1,109,668	0
b OUTSIDE SERVICES	7,288,883	6,559,995	728,888	0
c UTILITIES	6,248,959	5,624,063	624,896	0
d REHABILITATION SERVICES	3,884,079	3,495,671	388,408	0
e OTHER EXPENSES	8,698,412	7,842,411	856,001	0
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	335,066,400	301,579,948	33,486,452	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		559,309	1	559,946
	2	Savings and temporary cash investments		112,676,779	2	106,704,325
	3	Pledges and grants receivable, net		529,412	3	738,486
	4	Accounts receivable, net		45,260,426	4	46,150,225
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		6,480,893	7	6,908,368
	8	Inventories for sale or use		4,226,910	8	4,094,457
	9	Prepaid expenses and deferred charges		3,919,759	9	4,904,339
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 412,855,142			
	b	Less accumulated depreciation	10b 183,031,706	218,882,851	10c	229,823,436
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		138,251,079	13	170,320,325
	14	Intangible assets		2,072,190	14	1,966,519
	15	Other assets See Part IV, line 11		1,366,929	15	2,389,874
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		534,226,537	16	574,560,300
Liabilities	17	Accounts payable and accrued expenses		60,047,125	17	56,043,225
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		172,956,190	20	168,898,322
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		11,704,408	23	13,844,354
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		47,315,120	25	58,344,160
	26	**Total liabilities.** Add lines 17 through 25		292,022,843	26	297,130,061
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		235,269,694	27	270,548,239
	28	Temporarily restricted net assets		4,342,000	28	4,310,000
	29	Permanently restricted net assets		2,592,000	29	2,572,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		242,203,694	33	277,430,239
	34	Total liabilities and net assets/fund balances		534,226,537	34	574,560,300

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	357,784,945
2	Total expenses (must equal Part IX, column (A), line 25)	2	335,066,400
3	Revenue less expenses Subtract line 2 from line 1	3	22,718,545
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	242,203,694
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,508,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	277,430,239

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

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

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

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

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

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 21-0634484
Name: SOUTH JERSEY HOSPITAL INC

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			
MICHAEL M ROSSI III CHAIRMAN - TRUSTEE	30	X		X				0	0	0
ANN M BUDDE VICE CHAIR - TRUSTEE	30	X		X				0	0	0
RICHARD HARZ SECRETARY - TRUSTEE	30	X		X				0	0	0
DAVID ROBBINS JR TREASURER - TRUSTEE	30	X		X				0	0	0
BRUNO A BASILE TRUSTEE	30	X						0	0	0
JERRY BROWN TRUSTEE	30	X						0	0	0
ALFRED F CAGGIANO TRUSTEE	30	X						0	0	0
JOHN B CATALANO MD TRUSTEE	30	X						700	0	0
BEVERLY L DAIRSOW TRUSTEE	30	X						0	0	0
FRANK DEMAIO MD TRUSTEE	30	X						0	0	0
ALBERT A FRALINGER JR TRUSTEE	30	X						0	0	0
EILEEN A HALLISSEY TRUSTEE	30	X						0	0	0
NAUVEED IQBAL MD TRUSTEE	30	X						8,333	0	0
CHESTER B KALETKOWSKI TRUSTEE,EX-OFFICIO-PRES /CEO	430	X		X				1,448,069	0	442,249
MAURICE SHEETZ MD TRUSTEE,EX-OFFICIO	30	X						27,267	0	0
JACK M SHIELDS MD TRUSTEE	30	X						9,312	0	0
TACIE TRULL TRUSTEE	30	X						0	0	0
WAYNE C SCHIFFNER EXECUTIVE VICE PRESIDENT	450			X				452,162	0	183,403
JOHN A DIANGELO SENIOR VP/CFO	390			X				417,106	0	98,959
ELIZABETH A SHERIDAN COO - REGIONAL MEDICAL CENTER	470			X				364,680	0	141,016
JOHN C BICKINGS COO - ELMER HOSPITAL	470			X				282,360	0	56,768
STEVEN C LINN MD CMO	470			X				322,903	0	47,928
ROBERT M DANGEL ESQ GENERAL COUNSEL	390			X				310,269	0	87,671
ROBERT E FLORENTINE CHIEF PEOPLE OFFICER	470			X				285,889	0	49,183
THOMAS P BALDOSARO CPA VP FINANCE	470			X				290,844	0	30,563

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			
ARTHUR BOOTE VP AMBULATORY CARE	47 0			X				286,337	0	55,504
CLARE SAPIENZA ECK VP STRATEGIC PLANNING	47 0			X				234,457	0	45,646
THOMAS PACEK VP/CIO	47 0			X				232,142	0	31,164
CAROLYN S HECKMAN VP GOVERNMENT RELATIONS	20 0			X				191,285	0	40,123
ANNE MCCARTNEY VP PATIENT CARE-REG MED CENTER	47 0			X				181,512	0	47,414
JANET DAVIES VP PATIENT CARE-ELMER HOSPITAL	47 0			X				142,255	0	27,443
ROBERT J SMICK MD PHYSICIAN	55 0					X		208,313	0	30,642
JOSEPH M ALESSANDRINI ADMIN DIRECTOR - PHARMACY	55 0					X		206,912	0	32,204
THERESA E COPE DIRECTOR - SURGICAL SERVICES	55 0					X		181,429	0	34,950
BETH F SEMLER PHYSICIST	55 0					X		172,307	0	33,022
JAMES L GAZZOLA DIRECTOR	55 0					X		163,763	0	27,712

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
SOUTH JERSEY HOSPITAL INC	21-0634484

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 funtion activities ▶ $ _____

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

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

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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		105,852
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		30,568
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			136,420
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1G AND 1H	DURING 2010, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM $48,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO ITS VP OF GOVERNMENT RELATIONS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO $57,852 IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $30,568

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 ☐ Yes ☐ No

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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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
1a Beginning of year balance	6,934,000	6,490,000	7,902,000		
b Contributions	27,000	625,000	236,000		
c Investment earnings or losses	227,000	177,000	-1,033,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	306,000	358,000	615,000		
f Administrative expenses					
g End of year balance	6,882,000	6,934,000	6,490,000		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 37 370 %
- c Term endowment ▶ 62 630 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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
1a Land		4,723,819		4,723,819
b Buildings		205,825,663	49,256,932	156,568,731
c Leasehold improvements		1,158,167	763,748	394,419
d Equipment		189,029,032	130,906,577	58,122,455
e Other		12,118,461	2,104,449	10,014,012
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				229,823,436

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) GOVERNMENT SECURITIES	0	F
(2) PERPETUAL TRUSTS	4,192,331	F
(3) OREGANIZATION	2,231,358	F
(4) JOINT VENTURES	567,120	F
(5) LIMITED USE	54,002,347	F
(6) MUTUAL FUNDS, LIMITED USE	103,621,169	F
(7) LIMITED USE	20,000	F
(8) USE	5,686,000	F
(9) CORPORATE BONDS, LIMITED USE	0	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	170,320,325	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
THIRD-PARTY PAYORS	23,524,231
OTHER LONG TERM LIABILITIES	28,999,345
ORGANIZATIONS	1,839,768
ACCRUED INTEREST PAYABLE	3,980,816
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	58,344,160

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

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
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 21-0634484
Name: SOUTH JERSEY HOSPITAL INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
GOVERNMENT SECURITIES	0	F
PERPETUAL TRUSTS	4,192,331	F
OREGANIZATION	2,231,358	F
JOINT VENTURES	567,120	F
LIMITED USE	54,002,347	F
MUTUAL FUNDS, LIMITED USE	103,621,169	F
LIMITED USE	20,000	F
USE	5,686,000	F
CORPORATE BONDS, LIMITED USE	0	F

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **550. %**	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)		0	13,971,003	2,037,309	11,933,694	3 560 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		0	23,109,236	18,433,323	4,675,913	1 400 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		0	12,968,179	1,053,872	11,914,307	3 560 %
d **Total** Financial Assistance and Means-Tested Government Programs		0	50,048,418	21,524,504	28,523,914	8 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	79	71,824	2,549,714	53,261	2,496,453	0 750 %
f Health professions education (from Worksheet 5)	34	2,240	1,335,649	97,185	1,238,464	0 370 %
g Subsidized health services (from Worksheet 6)	11	4,717	2,273,338	268,748	2,004,590	0 600 %
h Research (from Worksheet 7)	4	185	490,495	0	490,495	0 150 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	21	1,911	420,612	0	420,612	0 130 %
j **Total** Other Benefits	149	80,877	7,069,808	419,194	6,650,614	2 000 %
k **Total.** Add lines 7d and 7j	149	80,877	57,118,226	21,943,698	35,174,528	10 520 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		0	0	0	0	0 %
2	Economic development	8	987	34,272	0	34,272	0 010 %
3	Community support	10	9,699	2,831,603	0	2,831,603	0 850 %
4	Environmental improvements	2	288	1,602	0	1,602	0 %
5	Leadership development and training for community members	2	2,476	40,865	0	40,865	0 010 %
6	Coalition building	16	9,459	320,486	0	320,486	0 100 %
7	Community health improvement advocacy	21	443	89,934	0	89,934	0 030 %
8	Workforce development	6	1,114	643,895	0	643,895	0 190 %
9	Other		0	0	0	0	0 %
10	**Total**	65	24,466	3,962,657	0	3,962,657	1 190 %

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	96,180,222
6	Enter Medicare allowable costs of care relating to payments on line 5	6	113,513,146
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-17,332,924
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
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	9b	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 %
1	THE KIDNEY CENTER AT				
2	VINELAND LLC	MEDICAL SERVICES	50 000 %	0 %	50 000 %
3	THE KIDNEY CENTER AT				
4	MILLVILLE LLC	MEDICAL SERVICES	50 000 %	0 %	50 000 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 4

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	REGIONAL MEDICAL CENTER 1505 WEST SHERMAN AVENUE VINELAND, NJ 08062	X	X					X		
2	ELMER HOSPITAL 475 FRONT STREET ELMER, NJ 08318	X								
3	ELMER HOSPITAL 425 FRONT STREET ELMER, NJ 08318	X						X		
4	SJH WOUND CARE CENTER 501 W FRONT STREET ELMER, NJ 08318	X								

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: REGIONAL MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: ELMER HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: ELMER HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: SJH WOUND CARE CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **14**

Name and address	Type of Facility (Describe)
1 See Additional Data Table	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
ELIGIBILITY FOR DISCOUNTED CARE	PART I, LINE 3C	THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2010 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART I, QUESTION 6A	An annual report is prepared and published by South Jersey Healthcare The report describes the community benefit programs and services that promote the health of the communities served by the health system The annual written report is distributed to legislators, business leaders, civic community leaders, organizations and community partners A downloadable version of the report is available on the organization's website, www sjhealthcare net
SUBSIDIZED HEALTH SERVICES	SCHEDULE H, PART I, QUESTION 7G	Subsidized health service costs include an operating deficit of $346 for Women's OB Clinic and $1,826 FOR THE CHILDHOOD OBESITY CLINIC
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COST	SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO
BAD DEBT EXPENSE	SCHEDULE H, PART III, SECTION A, QUESTION 4	THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS THE ORGANIZAITON'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED BELOW DESCRIBES IT IN MORE DETAIL RECEIVABLES FOR PATIENT CARE PATIENT ACCOUNTS RECEIVABLE FOR WHICH THE SYSTEM RECEIVES PAYMENT UNDER COST REIMBURSEMENT, PROSPECTIVE PAYMENT FORMULAE OR NEGOTIATED RATES, WHICH COVERS THE MAJORITY OF PATIENT SERVICES, ARE STATED AT THE ESTIMATED NET AMOUNTS RECEIVABLE FROM PAYORS, WHICH ARE GENERALLY LESS THAN THE ESTABLISHED BILLING RATES OF THE SYSTEM PATIENT ACCOUNTS RECEIVABLE ARE REPORTED NET OF PROVISIONS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS, BUSINESS ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS CHARITY CARE CERTAIN ENTITIES WITHIN THE SYSTEM HAVE A PATIENT ACCEPTANCE POLICY, WHICH IS BASED ON ITS MISSION STATEMENT AND IT CHARITABLE PURPOSES ACCORDINGLY, THESE ENTITIES ACCEPT ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN FINANCIAL CRITERIA ESTABLISHED BY THE STATE OF NEW JERSEY AND SJH'S POLICY SJH'S CHARITY CARE POLICY INCLUDES ADDITIONAL FINANCIAL CRITERIA WHICH WERE ESTABLISHED WITH THE INTENT OF EXPANDING THE AVAILABILITY OF FINANCIAL ASSISTANCE BECAUSE SJH DOES NOT BELIEVE THAT ACCOUNTS WHICH QUALIFY FOR CHARITY CARE ARE LIKELY TO BE COLLECTED, THERE ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE THE UNREIMBURSED COSTS FOR SERVICES AND SUPPLIES FURNISHED TO PATIENTS ELIGIBLE FOR SUCH CHARITY CARE ARE BASED ON COST TO CHARGE RATIOS
COMMUNITY BENEFIT	SCHEDULE H, PART III, SECTION B, QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE 2010 MEDICARE COST REPORT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE ON THE FORM 990, SCHEUDLE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE,
COLLECTION POLICY	SCHEDULE H, PART III, SECTION B, QUESTION 9B	Accounts considered to be charity care are not included in the bad debt expense, but rather, accounted for as an allowance It is the policy of the South Jersey Health System to treat all patients equally regardless of insurance and their ability to pay
FACILITY INFORMATION	SCHEDULE H, PART V	NOT APPLICABLE
NEEDS ASSESSMENT	SCHEDULE H, PART VI, QUESTION 1	This organization conducts a review of key factor information annually which includes a review of healthcare utilization of its service area population by services (Urology, Cardiology, Obstetrics, etc) for determining increased or decreased health needs, healthcare services estimates and forecasts (both inpatient and outpatient), assessments of local demographic and socioeconomic information, and, a review of health status/needs assessments and studies conducted by external parties SJH conducts extensive service area physician need study (by primary and specialty) every three to five years Specific specialty needs are conducted for indentified gaps in service These reviews inform medical staff development at the medical center to assure responsiveness to identified community needs SJH collaborates with community partners to plan and conduct health needs assessments to assess and address health needs of the community it serves The wide-based collaborative partnership retains an outside consulting firm to assess community data and perception Community data is collected from county health profiles, health statistics, demographics, socioeconomic data, phone surveys, paper surveys and focus groups From those assessments, Community Health Improvement Plans are published identifying the specific health priorities Through a planned and organized effort, the group works collectively to address the priorities by tapping the resources of the community and collaborating on initiatives SJH actively contributes to this process and engages in the identified priorities that match its mission, expertise, resources and capacity In addition to these organized needs assessment efforts, ongoing community meetings with local providers, local health departments, local politicians, organizations and community leaders are sponsored by the hospital to discuss the health needs of the population
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI, QUESTION 3	The hospital's financial assistance information is communicated in both English and Spanish in a variety of ways, which includes signage throughout the hospital, emergency departments and registration areas, distribution of admission booklets and brochures describing the policy and how to apply for assistance, posting of the charity care program and financial assistance information on the hospital's website, and a statement added to all publications indicating the availability of charity care Patients are given a Financial Assistance handout at registration/admission with information to contact financial counselors if they may have difficulty paying their hospital bill All patients deemed self-pay are screened for financial assistance by a financial counselor according to the Federal Poverty Guidelines and referred to appropriate agencies or programs Interpretation services are available for patients needing information in languages other than English and Spanish
COMMUNITY INFORMATION	SCHEDULE H, PART VI, QUESTION 4	South Jersey Hospital, Inc is the only not-for-profit healthcare system located in the southwestern region of New Jersey along the Delaware Bay It is situated in a rural and urbanized area comprised of small cities, suburbs, vast wetlands and agricultural areas SJH is a healthcare safety net provider of general acute and ambulatory healthcare services in a regional service area that encompasses primarily Cumberland and Salem counties and portions of Gloucester and Atlantic counties, covering a patient base of 376,000 Cumberland County has a population of 157,745 and Salem County has a population of 66,342 according to US Census 2009 Estimates The population is a multifaceted community of diverse ethnic groups and industry, predominately Caucasian with specific communities home to higher populations of Hispanic and African American residents According to 2000 US Census, Cumberland County demographics are 65% Caucasian, 20% African American, 19% Hispanic, Salem County is 85% Caucasian, 15% African American, 4% Hispanic Cumberland County's rapidly growing Hispanic population provides much of the county's farm labor, in particular, Bridgeton has experienced a 560% increase in Mexican population from 1990 to 2000 The region's economy consists of a strong agricultural base with targeted industry sectors that include health care, construction, hospitality/tourism, food processing, glass making, manufacturing, a nuclear generating complex, one federal penitentiary and three state correctional facilities which combined house over 8,000 inmates Of 21 counties in NJ, Cumberland County has the largest percentage of residents living below the federal poverty level, the highest unemployment rate, the highest teen pregnancy rate, and the lowest percentage of population with a college degree Major areas in Cumberland County and all of Salem County are designated Medically Underserved Areas and Health Professional Shortage Areas Both Salem and Cumberland County have the two highest obesity rates in the state South Jersey Healthcare is recognized as a Center of Excellence in Cancer Services, Cardiology Center of Care and Bariatric Surgery Center of Excellence The SJH Regional Medical Center and SJH Elmer Hospital are state-designated Primary Stroke Centers South Jersey Healthcare Behavioral Health Services is the major provider of inpatient and outpatient services for the entire southern New Jersey region spanning nine counties Patients receiving behavioral health services are primarily insured under Medicaid and Medicare
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, QUESTION 5	Community building activities undertaken by this organization improve the medical and socioeconomic well-being of the communities in our care This is accomplished through numerous activities which are not a part of Part I Charity Care and Other Community Benefits, and are not included elsewhere on Schedule H These activities include programs that address the root causes of health problems such as education, poverty, unemployment, access to care, health advocacy and economic development Economic development To help address poverty and unemployment and to take an active role in the regional economy and business outlook, the hospital offers the expertise and resources of its healthcare employees as active board members and participants in community organizations such as the Bridgeton, Millville, Vineland and Salem Chambers of Commerce, Elmer and Bridgeton Rotary, Cumberland and Salem County Economic Forums Community support SJH efforts to enhance community support networks include both community-based and facility-based initiatives IMPACT (Innovative Model for Preschool and Community Teaming), a collaboration between SJH and the Vineland Board of Education, provides health and social services, preschool programs and literacy programs, targeting the needs of the low income residents in Cumberland County IMPACT Teen Parenting Program provides parenting classes, childcare services, prenatal care, life skills education to teen parents and second pregnancy prevention IMPACT School Based Youth Services Program (SBYSP), offers health services, tutoring, counseling, recreation and life skills training IMPACT Family Outreach Program provides family outreach and support to social workers who service Abbott preschool providers IMPACT Child Care Program provides childcare for infants and toddlers SJH Family Success Center focuses on 10 core services to strengthen families by providing assistance with health insurance, physicians, workshops that increase positive interaction between parents and children, promoting family literacy, addressing health and legal issues SJH plans for disaster readiness above and beyond licensure requirements, including decontamination rooms, a dedicated Decon Team and coordinating mass casualty drills involving different disaster scenarios in the community in collaboration with all first responders To address the major security concern related to the significant prison inmate population of 8,000 during disaster, the hospital has taken the lead role in spearheading a Prison Mass Casualty Incident Table Top Exercise with community agencies to discuss security issues surrounding an influx of inmates from a mass casualty event Environmental improvements The organization's Going Green recycling initiative at all facilities system-wide improves the environment and helps the community by reducing waste, increasing recycling, conserving materials and purchasing recycled products The SJH Community Sharps Disposal Program provides community residents with a method to safely dispose of home generated sharps at three drop off locations SJH maintains a Campus-Wide Smoking Ban at all SJH buildings, grounds and parking lots to improve the air quality, health and well being of everyone in the surrounding communities Leadership development and training for community members SJH actively participates in Leadership Cumberland County, a local coalition which focuses on replenishing the supply of leadership with leaders who are informed, skilled and capable of understanding community problems so they can assume responsible positions in the communities throughout Cumberland County Coalition building SJH actively partners in community coalitions aimed at addressing health and safety issues To address Cumberland County's teen pregnancy rate which is 3 times the NJ state average, the Teen Pregnancy Prevention initiative was formed through a collaborative partnership with SJH, Community Health Care Inc (CHCI) and the County Freeholders SAFE (Sexual Accountability For Everyone) SAFE, is the educational component of CHCI's plan to bring nurse practitioners into county middle and high schools and expand school-based services to include comprehensive health and gynecological services, peer & adult self-esteem programs, encourage responsible sexual behavior and provide tier-based counseling to target at-risk students To address the particularly high childhood obesity rate, STEPS for Kids was initiated as a collaboration between SJH and Cumberland Cape Atlantic YMCA, funded in part through a NJ Health Initiative Grant from Robert Wood Johnson Foundation, targeting children 8 to 12 with a BMI level at or above the 85th percentile who are at risk for obesity The12-week interactive program for children and their parents focuses balanced meal plans and simple exercise techniques that help families achieve healthier lifestyles SJH supported the Millville Board of Education obesity program offered to adults and children that incorporated use of the Holly City Family Center as part of the curriculum To improve health risks associated with heart disease in our growing population of African American and Latino residents, SJH was one of 10 hospitals in NJ chosen by Robert Wood Johnson Foundation to participate in a two-year statewide initiative to improve the quality of cardiac care, share and apply best practices for treating patients with heart failure and communicate strategies and lessons learned to policymakers and health care providers SJH initiated an Extended Care Facilities forum to build a positive relationship between the hospital, neighboring nursing care facilities and the community to assist each other in offering a seamless continuum of care in light of Healthcare Reform changes SJH partnered with Salem Health and Wellness Foundation to provide digital mammography to the uninsured and health underserved residents of Salem County, who would not otherwise utilize this preventive screening tool until their breast cancer was at a later stage To reduce the number of people arrested and incarcerated for criminal behavior caused by underlying mental health issues who would benefit from mental health treatment, SJH took the lead role in forming the Jail Diversion Task Force to de-escalate mental health crisis situations, divert patients out of the criminal justice system and arrange for the person to receive evaluation and treatment in the mental health system Community health improvement advocacy SJH staff serve on government advisory committees and boards for national, state and local organizations to lobby for healthcare reform, bring about changes in regulatory requirements, advocating for improved access to healthcare and promoting health status for both the broader community and vulnerable populations through hospital representation to organizations such as American Hospital Association (AHA) Regional Policy Board for NJ, NY, PA, Volunteers Hospital of America (VHA) Board of Trustees, NJ Hospital Association (NJHA), NJ Association of Mental Health Agencies Grassroots Advocacy, NJ Division of Mental Health Services (NJDMHS), Salem Inter-Agency Council, Cumberland Inter-Agency Council, Human Services Advisory Council Workforce development SJH is committed to recruiting experienced physicians and health professionals into our community, which is identified as medically underserved area (MUA), to ensure that residents have access to the specialized care they need Responding to a shortage of obstetricians, SJH recruited additional OB/GYNs into a medically underserved area New physician specialties added include urogynecology, oncologic urology, gynecologic oncology and oncologic breast surgery To promote student exploration of health care careers in an area with a traditionally high jobless rate, SJH provides Careers in Healthcare events and collaborates on healthcare career programs with Medical Explorers, National Youth Leadership Forum and Pinelands Learning Center SJH developed an Employer Forum for employers throughout Cumberland County to address and discuss medical issues, employee health, safety and wellness of the workforce population
AFFILIATED HEALTHCARE SYSTEM	SCHEDULE H, PART VI, QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE SOUTH JERSEY HEALTH SYSTEM NOT FOR PROFIT SOUTH JERSEY HEALTH SYSTEM ENTITIES SOUTH JERSEY HEALTH SYSTEM SOUTH JERSEY HEALTH SYSTEM, INC ("SJHS") IS THE TAX-EXEMPT PARENT OF THE SOUTH JERSEY HEALTH SYSTEM ("SJHS") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER SJHS OR ANOTHER SJHS AFFILIATE CONTROLLED BY SJHS SJHS IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY SOUTH JERSEY HEALTH SYSTEM IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) SOUTH JERSEY HOSPITAL SOUTH JERSEY HOSPITAL ("SJH") IS COMPRISED OF TWO ACUTE CARE FACILITIES AND TWO HOSPITAL-BASED AMBULATORY CARE CENTERS THE SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER, LOCATED IN VINELAND, CUMBERLAND COUNTY, NEW JERSEY, IS A 325 BED ACUTE CARE FACILITY WITH 55 PSYCHIATRICS BED LOCATED AT THE SOUTH JERSEY HEALTHCARE - BRIDGETON HEALTH CENTER AND THE SOUTH JERSEY HEALTHCARE - ELMER HOSPITAL IS A 96-BED ACUTE CARE FACILITY LOCATED IN ELMER, SALEM COUNTY, NEW JERSEY SJH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SJH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, SJH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 HOMECARE AND HOSPICECARE OF SOUTH JERSEY, INC HOMECARE AND HOSPICECARE OF SOUTH JERSEY, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION PROVIDES CARE AND SUPPORT FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY SOUTH JERSEY HEALTHCARE LIFE, INC SOUTH JERSEY HEALTHCARE LIFE, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION PROVIDES HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY SOUTH JERSEY HEALTH SYSTEM FOUNDATION, INC SOUTH JERSEY HEALTH SYSTEM FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SOUTH JERSEY HEALTH SYSTEM, INC , A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY FOR PROFIT SOUTH JERSEY HEALTH SYSTEM ENTITIES BRIDGETON PHYSICIANS OFFICE CENTER, L P A PARTNERSHIP OWNED BY SOUTH JERSEY HEALTH SYSTEM AFFILIATES THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY HELP SERVICES OF SOUTH JERSEY, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HOMECARE & HOSPICECARE OF SOUTH JERSEY, INC THE ORGANIZATION IS LOCATED IN SALEM, SALEM COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES INDIVIDUAL FAMILY HEALTHCARE SERVICES JERSEY HEALTH MANAGEMENT, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS SOUTH JERSEY HEALTH SYSTEM, INC THE ORGANIZATION IS LOCATED IN BRIDGETON, CUMBERLAND COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES HEALTH, WELLNESS AND MANAGEMENT SERVICES JUNO ASSURANCE, LTD A CONTROLLED FOREIGN CORPORATION BY SOUTH JERSEY HEALTH SYSTEM, INC THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN BERMUDA PHYSICIANS OF SOUTHERN NEW JERSEY, P C A FOR-PROFIT ENTITY WHOSE NOMINEE OWNER IS SOUTH JERSEY HEALTH SYSTEM, INC THE ORGANIZATION IS LOCATED IN BRIDGETON, CUMBERLAND COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES PROFESSIONAL PHYSICIAN MEDICAL SERVICES TO INDIVIDUALS AND THE COMMUNITY
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE

Additional Data

Software ID:
Software Version:
EIN: 21-0634484
Name: SOUTH JERSEY HOSPITAL INC

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **14** Name and address	Type of Facility (Describe)
BRIDGETON HEALTH CENTER 333 IRVING AVENUE BRIDGETON,NJ 08302	HEALTH CENTER AMBULATORY CARE INPATIENT PSYCH
MILLVILLE IMAGING CENTER 1001 N HIGH STREET MILLVILLE,NJ 08332	HOSPITAL OUTPATIENT DEPARTMENT
MILLVILLE IMAGING CENTER 608 N HIGH STREET MILLVILLE,NJ 08330	HOSPITAL OUTPATIENT DEPARTMENT
VINELAND HEALTH CENTER 1038 CHESTNUT STREET VINELAND,NJ 08360	HOSPITAL OUTPATIENT DEPARTMENT INDUSTRIAL HEALTH & OUTPATIENT REHABILIATION
VINELAND SJH SLEEP CARE CENTER 1650 E CHESTNUT AVENUE VINELAND,NJ 08361	OUTPATIENT DIAGNOSTIC FACILITY
DELSEA IMAGING 352 SOUTH DELSEA DRIVE VINELAND,NJ 08360	HOSPITAL OUTPATIENT DEPARTMENT
ELMER SJH SLEEP CARE CENTER 445 WEST FRONT STREET ELMER,NJ 08318	OUTPATIENT DIAGNOSTIC FACILITY
PT PROGRAM 1430 SHERMAN AVENUE VINELAND,NJ 08360	REHABILITATION CLINIC
VINELAND REGIONAL COUNSELING 76 S STATE STREET VINELAND,NJ 08360	HOSPITAL OUTPATIENT DEPARTMENT
EGG HARBOR SLEEP CARE CENTER 6712 WASHINGTON AVENUE EGG HARBOR TOWNSHIP,NJ 08234	OUTPATIENT DIAGNOSTIC FACILITY
CHILD DEVELOPMENT CENTER 1138 E CHESTNUT STREET VINELAND,NJ 08360	HOSPITAL OUTPATIENT DEPARTMENT
HAMMONTON IMAGING CENTER 8 NORTH WHITE HORSE PIKE HAMMONTON,NJ 08037	HOSPITAL OUTPATIENT DEPARTMENT
WEST SHERMAN IMAGING 994 W SHERMAN AVENUE VINELAND,NJ 08361	HOSPITAL OUTPATIENT DEPARTMENT
IMPACT PROGRAM 240 S 6TH STREET VINELAND,NJ 08360	HOSPITAL OUTPATIENT DEPARTMENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOMECARE & HOSPICECARE OF SOUTH JERSEY333 IRVING AVENUE BRIDGETON,NJ 08302	22-6067549	501(C)(3)	8,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	13	55,503			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE D, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED AS EMPLOYEE BENEFIT PLAN CONTRIBUTIONS ON PRIOR YEARS FORMS 990 THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES CHESTER B KALETKOWSKI, $830,148 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, AS TAXABLE WAGES CHESTER B KALETKOWSKI, $381,796, WAYNE C SCHIFFNER, $130,145, JOHN A DIANGELO, $57,673, ELIZABETH A SHERIDAN, $76,852, JOHN C BICKINGS, $12,694, STEVEN C LINN, M D , $18,054, ROBERT M D'ANGEL, ESQ , $33,188, ROBERT E FLORENTINE, $10,942, ARTHUR BOOTE, $17,707, CLARE SAPIENZA-ECK, $8,186 AND CAROLYN S HECKMAN, $3,086
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	THE FOLLOWING INDIVIDUALS RECEIVED A BONUS DURING CALENDAR YEAR 2010 WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES CHESTER B KALETKOWSKI, $115,000, WAYNE C SCHIFFNER, $69,502, JOHN A DIANGELO, $58,787, ELIZABETH A SHERIDAN, $49,758, JOHN C BICKINGS, $33,251, STEVEN C LINN, M D , $56,150, ROBERT M D'ANGEL, ESQ , $33,962, ROBERT E FLORENTINE, $39,014, THOMAS P BALDOSARO, CPA, $38,249, ARTHUR BOOTE, $19,872, CLARE SAPIENZA-ECK, $26,542, THOMAS PACEK, $23,166, CAROLYN S HECKMAN, $17,466, ANNE MCCARTNEY, $18,318, JANET DAVIES, $15,706, JOSEPH M ALESSANDRINI, $16,624, THERESA E COPE, $12,453 AND JAMES L GAZZOLA, $27,451
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN B (III)	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J OF THIS FEDERAL FORM 990 RECEIVED COMPENSATION WITH RESPECT TO PAID TIME OFF, WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HEREIN AND IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED AS DEFERRED COMPENSATION ON PRIOR FORMS 990 AND IS CURRENTLY TREATED AS TAXABLE AND REPORTED ON THE INDIVIDUAL'S 2010 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES CHESTER B KALETKOWSKI, $830,148

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 21-0634484
Name: SOUTH JERSEY HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
CHESTER B KALETKOWSKI	(I)	478,039	115,000	855,030	411,927	30,322	1,890,318	830,148
	(II)	0	0	0	0	0	0	0
WAYNE C SCHIFFNER	(I)	343,541	69,502	39,119	164,612	18,791	635,565	0
	(II)	0	0	0	0	0	0	0
JOHN A DIANGELO	(I)	320,442	58,787	37,877	78,465	20,494	516,065	0
	(II)	0	0	0	0	0	0	0
ELIZABETH A SHERIDAN	(I)	261,319	49,758	53,603	114,512	26,504	505,696	0
	(II)	0	0	0	0	0	0	0
JOHN C BICKINGS	(I)	191,314	33,251	57,795	40,389	16,379	339,128	0
	(II)	0	0	0	0	0	0	0
STEVEN C LINN MD	(I)	234,488	56,150	32,265	30,811	17,117	370,831	0
	(II)	0	0	0	0	0	0	0
ROBERT M DANGEL ESQ	(I)	248,873	33,962	27,434	64,934	22,737	397,940	0
	(II)	0	0	0	0	0	0	0
ROBERT E FLORENTINE	(I)	205,307	39,014	41,568	31,207	17,976	335,072	0
	(II)	0	0	0	0	0	0	0
THOMAS P BALDOSARO CPA	(I)	218,442	38,249	34,153	12,739	17,824	321,407	0
	(II)	0	0	0	0	0	0	0
ARTHUR BOOTE	(I)	246,992	19,872	19,473	42,408	13,096	341,841	0
	(II)	0	0	0	0	0	0	0
CLARE SAPIENZA ECK	(I)	173,329	26,542	34,586	29,045	16,601	280,103	0
	(II)	0	0	0	0	0	0	0
THOMAS PACEK	(I)	185,734	23,166	23,242	18,795	12,369	263,306	0
	(II)	0	0	0	0	0	0	0
CAROLYN S HECKMAN	(I)	154,572	17,466	19,247	28,900	11,223	231,408	0
	(II)	0	0	0	0	0	0	0
ANNE MCCARTNEY	(I)	152,874	18,318	10,320	36,998	10,416	228,926	0
	(II)	0	0	0	0	0	0	0
JANET DAVIES	(I)	125,957	15,706	592	16,348	11,095	169,698	0
	(II)	0	0	0	0	0	0	0
ROBERT J SMICK MD	(I)	204,545	0	3,768	17,499	13,143	238,955	0
	(II)	0	0	0	0	0	0	0
JOSEPH M ALESSANDRINI	(I)	173,315	16,624	16,973	19,687	12,517	239,116	0
	(II)	0	0	0	0	0	0	0
THERESA E COPE	(I)	151,856	12,453	17,120	24,848	10,102	216,379	0
	(II)	0	0	0	0	0	0	0
BETH F SEMLER	(I)	169,372	0	2,935	18,640	14,382	205,329	0
	(II)	0	0	0	0	0	0	0
JAMES L GAZZOLA	(I)	129,315	27,451	6,997	13,330	14,382	191,475	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	21-0634484	64579FDB6	06-24-2004	15,075,000	TCU AND CTC CONSTRUCTION		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-2845542	64579FJG9	11-08-2006	147,675,671	REFINANCE 2002 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	15,075,000	147,675,671		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	146,196,562		
7	Issuance costs from proceeds	118,339	1,479,109		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	13,500	0		
10	Capital expenditures from proceeds	14,943,101	0		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2004	2006		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	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		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		14 000 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		14 000 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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		X					
2	Is the bond issue a variable rate issue?	X			X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

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

1	(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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1) IQBAL KAHN SURG START-UP CAPITAL		X	250,000	166,667		No	Yes		Yes	
Total . . . . . ▶ $				166,667						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN L HARZ	FAMILY MEMBER OF TRUSTEE	72,649	EMPLOYEE		No
(2) LYNN M KENNY	FAMILY MEMBER OF TRUSTEE	52,503	EMPLOYEE		No
(3) DAVID SHIELDS MD	FAMILY MEMBER OF TRUSTEE	72,089	PHYSICIAN SERVICES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 1 AND SCHEDULE L, PART IV	THE ORGANIZATION IS A TAX-EXEMPT AFFILIATE IN SOUTH JERSEY HEALTH SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM FOR THE PERIOD JANUARY 1, 2010 THROUGH DECEMBER 31, 2010 AND DURING THE ORDINARY COURSE OF BUSINESS, THE ORGANIZATION MAY ENGAGE IN ONE OR MORE TRANSACTIONS WITH COMPANIES THAT (1) ARE OWNED BY AN INDIVIDUAL WHO IS A MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION, (2) ARE OWNED BY A FAMILY MEMBER OF AN INDIVIDUAL WHO IS A MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION, OR (3) WHEREIN A BOARD MEMBER OF THIS ORGANIZATION OR A FAMILY MEMBER OF A BOARD MEMBER OF THIS ORGANIZATION IS EITHER AN OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE OF THE COMPANY WITH WHICH THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION TRANSACTS BUSINESS IN THESE SITUATIONS, ANY GOODS PURCHASED OR SERVICES PERFORMED ARE DONE AT FAIR MARKET VALUE RATES PURSUANT TO ARMS LENGTH NEGOTIATIONS ANY SUCH TRANSACTIONS ARE DISCLOSED TO, REVIEWED AND APPROVED BY THE FULL BOARD OF TRUSTEES THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE AND USES REASONABLE EFFORTS TO OBTAIN THIS INFORMATION FROM THE MEMBERS OF ITS BOARD OF TRUSTEES THE ORGANIZATION FOLLOWS A FORMALIZED BID PROCESS WHEREIN ALL TRANSACTIONS OF THIS NATURE ARE SENT OUT TO BID IF IT IS DETERMINED THAT THE ORGANIZATION WILL ENTER INTO A TRANSACTION IDENTIFIED ABOVE, IT IS SENT TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL THE INTERESTED PERSON IN THESE CASES RECUSES THEMSELVES FROM THE VOTING PROCESS THIS RECUSAL PROCESS IS OUTLINED IN THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY WHICH ALL BOARD MEMBERS AND SENIOR MANAGEMENT REVIEW ANNUALLY DURING 2010 THE ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION ENGAGED IN THE FOLLOWING PAYMENT BY SOUTH JERSEY HOSPITAL, INC IN THE AMOUNT OF $3,051 TO FRALINGER ENGINEERING FOR ENGINEERING SERVICES MR FRALINGER IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC PAYMENT BY SOUTH JERSEY HOSPITAL, INC IN THE AMOUNT OF $9,296 TO IQBAL & KAHN SURGICAL ASSOCIATES, INC FOR MEDICAL SERVICES DR IQBAL IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC LENDING OF MONEY IN PREVIOUS YEARS BY SOUTH JERSEY HOSPITAL, INC TO IQBAL & KAHN SURGICAL ASSOCIATES, INC IN THE TOTAL AMOUNT OF $166,667 FOR START-UP CAPITAL REQUIREMENTS FOR THE MEDICAL PRACTICE IN RESPONSE TO AN IDENTIFIED HEALTHCARE COMMUNITY NEED AND MEDICAL SERVICES SHORTAGE DR IQBAL IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC PAYMENT BY SOUTH JERSEY HEALTH SYSTEM FOUNDATION, INC IN THE AMOUNT OF $38,860 TO MORGAN STANLEY FOR INVESTMENT MANAGEMENT SERVICES JERRY BROWN IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC AND A SENIOR OFFICER AT MORGAN STANLEY BRUNO A BASILE HAS A DAUGHTER THAT IS EMPLOYED BY SOUTH JERSEY HOSPITAL, INC AS A PHARMACIST FOR WHICH SHE RECEIVED FORM W-2, BOX 5 WAGES IN THE AMOUNT OF $52,503 DURING 2010 MR BASILE IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC RICHARD HARZ' SPOUSE IS EMPLOYED BY SOUTH JERSEY HOSPITAL, INC AS A REGISTERED NURSE FOR WHICH SHE RECEIVED FORM W-2, BOX 5 WAGES IN THE AMOUNT OF $72,649 DURING 2010 MR HARZ IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC PAYMENT BY SOUTH JERSEY HOSPITAL, INC IN THE AMOUNT OF $31,522 TO PERFORMANCE MARKETING FOR MARKETING SERVICES DURING 2010 MICHAEL M ROSSI, III'S SPOUSE IS AN EMPLOYEE OF PERFORMANCE MARKETING MR ROSSI IS A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC PAYMENT BY SOUTH JERSEY HEALTH SYSTEM FOUNDATION, INC IN THE AMOUNT OF $91,836 TO PERFORMANCE MARKETING FOR MARKETING SERVICES DURING 2010 MICHAEL M ROSSI, III'S SPOUSE IS AN EMPLOYEE OF PERFORMANCE MARKETING MR ROSSI IS A BOARD MEMBER OF HOMECARE AND HOSPICECARE OF SOUTH JERSEY, INC PAYMENT BY SOUTH JERSEY HOSPITAL IN THE AMOUNT OF $72,089 TO DAVID SHIELDS, M D FOR PHYSICIAN SERVICES JACK M SHIELDS, M D IS THE BROTHER OF DAVID SHIELDS, M D AND A BOARD MEMBER OF SOUTH JERSEY HOSPITAL, INC
DISCLOSURE INFORMATION	SCHEDULE L, PART II, LOANS TO AND/OR FROM INTERESTED PERSONS	THE ORGANIZATION HAS ENTERED INTO A PRACTICE SUPPORT AGREEMENT WITH THE BUSINESS IQBAL & KAHN SURGICAL ASSOCIATES, P A ("PRACTICE"), A COMPANY OF A BOARD MEMBER THE PURPOSE OF THE PRACTICE SUPPORT AGREEMENT IS TO BENEFIT THE COMMUNITY SERVED BY THE HOSPITAL THE ORIGINAL PRINCIPAL AMOUNT OF THE LOAN WAS $250,000 THE TOTAL AMOUNT DUE FROM THE PRACTICE AT DECEMBER 31, 2010 WAS $166,667 THE HOSPITAL HAS FULLY RESERVED THE LOAN FOR BALANCE SHEET PURPOSES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BACKGROUND ========== SOUTH JERSEY HOSPITAL, INC ("SJH") IS A PROVIDER OF GENERAL ACUTE A ND AMBULATORY HEALTHCARE SERVICES BASED IN CUMBERLAND AND SALEM COUNTY, NEW JERSEY SJH IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATI ON PURSUANT TO ITS CHARITABLE PURPOSES, SJH PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUA LS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN O R ABILITY TO PAY MOREOVER, SJH OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 SJH PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGA RDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF- PAY, MEDICARE AND MEDICAID PATIENT S, 2 SJH OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 SJH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF SJH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF SOUTH JERSEY HEALTHCARE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FU NDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND AD VANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF SJH, AS SHOWN THROUGH THE F ACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SJH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS A NY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY SJH PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY MOREOVER, SJH PROVIDES HEALTHCARE SERVIC ES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AN D SENIOR SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES SJH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES THESE RECORDS INCL UDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY C ARE POLICY AS THE SOLE PROVIDER OF ESSENTIAL HEALTH SERVICES, SOUTH JERSEY HEALTHCARE (SJ H) PROVIDES AN ESSENTIAL SAFETY NET FOR OUR COMMUNITIES, ASSURING THAT PATIENTS RECEIVE BO TH THE CARE AND FINANCIAL HELP THEY NEED SJH IS THE AREA'S ONLY NON-PROFIT HEALTH SYSTEM AND MAJOR PROVIDER OF CHARITY CARE FOR FAMILIES WITHOUT HEALTH INSURANCE SJH IS AN INTEGR ATED HEALTHCARE DELIVERY SYSTEM COMPRISED OF HOSPITALS, COMMUNITY HEALTH CLINICS, HOME HEA LTH SERVICES, AND SPECIALTY SERVICES THAT SERVE THE HEALTHCARE NEEDS OF OUR COMMUNITY PAT IENT STATISTICAL INFORMATION ---------- SJH PROVIDES CARE TO A PATIEN T BASE SPREAD OUT OVER FIVE SOUTHERN NEW JERSEY COUNTIES, ACCOUNTING FOR OVER 376,000 PERS ONS WITH FACILITIES IN BOTH CUMBERLAND AND SALEM COUNTIES, SJH SERVES AS THE ONLY NOT-FOR -PROFIT ACUTE CARE FACILITY IN BOTH OF THOSE COUNTIES SJH IS COMPRISED OF TWO ACUTE CARE FACILITIES AND TWO HOSPITAL--BASED AMBULATORY CARE CENTERS THE SOUTH JERSEY HEALTHCARE RE GIONAL MEDICAL CENTER, LOCATED IN VINELAND, CUMBERLAND COUNTY, NEW JERSEY, IS A 325 BED AC UTE CARE FACILITY WITH 55 PSY CHIATRICS BEDS LOCATED AT THE SOUTH JERSEY HEALTHCARE - BRIDG ETON HEALTH CENTER AND THE SOUTH JERSEY HEALTHCARE - ELMER HOSPITAL IS A 96-BED ACUTE CARE FACILITY LOCATED IN ELMER, SALEM COUNTY, NEW JERSEY ADDITIONALLY, SJH PROVIDES AMBULATOR Y SERVICES AT TWO LOCATIONS IN CUMBERLAND COUNTY SOUTH JERSEY HEALTHCARE - BRIDGETON HEAL TH CENTER AND THE SOUTH JERSEY HEALTHCARE - VINELAND HEALTH CENTER THESE AMBULATORY CARE CENTERS PROVIDE A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC SERVICES, INCLUDING A 24/7 SATE LLITE EMERGENCY DEPARTMENT AND CHRONIC DIALYSIS SERVICES AT THE SJH-BRIDGETON HEALTH CENTE R, PHYSICAL REHABILITATION SERVICES, OCCUPATIONAL MEDICINE, LABORATORY, AND RADIOLOGY SERV ICES CUMULATIVELY, SJH SEES OVER 21,000 INPATIENT ADMISSIONS, MORE THAN 102,000 EMERGENCY ROOM VISITS, PERFORMS OVER 650,000 OUTPATIENT TESTS AND CARES FOR OVER 2,500 BIRTHS PER Y EAR QUALITY AWARDS AND RECOGNITION ---------- IN ADDITION TO PROVIDING A WIDE SCOPE OF SERVICES, SJH TAKES GREAT PRIDE IN PROVIDING HIGH QUALITY, PATIENT FOCUSE D CARE TO ITS COMMUNITIES THESE EFFORTS HAVE BEEN RECOGNIZED AT BOTH A LOCAL AND NATIONAL LEVEL THROUGH A VARIETY OF AWARDS, RECOGNITIONS AND ACCREDITATIONS, WHICH INCLUDE IN 200 9, SJH SUCCESSFULLY RECEIVED ACCREDITATION FOR BOTH ELMER HOSPITAL AND THE REGIONAL MEDICA L CENTER FROM DNV, A HOSPITAL ACCREDITATION PROGRAM APPROVED BY US CENTERS FOR MEDICARE AN D MEDICAID SERVICES (CMS) SJH FITNESS CONNECTION RECEIVED ACCREDITATION FROM THE MEDICAL FITNESS ASSOCIATION SJH LABORATORIES RECEIVED NATIONAL ACCREDITATION FROM THE COLLEGE OF AMERICAN PATHOLOGISTS SJH BLOOD BANKS EARNED ACCREDITATION FROM THE AMERICAN ASSOCIATION OF BLOOD BANKS GOLD SEAL OF APPROVAL FOR STROKE A

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ND HEART FAILURE CARE - THE SJH REGIONAL MEDICAL CENTER EARNED ITS DISEASE-SPECIFIC CARE C ERTIFICATION FOR HEART FAILURE CARE AND ITS PRIMARY STROKE CENTER CERTIFICATION FROM THE J OINT COMMISSION PRIMARY STROKE CENTER DESIGNATION FOR RMC - THE SJH RMC IS THE FIRST HOSP ITAL IN CUMBERLAND, SALEM, GLOUCESTER AND CAPE MAY COUNTIES TO BE CERTIFIED AS A PRIMARY S TROKE CENTER BY THE NJ DEPT OF HEALTH AND SENIOR SERVICES (NJDHSS) THE DESIGNATION IS BAS ED UPON THE RMC'S ADVANCED CAPABILITIES AND PROTOCOLS FOR THE RAPID AND EFFECTIVE DIAGNOSI S AND TREATMENT OF STROKE PATIENTS PRIMARY STROKE CENTER DESIGNATION FOR ELMER - ELMER HO SPITAL JOINED SJH RMC AS A STATE-DESIGNATED PRIMARY STROKE CENTER TO EARN THE DESIGNATION , THE HOSPITAL HAD TO DEMONSTRATE THE ABILITY TO CONSISTENTLY PROVIDE STROKE PATIENTS WITH A STANDARD OF CARE THAT MEETS RECOGNIZED GUIDELINES THAT LEAD TO IMPROVED OUTCOMES BARIA TRIC SURGERY CENTER OF EXCELLENCE - SJH REGIONAL MEDICAL CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR BARIATRIC (WEIGHT-LOSS) SURGERY (ASBS) BARIATRIC SURGERY CENTER OF EXCELLENCE THIS DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORA BLE OUTCOMES IN BARIATRIC SURGERY COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM - IN 20 06 AND 2009, SJH CANCER SERVICES WAS RECOGNIZED BY THE COMMISSION ON CANCER (COC) OF THE A MERICAN COLLEGE OF SURGEONS (ACOS) FOR THREE-YEAR APPROVAL WITH COMMENDATION THIS APPROVA L, THE HIGHEST DESIGNATION THAT CAN BE EARNED BY A COMMUNITY HOSPITAL, MAKES SJH CANCER SE RVICES THE ONLY PROGRAM IN SALEM, CUMBERLAND, AND GLOUCESTER COUNTIES TO HOLD THIS DISTINC TION THE RECOGNITION, THE PRODUCT OF A RIGOROUS ON-SITE SURVEY, ENSURES THAT APPROVED PRO GRAMS PROVIDE ACCESS TO QUALITY CARE CLOSE TO HOME IN 2009, SJH TUMOR REGISTRY AND ONCOLO GY PROGRAM RECEIVED AMERICAN COLLEGE OF SURGEONS THREE-YEAR APPROVAL OUTSTANDING ACHIEVEM ENT AWARD - FOR THE SECOND TIME, SJH CANCER SERVICES WAS HONORED WITH THE OUTSTANDING ACHI EVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS-COMMISSION ON CANCER THE AWARD IS SIGNI FIES THAT THE CANCER PROGRAM EXCEEDED SEVEN CORE STANDARDS AND MET OR EXCEEDED ALL OF THE STANDARDS SET FORTH BY THE COMMISSION ON CANCER ONLY 18 PERCENT OF CANCER PROGRAMS SURVEY ED IN 2009 EARNED THE AWARD MAGNET AWARD - SJH HAS BEEN AWARDED MAGNET RECOGNITION FOR NUR SING EXCELLENCE, ONE OF THE HIGHEST LEVELS OF RECOGNITION A HOSPITAL OR MEDICAL CENTER CAN ACHIEVE RECEIVING MAGNET DESIGNATION FROM THE AMERICAN NURSING CREDENTIALING CENTER (ANC C) PLACES SOUTH JERSEY HEALTHCARE AMONG AN ELITE GROUP OF HOSPITALS ACROSS THE COUNTRY (LE SS THAN 5 PERCENT CAN CLAIM THE DISTINCTION AND ONLY 22 HOSPITALS IN NEW JERSEY CURRENTLY HAVE MAGNET STATUS) WE ARE THE ONLY HEALTH SYSTEM IN THE STATE TO HAVE THREE FACILITIES A PPRAISED BY THE ANCC DURING A SINGLE VISIT AND RECEIVE MAGNET RECOGNITION FOR ALL THREE SI TES THE ACHIEVEMENT DEMONSTRATES SOUTH JERSEY HEALTHCARE'S COMMITMENT TO QUALITY, BEST PR ACTICES, EVIDENCE-BASED CARE, PATIENT SAFETY AND SERVICE EXCELLENCE EXCELLENCE THROUGH IN SIGHT AWARD - SJH ELMER HOSPITAL HAS BEEN RECOGNIZED WITH AN EXCELLENCE THROUGH INSIGHT AW ARD BY HEALTH STREAM RESEARCH FOR "OVERALL OUTPATIENT SATISFACTION " THE HOSPITAL WAS AWAR DED THIS HONOR FOR ITS COMMITMENT TO EXCELLENT PATIENT SATISFACTION IN SEVERAL DEPARTMENTS INCLUDING SAME-DAY SURGERY, RADIOLOGY, CARDIAC AND PULMONARY REHABILITATION, LABORATORY A ND THE ENDOSCOPY UNIT GOVERNOR'S RECOGNITION AWARD FOR OCCUPATIONAL SAFETY AND HEALTH - S PONSORED BY THE NJ DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT AND THE STATE SAFETY COUN CIL, SJH RECEIVED A RECOGNITION AWARD FROM THE NJ STATE INDUSTRIAL SAFETY COMMITTEE FOR TH E FIFTH TIME IN FIVE STRAIGHT YEARS THE AWARD IS GIVEN TO COMPANIES THAT ACHIEVE A LOW LO ST-TIME INCIDENCE RATE, PROVIDE A SAFE WORK ENVIRONMENT AND MINIMIZE INJURIES ON THE JOB

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	COMMUNITY OUTREACH AWARD - FOR IMPROVING HEART FAILURE CARE FOR MINORITIES FROM NEW JERSEY HOSPITAL ASSOCIATION, THE NEW JERSEY HOSPITAL ASSOCIATION AWARDED SJH REGIONAL MEDICAL CE NTER WITH THE COMMUNITY OUTREACH AWARD FOR ITS HEART FAILURE AND TEL-ASSURANCE HOME MONITO RING PROGRAM THE AWARD IS GIVEN TO HOSPITALS THAT DEMONSTRATE UNIQUE AND EFFECTIVE METHOD S OF REACHING OUT TO BETTER SERVE THE HEALTHCARE NEEDS OF AREA RESIDENTS HEALTHCARE ADVAN TAGE AWARD - FEATURED IN THE MAY 2009 ISSUE OF MODERN HEALTHCARE, THOMSON REUTERS SELECTED SJH AS ONE OF SEVEN HOSPITALS NATIONWIDE TO RECEIVE THE HEALTHCARE ADVANTAGE AWARD FOR AC HIEVING NOTEWORTHY RESULTS IN PERFORMANCE IMPROVEMENT AND EFFICIENCY FIT FRIENDLY AWARD - SJH RECEIVED THE AMERICAN HEART ASSOCIATION'S FIT-FRIENDLY PLATINUM AWARD FOR THE THIRD C ONSECUTIVE YEAR FEWER THAN 200 COMPANIES ACROSS THE COUNTRY RECEIVED THE AWARD FOR CREATI NG A WORKPLACE AND CULTURE THAT FOSTERS AND SUPPORTS HEALTHY LIFESTYLE CHOICES FOR ITS EMP LOYEES GET WITH THE GUIDELINES SILVER AWARDS - THE HEART FAILURE AND STROKE CARE PROGRAMS AT THE SJH REGIONAL MEDICAL CENTER WERE AWARDED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES SILVER AWARDS FOR ACHIEVING AND MAINTAINING AGGRESSIVE PERFORMANCE GOALS F OR 12 CONSECUTIVE MONTHS COMMUNITY FITNESS INNOVATION - AWARDED BY AMERICAN HEART ASSOCIA TION, SJH WAS ONE OF 15 COMPANIES IN THE NATION TO RECEIVE THIS AWARD THE AWARD RECOGNIZE D STEPS FOR KIDS CHILDHOOD OBESITY PROGRAM THAT PROMOTES PHYSICAL ACTIVITY AND HEALTHY LIF ESTYLES RECYCLING AWARD - SOUTH JERSEY HEALTHCARE WAS RECOGNIZED FOR EXCELLENCE IN RECYCL ING BY THE NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION THE "RECYCLE EVERYTHING" INITIATIVE HELPED DIVERT 389 TONS OF WASTE FROM LANDFILLS IN ONE YEAR MEDICAL AND SPECIALTY SERVICES ---------- SJH IS A NONPROFIT HEALTHCARE ORGANIZATION THAT PROVIDES A BROAD SPECTRUM OF INPATIENT CARE AND AMBULATORY CARE IN ADDITION TO ITS GENERAL MEDICAL, SURGICAL, OBSTETRICAL, GYNECOLOGICAL, PEDIATRIC AND PSYCHIATRIC SERVICES, SJH OFFERS A WI DE ARRAY OF DIAGNOSTIC AND TREATMENT MODALITIES AND VARIOUS SPECIALTY SERVICES COMPREHENS IVE ACUTE CARE SERVICES ARE PROVIDED AT BOTH ELMER AND THE RMC EACH HOSPITAL CAMPUS OFFER S 24-HOUR SERVICES IN RADIOLOGY, LABORATORY, CARDIO-PULMONARY AND EMERGENCY MEDICINE STAF F IS ON CALL AFTER HOURS AND ON WEEKENDS FOR SURGICAL SERVICES AND CERTAIN DIAGNOSTIC SERV ICES SUCH AS NUCLEAR MEDICINE AND ULTRASOUND THE BHC IS HOME TO A SATELLITE EMERGENCY DEP ARTMENT THAT SERVES PATIENTS 24 HOURS A DAY, SEVEN DAYS A WEEK, A 10-BED HOSPICE INPATIENT CENTER AND A VARIETY OF BEHAVIORAL HEALTH AND OUTPATIENT SERVICES SEVERAL OF THE SYSTEM' S SIGNIFICANT SERVICES AND PROGRAMS ARE DESCRIBED BELOW SJH ELMER HOSPITAL ========== ==== ELMER IS A PRIMARY HEALTHCARE PROVIDER IN SOUTHERN NEW JERSEY IN RECENT YEARS, ELMER HAS UNDERGONE SOME RENOVATIONS INCLUDING THE OPENING OF A NEW INTENSIVE CARE UNIT, A MODE RN SURGICAL SERVICES DEPARTMENT, A NEW CHILD/ADOLESCENT INTENSIVE OUTPATIENT MENTAL HEALTH UNIT, A NEW MATERNITY CARE CENTER, A NEW PHYSICIAN CARE CENTER, A FREE-STANDING OUTPATIEN T PHYSICAL THERAPY SITE, A REDESIGNED OR, ER, LOBBY AND REGISTRATION AREA TO MEET THE INC REASING DEMAND FOR EMERGENCY SERVICES IN OUR REGION, SJH ELMER HOSPITAL COMPLETED AN EXPAN SION AND RENOVATION OF ITS EMERGENCY DEPARTMENT IN 2008 THE ED FEATURES 16 PRIVATE PATIEN T BAYS EQUIPPED WITH STATE-OF-THE-ART EQUIPMENT AND MORE THAN DOUBLED IN SIZE THE RENOVAT ED UNIT INCLUDES TWO TRIAGE ROOMS (ONE LARGER FOR STRETCHER EXAMS), TWO 250-SQUARE-FOOT TR AUMA ROOMS, FOUR FAST-TRACK BAYS, SIX EXAMINATION AND TREATMENT BAYS, AND DEDICATED SINGLE EXAM ROOMS FOR ISOLATION, PSYCHIATRIC HOLDING, PEDIATRICS, AND ORTHOPEDICS THE RADIOLOGY DEPARTMENT ADDED 16-SLICE CT IMAGING TECHNOLOGY IN 2005 AND IN 2006, A PICTURE ARCHIVING AND COMMUNICATIONS SYSTEM (PACS) WAS ADDED SO THAT PHYSICIANS AT ELMER CAN NOW INSTANTLY V IEW DIGITAL DIAGNOSTICS IN THE HOSPITAL OR IN THEIR OWN OFFICE THE SJH WOUND CARE CENTER OPENED AT ELMER HOSPITAL IN THE FALL OF 2006 AND PROVIDES COMPREHENSIVE CARE FOR PATIENTS WITH CHRONIC WOUNDS SJH REGIONAL MEDICAL CENTER ========== LOCATED ON A 62 5-ACRE CAMPUS IN VINELAND, THE RMC IS A 441,000 SQUARE-FOOT, 270-BED FACILITY, WHICH OP ENED IN AUGUST 2004 IN ADDITION TO OFFERING COMPREHENSIVE MEDICAL TECHNOLOGIES AND SERVIC ES, THE RMC'S DESIGN ALSO EMPHASIZES PATIENT COMFORT INPATIENT CARE CENTERS OFFERING CENT ERS OF EXCELLENCE THERE ARE FOUR INPATIENT CARE CENTERS OPERATING AT THE RMC THAT INCLUDE - WOMEN'S & CHILDREN'S CENTER OF CARE - HOME-LIKE LABOR AND DELIVERY SUITES - SURGICAL CE NTER OF CARE - 10 OPERATING SUITES AND MODERN ICU/CCU AND REHABILITATION SERVICES - MEDICA L CENTER OF CARE - ACUTE, ICU AND POST-ICU, DIALYSIS, CHEMOTHERAPY AND MEDICAL INFUSION SE RVICES - CARDIOLOGY CENTER OF CARE - 37 BED CARDIAC ACUTE CARE UNIT, ICU AND POST-ICU AND CARDIOPULMONARY THE INPATIENT CARE CENTERS ALLOW F

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OR THE CO-LOCATION OF LIKE ACUTE AND CRITICAL CARE UNITS THE SURGICAL INTENSIVE CARE UNIT IS ADJACENT TO THE SURGICAL STEP-DOWN/POST-INTENSIVE CARE UNIT THIS STEP-DOWN UNIT IS LI KEWISE ADJACENT TO THE SURGICAL ACUTE CARE BEDS AS THE PATIENT'S ILLNESS OR INJURY BECOME S LESS ACUTE, THE PATIENT CAN MOVE DOWN THIS CONTINUUM OF CARE WITHOUT EVER PHYSICALLY LEA VING THE INPATIENT CARE CENTERS THIS CONFIGURATION ALSO SIMPLIFIES PHYSICIANS' ROUNDS SI NGLE BEDDED (PRIVATE) ROOMS - ALL PATIENT ROOMS AT THE RMC ARE PRIVATE ROOMS WHICH INCREAS ES PATIENT PRIVACY, CONFIDENTIALITY AND COMFORT THE USE OF PRIVATE ROOMS ALLOWS FOR MORE EFFICIENT CARE AND REDUCES THE RISK OF PATIENTS CONTRACTING A NOSOCOMIAL INFECTION DURING A STAY ALSO, GIVEN THE INCREASE IN PATIENT ACUITY AND THE CORRESPONDING INCREASE IN DEMAN D FOR MORE EQUIPMENT, PRIVATE ROOMS PROVIDE MORE SPACE FOR SPECIALIZED EQUIPMENT AND CAREG IVERS AT THE BEDSIDE THE RMC ROOMS ARE DESIGNED WITH VIEWING WINDOWS ALONG THE HALLWAY AL LOWING PATIENTS TO BE OBSERVED BY MEDICAL PERSONNEL WITHOUT BEING DISTURBED NEW TECHNOLOG IES - AS A NEW FACILITY, THE RMC IS ABLE TO TAKE ADVANTAGE OF A WIDE VARIETY OF NEW TECHNO LOGIES THROUGHOUT THE HOSPITAL THESE NEW TECHNOLOGIES INCLUDE - EVERY PATIENT CAN BE MON ITORED FROM ONE CENTRAL LOCATION - PICTURE ARCHIVING AND COMMUNICATIONS SYSTEMS' (PACS) I MAGING EQUIPMENT ELECTRONICALLY STORES X-RAYS, CAT SCANS OR OTHER DIGITAL IMAGES PHYSICIA NS ARE ABLE TO VIEW AN IMAGE AT ANY TERMINAL IN THE RMC OR IN THEIR OFFICE - THE RMC HAS INCORPORATED WIRELESS TECHNOLOGY THAT INCLUDES HANDHELD DEVICES WITH INSTANT MESSAGING THA T ALLOW NURSES TO MONITOR PATIENTS AND ALLOW PHYSICIANS TO REVIEW DIAGNOSTIC TEST RESULTS MORE RAPIDLY - SOPHISTICATED NURSE CALL SYSTEMS ALLOW PHYSICIANS, NURSES AND OTHER STAFF TO QUICKLY FIND PATIENT NURSES WHILE THIS NURSE CALL SYSTEM IMPROVES INTER-STAFF COMMUNIC ATIONS, IT ALSO IMPROVES PATIENT CARE BY REDUCING THE TIME REQUIRED TO GET THE NECESSARY S TAFF AND RESOURCES TO THE BEDSIDE - A PNEUMATIC TUBE SYSTEM CARRIES LAB TESTS, PHARMACEUT ICALS AND PATIENT CHARTS THROUGHOUT THE RMC THIS TUBE SYSTEM, HIDDEN BEHIND THE WALLS, GR EATLY IMPROVES THE TURNAROUND TIME FOR LAB TESTS AND NEW DRUG ORDERS - THE MEDICATION ADM INISTRATION CHECK SYSTEM ENSURES PATIENT SAFETY BY ALLOWING NURSES TO SCAN BARCODES AT THE BEDSIDE POSITIVELY LINKING THE PRESCRIBED DRUGS WITH THE INTENDED PATIENTS - A TELENEURO LOGY PROGRAM GIVES ER PATIENTS QUICK ACCESS TO BOARD-CERTIFIED NEUROLOGISTS, 24/7, AND ALL OWS ER STAFF TO PROVIDE RAPID STROKE DIAGNOSIS AT A MOMENT'S NOTICE - DIGITAL MAMMOGRAPHY , AVAILABLE IN FIVE CONVENIENT LOCATIONS, PROVIDES STATE-OF-THE ART IMAGING TECHNOLOGY FOR THOUSANDS OF SCREENINGS FOR BREAST CANCER - SURGIBOARDS, AN INNOVATIVE PATIENT TRACKING SYSTEM, BRING A NEW LEVEL OF EFFICIENCY TO THE SURGICAL SERVICES DEPT AT RMC PROVIDING REA L-TIME MONITORING AND INSTANT COMMUNICATIONS TO STAFF IN KEY LOCATIONS THROUGHOUT SURGICAL SERVICES - SJH INITIATED ITS OWN HEALTH INFORMATION EXCHANGE (HIE) BRINGING 13 PHYSICIAN S ONTO THEIR OWN ELECTRONIC HEALTH RECORD - COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE) PRO VIDES AN OPPORTUNITY TO STANDARDIZE PHYSICIAN ORDER SETS AND WORKFLOWS, ENHANCING PATIENT CARE AND PATIENT SAFETY CPOE IS A MAJOR STEP TOWARD THE FULLY ELECTRONIC HEALTH RECORD C ANCER SERVICES ---------- THE FRANK AND EDITH SCARPA REGIONAL CANCER PAVILION, WHICH ORIGINALLY OPENED AT THE RMC IN MAY 2005, UNDERWENT A $12 MILLION EXPANSION IN 2008/09 TH E EXPANSION NEARLY TRIPLES THE SIZE OF THE CANCER TREATMENT FACILITY, CREATES A ONE-STOP-S HOP EXPERIENCE FOR CANCER PATIENTS, EXPANDS CLINICAL DRUG RESEARCH, HELPS RECRUIT PHYSICIA NS WITH CANCER SPECIALTIES, CONSOLIDATES SERVICES AND BRINGS MEDICAL ONCOLOGY AND RADIATIO N ONCOLOGY UNDER ONE ROOF TO PROVIDE THE LATEST AND HIGHEST QUALITY CANCER CARE IN THE REG ION

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE CENTER OFFERS THE LATEST TECHNOLOGIES IN CANCER TREATMENTS TWO LINEAR ACCELERATORS IN THE FACILITY PERFORM ADVANCED RADIATION THERAPY TREATMENTS, INTENSITY MODULATED RADIATION THERAPY (IMRT), PET/CT IMAGING AND HIGH DOSE RATE (HDR) RADIATION TREATMENT STAFFING IS PROVIDED BY A MULTIDISCIPLINARY TEAM INCLUDING BOARD-CERTIFIED PHYSICIANS, MEDICAL ONCOLOG ISTS, PALLIATIVE CARE SPECIALISTS, RADIATION ONCOLOGISTS, OCN AND AOCN NURSES THROUGH A P ARTNERSHIP WITH THE FOX CHASE CANCER CENTER, SJH ALSO PROVIDES ADVANCED CANCER CARE THROUG H MORE THAN 30 NATIONAL CLINICAL TRIALS THESE STUDIES TEST NEW TREATMENTS, DIAGNOSTIC TEC HNIQUES AND METHODS FOR PREVENTING CANCER CARDIAC CATHETERIZATION SJH RMC LOW RISK CARDIA C CATHERIZATION LAB SUCCESSFULLY ACHIEVED OR SURPASSED ALL THE NECESSARY CRITERIA TO BE DE SIGNATED AS A FULL-SERVICE DIAGNOSTIC FACILITY IN 2007 THIS HIGHER DESIGNATION ALLOWS SJH TO OFFER CATHETERIZATION SERVICES TO CARDIAC PATIENTS REGARDLESS OF THE SEVERITY OF THEIR ILLNESS UPON OPENING, ALL NEW CATH LABS ARE LIMITED TO "LOW RISK" PATIENTS, BUT WITH FUL L SERVICE STATUS, PATIENTS THAT ONCE HAD TO LEAVE THE SERVICE AREA FOR CARDIAC SERVICES CA N BE TREATED AT THE RMC A CENTER OF EXCELLENCE FOR BARIATRIC SURGERY ---------- ---------- SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) BARIATRIC SURGERY CENTER OF EXCELLENCE THE ASBS CENTER OF EXCELLENCE DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY TO EARN A CENTER OF EXCELLENCE DESIGNATION, THE SJH REGIONAL MEDICAL CENTER UNDERWENT A SERIES OF SITE INSPECT IONS DURING WHICH ALL ASPECTS OF THE PROGRAM'S SURGICAL PROCESSES WERE CLOSELY EXAMINED AN D DATA ON HEALTH OUTCOMES WAS COLLECTED MATERNAL AND CHILD HEALTH ---------- -- HOSPITAL-BASED MATERNITY SERVICES ARE OFFERED AT BOTH ELMER AND THE RMC THE WOMEN'S AN D CHILDREN'S INPATIENT CARE CENTER IS LOCATED ON THE FIRST FLOOR OF THE RMC AND OFFERS A L DRP (LABOR, DELIVERY, RECOVERY AND POST-PARTUM) ROOM CONFIGURATION THAT PERMITS A MOTHER T O CHOOSE WHETHER SHE WISHES TO HAVE HER BABY STAY IN THE SAME ROOM WITH HER DURING HER STA Y OR HAVE FAMILY MEMBERS STAY WITH HER SJH OFFERS THE SERVICES OF MIDWIVES AND THE USE OF BIRTHING JACUZZIS WITH RESPECT TO NURSERY CARE, SJH OFFERS FULL LEVEL II - INTERMEDIATE SERVICE AT THE RMC IN 2009, SJH RECEIVED A CERTIFICATE OF NEED (CN) TO ADD 6 CPC LEVEL II IA BEDS (STATE-MANDATED MINIMUM, PER NJAC 8 33C-2 9(B)) EXPANSION PLANS FOR THE COMMUNITY PERINATAL CENTERS INTENSIVE (NICU-LEVEL IIIA) ARE IN PROGRESS WITH ANTICIPATED COMPLETION IN 2011 THE MATERNITY CARE UNIT AT ELMER, WHICH OPENED IN 2003, OFFERS COMPREHENSIVE FETA L TESTING AND IMMUNIZATION SERVICES, C-SECTION FACILITIES AND RECOVERY ROOM, BREASTFEEDING AND INFANT CARE EDUCATION, AND EASY ACCESS TO HOSPITAL DEPARTMENTS FOR DIAGNOSTIC SCREENI NG EACH OF THE FIVE LDRP SUITES AT ELMER'S MATERNITY CARE UNIT IS DESIGNED WITH A PRIVATE BATHROOM, FOUR OF THE FIVE HAVE WHIRLPOOL TUBS AND THE FIFTH HAS A BIRTHING TUB NEUROSUR GERY ---------- SJH COMPLETED A MARKET STUDY WHICH SHOWED THAT 90% OF VOLUME IN SJHS PRI MARY SERVICE AREA LEFT THE AREA TO RECEIVE NEUROSURGICAL SERVICES IN 2006, SJH RECRUITED A BOARD CERTIFIED NEUROSURGEON WHICH ALLOWS SJH TO OFFER A BROAD RANGE OF NEUROSURGICAL SE RVICES, INCLUDING CARE FOR INTERCRANIAL BLEEDING, SPINAL SURGERY, AND CARE FOR STROKE PATI ENTS WITH THE SERVICES AT THE RMC UROLOGY ---------- IN 2009, SJH RECRUITED A BOARD CERTIFI ED UROLOGIST, FELLOWSHIP TRAINED IN PROSTATE CANCER CARE AND A UROGYNECOLOGIST WHO SPECIAL IZES IN UROGYNECOLOGY AND PELVIC RECONSTRUCTION SURGERY CHRONIC KIDNEY DISEASE CLINIC --- ---------- IN 2009, SJH OPENED A CHRONIC KIDNEY DISEASE (CKD) CLINIC IN BR IDGETON, AN EARLY DETECTION AND EDUCATION PROGRAM DESIGNED TO PROLONG OR PREVENT PATIENTS FROM NEEDING DIALYSIS THE CKD PROGRAM AT SJH IS ONE OF TWO PROGRAMS OF ITS KIND AVAILABLE IN THE STATE OF NEW JERSEY ONCOLOGY -------- SJH RECRUITED PHYSICIANS TO THE MEDICAL STA FF SPECIALIZING IN GYNECOLOGIC ONCOLOGY AND ONCOLOGIC BREAST SURGERY THESE SPECIALIZED CA RE SERVICES WERE NEVER BEFORE AVAILABLE IN OUR COMMUNITY AND ARE NOW AVAILABLE LOCALLY SJ H SPORTS REHAB CARE ---------- IN 2005, SJH REHAB CARE ADDED A NEW OUTPATIENT S PORTS THERAPY CENTER THAT FOCUSES ON SPORTS RELATED INJURIES THE SPECIALISTS AT SJH SPORT S REHAB CARE WORK CLOSELY WITH ORTHOPEDIC SURGEONS TO ASSIST PATIENTS WITH THE REHABILITAT ION AND TREATMENT OF ARTHROSCOPIC PROCEDURES, TOTAL JOINT REPLACEMENTS FOR HIP AND KNEE, I NTRICATE HAND AND FOOT SURGERY AND SPECIALIZED SPINE PROCEDURES MENTAL HEALTH SERVICES -- ---------- SJH OFFERS A BROAD RANGE OF MENTAL HEALTH SERVICES SJH BEHAVIORAL HE ALTH SERVICES HAS 55 ACUTE CARE PSYCHIATRIC BEDS PROVIDING INPATIENT SERVICES FOR BOTH THE ADULT AND CHILD/ADOLESCENT POPULATIONS THROUGHOUT

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE SOUTHERN NEW JERSEY REGION RECENTLY, SJH ADDED A 12-BED CHILD/ADOLESCENT INTERMEDIAT E CARE UNIT THAT ALLOWS SJH TO PROVIDE SERVICES TO THE DISPLACED PATIENTS PREVIOUSLY RECEI VING CARE AT THE ARTHUR BRISBANE CHILD TREATMENT CENTER THIS UNIT, FUNDED THROUGH A GRANT PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES, OPENED IN APRIL OF 2006 ADDITIONALLY, SJH OFFERS A WIDE RANGE OF OUTPATIENT MENTAL HEALTH SERVICES, INCLUDING PARTIAL DAY PROGRAMS A ND ACCESS TO OUTPATIENT COUNSELING SERVICES SJH BRIDGETON HEALTH CENTER ADDED AN INTENSIV E OUTPATIENT PROGRAM TO THE CONTINUUM OF MENTAL HEALTH SERVICES OFFERED TO CUMBERLAND AND SALEM COUNTY RESIDENTS THE ADULT INTENSIVE OUTPATIENT PROGRAM (IOP) OFFERS NEW SERVICES P ROVIDED AT SJH BRIDGETON HEALTH CENTER THAT ARE DESIGNED SPECIFICALLY FOR PATIENTS WHO ARE EXPERIENCING PSY CHIATRIC OR EMOTIONAL DIFFICULTIES, BUT DO NOT OR NO LONGER NEED THE LEVE L OF CARE OFFERED BY INPATIENT OR PARTIAL CARE HOSPITALIZATION PROGRAMS THE PROGRAM SEES PATIENTS 18 Y EARS AND OLDER WHO TRADITIONALLY ATTEND TWO TO THREE TIMES A WEEK FOR THREE H OURS PER V ISIT THE GOAL OF INTENSIVE OUTPATIENT THERAPY IS TO EMPOWER EACH PERSON TO LEAR N AND EXPERIENCE NEW WAY S TO COPE WITH STRESS, ANXIETY, AND DEPRESSION THE DEDICATED TEAM OF SJH MENTAL HEALTH PROFESSIONALS OFFERS A VARIETY OF SERVICES INCLUDING COMPREHENSIVE P ATIENT ASSESSMENTS, EDUCATION, INDIV IDUAL, FAMILY AND GROUP THERAPY AS WELL AS A LINKAGE T O ONGOING CLINICAL AND SUPPORT SERVICES THE IOP PROGRAM ALSO PROVIDES ACCESS TO A 24/7 CO NTACT LINE THAT WILL CONNECT PEOPLE WITH SJH MENTAL HEALTH STAFF SJH LIFE -------- IN 200 9, SJH RECEIVED APPROVAL FOR A NEW PACE (PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY) P ROGRAM SJH LIFE WILL PROVIDE ALL-INCLUSIVE HEALTH AND LONG TERM CARE SERVICES TO AREA SEN IORS THROUGHOUT CUMBERLAND, GLOUCESTER AND SALEM COUNTIES COMMUNITY BENEFIT EFFORTS ----- ---------- IN ITS ROLE AS THE SOLE NOT-FOR-PROFIT ACUTE CARE PROVIDER IN CUMBERL AND AND SALEM COUNTIES, SJH AND THE OTHER ENTITIES UNDER ITS PARENT, SJHS, PROVIDES AND PA RTICIPATES IN A NUMBER OF SERVICES AND PROGRAMS IN OUR COMMUNITY FROM COMMUNITY EDUCATION TO PARTICIPATION IN COMMUNITY-FOCUSED GROUPS, SJH PROVIDES A WIDE RANGE OF SERVICES BENEF ITING THE COMMUNITY COMMUNITY HEALTH EDUCATION ---------- SJH PROVIDES A NUMBER OF LECTURES, SEMINARS AND OTHER EDUCATIONAL PROGRAMS FOR OUR COMMUNITY SJH ACHIEVE S THIS THROUGH A NUMBER OF V EHICLES SY MPOSIA - BEING PREPARED FOR TOMORROW'S HEALTHCARE C HALLENGES AND SUPPORTING THE CONTINUING EDUCATIONAL NEEDS OF PHY SICIANS AND ALLIED HEALTH PERSONNEL IN THE COMMUNITY, SJH OFFERED CONTINUING MEDICAL EDUCATION PRESENTING THE LATEST ADVANCEMENTS AND LEADING-EDGE RESEARCH AND TREATMENT ON TOPICS SUCH AS CANCER, CRITICAL C ARE, NEPHROLOGY, PEDIATRICS AND OBSTETRICS, WHERE MORE THAN 540 PHY SICIANS AND HEALTHCARE PROFESSIONALS FROM OUR COMMUNITY AND ACROSS THE REGION MET TO PARTICIPATE IN THESE PARTICU LAR IN-DEPTH DISCUSSIONS GARDEN AHEC EDUCATIONAL CONFERENCES - GARDEN AHEC IS A PROGRAM A FFILIATED WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, SCHOOL OF OSTEOPATH IC MEDICINE WHICH FACILITATES IMPROVED COMMUNITY HEALTH OUTCOMES THROUGH COLLABORATIVE INI TIATIVES LINKING NEEDS TO EDUCATIONAL RESOURCES TARGETING THE EDUCATIONAL NEEDS OF PRIMAR Y CARE PROVIDERS, NURSES, SOCIAL WORKERS AND OTHER ALLIED HEALTH PROFESSIONALS IN THE COMM UNITY, GARDEN AHEC OFFERED ACCREDITED CONTINUING EDUCATION PROGRAMS ON TOPICS SUCH AS AUTI SM, DERMATOLOGY, DIABETES, DIALY SIS, INFECTIOUS DISEASES, WOUND CARE, MENTAL HEALTH, CHILD HOOD OBESITY, SOCIAL WORK, PEDIATRIC PHARMACOLOGY, TRAUMA PATIENT CARE AND TREATMENT, IMMI GRATION AND HEALTHCARE IN 2009, MORE THAN 550 PROFESSIONALS PARTICIPATED IN 10 EDUCATIONA L CONFERENCES

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	GARDEN AHEC EDUCATIONAL PROGRAMS - IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA, GARDEN A HEC'S MEDICAL EXPLORERS PROGRAM PROVIDES AN OPPORTUNITY FOR TEENS INTERESTED IN MEDICAL CA REERS TO INTERACT WITH PHYSICIANS AND NURSES, LEARN VARIOUS CAREERS AND EXPERIENCE REALIST IC PORTRAYALS OF SPECIALTY AREAS SUCH AS NIGHT IN THE OR CUMBERLAND ENTERPRISE ZONE 21ST CENTURY COMMUNITY LEARNING CENTER PROGRAM OFFERS AFTER SCHOOL AND SUMMER COURSES IN NUTRIT ION, FITNESS, HEALTHY LIFESTYLES, CAREERS IN HEALTHCARE AND A POSITIVE YOUTH DEVELOPMENT P ROGRAM FOCUSING ON PSY CHOSOCIAL TEEN HEALTH TOPICS PROGRAM IS OFFERED TO UNDERPRIVILEGED AND MINORITY MIDDLE & HIGH SCHOOL STUDENTS HEALTH PROFESSIONALS EDUCATION - EDUCATION HEL PS PREPARE THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS, WHICH IS WHY WE STRONGLY SUPPO RT MEDICAL EDUCATION AT ALL ACADEMIC LEVELS AND FIND INNOVATIVE WAYS TO INSPIRE YOUNG PEOP LE TO PURSUE CAREERS IN A WIDE VARIETY OF MEDICAL FIELDS COMMUNITY MEDICINE ROTATIONS WIT H UMDNJ-SOM, UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ SCHOOL OF OSTEOPATHIC MEDICINE, PR OVIDE THIRD Y EAR MEDICAL STUDENTS A TWO-WEEK ROTATION IN COMMUNITY-BASED AGENCIES AND ORGA NIZATIONS TO LEARN ABOUT UNDERSERVED AND CULTURALLY DIVERSE POPULATIONS, INCLUDING BARRIER S TO ACCESSING CARE RESPONDING TO THE NURSING SHORTAGE, SJH FUNDS THE SALARY OF ONE AND H ALF NURSING INSTRUCTORS AT A LOCAL COMMUNITY COLLEGE, IN ADDITION TO OFFERING NURSING EDUC ATION PROGRAMS, EXTERNSHIPS, INTERNSHIPS, NURSE CAMP AND NURSING SCHOLARSHIPS SJH OFFERS ITS FACILITIES FOR GRADUATE MEDICAL STUDENT ROTATIONS, SOCIAL WORK AND MENTAL HEALTH INTER NSHIPS, DIETETIC INTERNSHIPS AND CLINICAL ROTATIONS FOR NURSING, PHARMACY, EMT, PHY SICAL T HERAPY, PODIATRY, RADIOLOGY AND ULTRASOUND SJH MEDICAL STAFF ROUTINELY HOST STUDENTS FOR JOB SHADOWING AND STUDENT OBSERVATIONS IN 2009, MORE THAN 900 STUDENTS UTILIZED OUR FACIL ITIES FOR INTERNSHIPS, ROTATIONS AND OBSERVATIONS RESIDENCY PROGRAMS - THE INTRODUCTION O F RESIDENCY PROGRAMS IS AN EXCITING NEW STEP IN SJH'S EVOLUTION THESE PROGRAMS OFFER STUD ENTS AN ENGAGING EXPERIENCE AND EXPOSE THEM TO A WIDE ARRAY OF EDUCATIONAL OPPORTUNITIES I N OBSTETRICS AND GY NECOLOGY, FAMILY MEDICINE AND PODIATRY THROUGH AN AFFILIATION WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY SCHOOL OF OSTEOPATHIC MEDICINE OSTEOPA THIC POSTDOCTORAL TRAINING INSTITUTION, WE ARE ASSISTING IN TRAINING THE PHY SICIANS OF THE FUTURE SCHOOL PROGRAMS ON HEALTH CAREERS - THE HEALTH SY STEM PROVIDES EDUCATIONAL OPPORT UNITIES AND HOSTS SPECIAL EVENTS, JOB SHADOWING AND PROGRAMS TO MIDDLE AND HIGH SCHOOL STU DENTS WHO ARE INTERESTED IN PURSUING CAREERS IN HEALTHCARE AND MEDICINE NATIONAL YOUTH LE ADERSHIP FORUM IS A NATIONAL 10-DAY PROGRAM THAT INTRODUCES OUTSTANDING HIGH SCHOOL STUDEN TS TO THE WORLD OF MEDICINE THE FORUM CHALLENGES STUDENTS TO LEARN ABOUT A BROAD RANGE OF TOPICS, INCLUDING EDUCATIONAL REQUIREMENTS, CAREER OPTIONS, CLINICAL PRACTICE, COMPLEX ET HICAL AND LEGAL ISSUES, GLOBAL EPIDEMICS, MEDICAL SPECIALTIES AND PRIMARY CARE WITH CURREN T PHY SICIANS AND PATIENTS IN 2009, 287 STUDENTS AGES 14-20 ENROLLED IN MEDICAL EXPLORERS, A PROGRAM WHICH PROVIDES AN OPPORTUNITY TO INTERACT WITH PHY SICIANS AND NURSES, LEARN VAR IOUS CAREERS, EXPERIENCE REALISTIC PORTRAYALS OF SPECIALTY AREAS SUCH AS NIGHT IN THE OR THROUGH COLLABORATIVE INITIATIVES WITH PINELANDS LEARNING CENTER, CUMBERLAND JUVENILE DETE NTION CENTER AND HOSTING CAREERS IN HEALTHCARE EVENTS, SJH CONTINUOUSLY PROVIDES AREA STUD ENTS WITH A CLOSE UP VIEW OF HEALTHCARE BY INTRODUCING THEM TO A WIDE RANGE OF CAREERS IN HEALTHCARE, INCLUDING CAREERS IN AREAS SUCH AS DIETARY AND TRANSPORTATION TO REACH EVERY AGE GROUP IN THE COMMUNITY, SJH STAFF ALSO EXTENDS HOSPITALS TOURS TO PRESCHOOL AND FIRST GRADERS, AS THEIR PRIMARY INTRODUCTION TO THE HEALTHCARE ENV IRONMENT AND PROMOTION OF HEAL THY LIFESTYLES LECTURES AND COURSES - SJH OFFERS A WEALTH OF PROGRAMS DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTHY LIVING LECTURES AND COURSES ARE REGULARLY AVAILABLE ON SUCH TOPICS AS CHILDBIRTH EDUCATION, SIBLING CLASS, BREASTFEEDING, CPR CLASSES, ACLS (ADVANCED CARDIAC LIFE SUPPORT) CLASSES, PALS (PEDIATRIC ADVANCED LIFE SUPPORT) CLASSES, EMS TRAININ G, SAFE SITTER AND AARP DRIVER SAFETY SJH HAS BEEN RECOGNIZED FOR ITS EFFORTS IN DIABETES OUTREACH BY OFFERING DIABETES SELF-MANAGEMENT COURSES, DIABETES SUPPORT GROUPS, UNDERSTAN DING DIABETES CLASSES, FREE EYE EXAMS FOR DIABETICS AND DISCOUNTED MEMBERSHIPS FOR DIABETE S EXERCISE PROGRAMS AT THE FITNESS CONNECTION DIABETES SELF-MANAGEMENT EDUCATION, A COMPR EHENSIVE EDUCATION PROGRAM DESIGNED TO HELP RESIDENTS BETTER UNDERSTAND AND MANAGE THEIR D IABETES AND RELATED HEALTH PROBLEMS, INCLUDES AN ASSESSMENT, AN INDIVIDUALIZED MEAL PLAN, EXERCISE RECOMMENDATIONS, MEDICATION INFORMATION AND THE SETTING OF SAFE TARGET RANGES FOR BLOOD SUGAR TESTING THE WIDELY SUCCESSFUL PROGRAM HAD 174 ATTENDEES IN 2009 AND IS RECOG NIZED BY THE AMERICAN DIABETES ASSOCIATION AS MEET

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ING THE NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION HEALTH FAIRS AND SCREEN INGS - THE HEALTH SYSTEM ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DON'T REGULARLY CO ME THROUGH THE DOORS OF OUR HOSPITALS SJH PARTICIPATES IN A VARIETY OF HEALTH FAIRS AND C OMMUNITY EVENTS TO OFFER VALUABLE HEALTH INFORMATION TO OUR NEIGHBORS IN 2009, MORE THAN 150 WOMEN ATTENDED THE WOMEN'S HEART HEALTH CONFERENCE AND MORE THAN 200 LOCAL WOMEN RECEI VED FREE SCREENINGS AND HEALTH EDUCATION AT SJH WOMEN'S HEALTH EDUCATION DAY IN ADDITION, SJH HOSTED SEVEN SENIOR LUNCHEON CLASSES AND A SENIOR HEALTH EDUCATION DAY FOR BLOOD PRES SURE SCREENINGS, FLU SHOTS AND EDUCATIONAL SESSIONS ON TOPICS WHICH INCLUDED DEPRESSION, N UTRITION, TRAVEL VACCINES, HEART HEALTH, FITNESS, EXERCISE, FALL PREVENTION, DIAGNOSTIC RA DIOLOGY, STROKE AND WOUND CARE IN RECOGNITION OF STROKE AWARENESS MONTH, SJH HOSTED A STR OKE AWARENESS EDUCATION & SCREENING DAY WHICH INCLUDED FREE EDUCATIONAL SESSIONS, BLOOD PR ESSURE CHECKS AND STROKE SCREENING TESTS SPEAKERS BUREAU - SJH MAINTAINS AN EXTENSIVE SPE AKERS BUREAU WHICH PROVIDES COMMUNITY GROUPS AND ORGANIZATIONS WITH HEALTHCARE EXPERTS FOR PRESENTATIONS AND SPEAKING ENGAGEMENTS ON A WIDE RANGE OF IMPORTANT HEALTH RELATED SUBJEC TS FROM OCCUPATIONAL HEALTH ISSUES SUCH AS DRUGS IN THE WORKPLACE TO TOPICS THAT INCLUDE C ANCER, NUTRITION, STROKE, CARDIOVASCULAR HEALTH, DEPRESSION, OBESITY, SPORTS THERAPY, MATE RNITY AND PRENATAL CARE, AND MORE SUPPORT GROUPS - TO HELP ADDRESS SOCIAL, PSY CHOLOGICAL OR EMOTIONAL ISSUES RELATED TO DISEASES AND HEALTH ISSUES, SJH OFFERS A VARIETY OF FREE SU PPORT GROUPS THAT INCLUDE, BUT ARE NOT LIMITED TO, ALZHEIMER'S FAMILY CAREGIVER, GRIEF, BR EAST CANCER, DIABETES, HEART AND LUNG, PROSTATE CANCER, STROKE, AND FIVE LEVELS OF BARIATR IC SUPPORT GROUPS ADDITIONALLY, SJH DONATES THE USE OF SPACE IN ITS FACILITIES FOR EXTERN AL NONPROFIT ORGANIZATIONS TO HOLD SUPPORT GROUP MEETINGS FOR SUBSTANCE ABUSE SUCH AS ALCO HOLICS ANONY MOUS AND NARCOTICS ANONY MOUS COMMUNITY HEALTH EDUCATION - ACCESS TO QUALITY H EALTH INFORMATION IS IMPORTANT AND SJH PROVIDES A VARIETY OF HEALTHCARE INFORMATION TO THE COMMUNITY ON ITS WEBSITE AND THRU PUBLICATIONS TO THE GENERAL PUBLIC THE COMMUNITY HAS M ONTHLY ACCESS TO SJH'S MEDICAL EXPERTS THROUGH PARTNERSHIPS WITH THE LOCAL NEWSPAPERS FEAT URING MONTHLY SECTIONS CALLED ASK THE DOCTOR AND HEALTH LINE, WHICH ALLOW READERS TO SUBMI T QUESTIONS AND RECEIVE RESPONSES ABOUT IMPORTANT HEALTHCARE ISSUES ONLINE OR VIA FAX SJH ALSO REACHES OUT TO THE COMMUNITY THROUGH THE NEWSPAPERS MONTHLY HEALTH CONNECTION PUBLIC ATION, WHICH CONTAINS NEWS AND INFORMATION ABOUT LOCAL HEALTH ISSUES, OPTIONS, TIPS, RESOU RCES, SUPPORT GROUPS AND MORE FAMILY & FRIENDS IS A QUARTERLY EXTERNAL PUBLICATION PRODUC ED BY SJH OFFERING HEALTH INFORMATION TO PROMOTE HEALTHY LIVING, HEIGHTEN AWARENESS OF HEA LTH ISSUES, RECOGNIZE COMMON SY MPTOMS OF DISEASE, ENCOURAGE MEDICAL ATTENTION AND TREATMEN T SJH'S WEBSITE OFFERS A WEALTH OF HEALTH INFORMATION TO THE COMMUNITY INCLUDING FREE ACC ESS TO LOOK LISTEN & LEARN, AN ONLINE LIBRARY OF EDUCATIONAL VIDEOS COVERING A VARIETY OF MEDICAL CONDITIONS AND PROCEDURES FOCUSING ON UNMET NEED AND HEALTH ASSESSMENTS GARDEN AH EC EDUCATIONAL PROGRAMS - IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA, GARDEN AHEC'S MED ICAL EXPLORERS PROGRAM PROVIDES AN OPPORTUNITY FOR TEENS INTERESTED IN MEDICAL CAREERS TO INTERACT WITH PHY SICIANS AND NURSES, LEARN VARIOUS CAREERS AND EXPERIENCE REALISTIC PORTRA YALS OF SPECIALTY AREAS SUCH AS NIGHT IN THE OR CUMBERLAND ENTERPRISE ZONE 21ST CENTURY C OMMUNITY LEARNING CENTER PROGRAM OFFERS AFTER SCHOOL AND SUMMER COURSES IN NUTRITION, FITN ESS, HEALTHY LIFESTY LES, CAREERS IN HEALTHCARE AND A POSITIVE Y OUTH DEVELOPMENT PROGRAM FO CUSING ON PSY CHOSOCIAL TEEN HEALTH TOPICS PROGRAM IS OFFERED TO UNDERPRIV ILEGED AND MINOR ITY MIDDLE & HIGH SCHOOL STUDENTS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HEALTH PROFESSIONALS EDUCATION - EDUCATION HELPS PREPARE THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS, WHICH IS WHY WE STRONGLY SUPPORT MEDICAL EDUCATION AT ALL ACADEMIC LEVELS AND FIND INNOVATIVE WAYS TO INSPIRE YOUNG PEOPLE TO PURSUE CAREERS IN A WIDE VARIETY OF ME DICAL FIELDS COMMUNITY MEDICINE ROTATIONS WITH UMDNJ-SOM, UNIVERSITY OF MEDICINE AND DENT ISTRY OF NJ SCHOOL OF OSTEOPATHIC MEDICINE, PROVIDE THIRD YEAR MEDICAL STUDENTS A TWO-WEEK ROTATION IN COMMUNITY-BASED AGENCIES AND ORGANIZATIONS TO LEARN ABOUT UNDERSERVED AND CUL TURALLY DIVERSE POPULATIONS, INCLUDING BARRIERS TO ACCESSING CARE RESPONDING TO THE NURSI NG SHORTAGE, SJH FUNDS THE SALARY OF ONE AND HALF NURSING INSTRUCTORS AT A LOCAL COMMUNITY COLLEGE, IN ADDITION TO OFFERING NURSING EDUCATION PROGRAMS, EXTERNSHIPS, INTERNSHIPS, NU RSE CAMP AND NURSING SCHOLARSHIPS SJH OFFERS ITS FACILITIES FOR GRADUATE MEDICAL STUDENT ROTATIONS, SOCIAL WORK AND MENTAL HEALTH INTERNSHIPS, DIETETIC INTERNSHIPS AND CLINICAL RO TATIONS FOR NURSING, PHARMACY, EMT, PHYSICAL THERAPY, PODIATRY, RADIOLOGY AND ULTRASOUND SJH MEDICAL STAFF ROUTINELY HOST STUDENTS FOR JOB SHADOWING AND STUDENT OBSERVATIONS IN 2 009, MORE THAN 900 STUDENTS UTILIZED OUR FACILITIES FOR INTERNSHIPS, ROTATIONS AND OBSERVA TIONS RESIDENCY PROGRAMS - THE INTRODUCTION OF RESIDENCY PROGRAMS IS AN EXCITING NEW STEP IN SJH'S EVOLUTION THESE PROGRAMS OFFER STUDENTS AN ENGAGING EXPERIENCE AND EXPOSE THEM TO A WIDE ARRAY OF EDUCATIONAL OPPORTUNITIES IN OBSTETRICS AND GY NECOLOGY, FAMILY MEDICINE AND PODIATRY THROUGH AN AFFILIATION WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY SCHOOL OF OSTEOPATHIC MEDICINE OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTION, WE A RE ASSISTING IN TRAINING THE PHY SICIANS OF THE FUTURE SCHOOL PROGRAMS ON HEALTH CAREERS - THE HEALTH SY STEM PROVIDES EDUCATIONAL OPPORTUNITIES AND HOSTS SPECIAL EVENTS, JOB SHADOW ING AND PROGRAMS TO MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN PURSUING CAREERS IN HEALTHCARE AND MEDICINE NATIONAL YOUTH LEADERSHIP FORUM IS A NATIONAL 10-DAY PROGRAM THAT INTRODUCES OUTSTANDING HIGH SCHOOL STUDENTS TO THE WORLD OF MEDICINE THE FORUM CHALL ENGES STUDENTS TO LEARN ABOUT A BROAD RANGE OF TOPICS, INCLUDING EDUCATIONAL REQUIREMENTS, CAREER OPTIONS, CLINICAL PRACTICE, COMPLEX ETHICAL AND LEGAL ISSUES, GLOBAL EPIDEMICS, ME DICAL SPECIALTIES AND PRIMARY CARE WITH CURRENT PHY SICIANS AND PATIENTS IN 2009, 287 STUD ENTS AGES 14-20 ENROLLED IN MEDICAL EXPLORERS, A PROGRAM WHICH PROVIDES AN OPPORTUNITY TO INTERACT WITH PHY SICIANS AND NURSES, LEARN VARIOUS CAREERS, EXPERIENCE REALISTIC PORTRAYAL S OF SPECIALTY AREAS SUCH AS NIGHT IN THE OR THROUGH COLLABORATIVE INITIATIVES WITH PINEL ANDS LEARNING CENTER, CUMBERLAND JUVENILE DETENTION CENTER AND HOSTING CAREERS IN HEALTHCA RE EVENTS, SJH CONTINUOUSLY PROVIDES AREA STUDENTS WITH A CLOSE UP VIEW OF HEALTHCARE BY I NTRODUCING THEM TO A WIDE RANGE OF CAREERS IN HEALTHCARE, INCLUDING CAREERS IN AREAS SUCH AS DIETARY AND TRANSPORTATION TO REACH EVERY AGE GROUP IN THE COMMUNITY, SJH STAFF ALSO E XTENDS HOSPITALS TOURS TO PRESCHOOL AND FIRST GRADERS, AS THEIR PRIMARY INTRODUCTION TO TH E HEALTHCARE ENV IRONMENT AND PROMOTION OF HEALTHY LIFESTYLES LECTURES AND COURSES - SJH O FFERS A WEALTH OF PROGRAMS DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTHY LIVING LECTURE S AND COURSES ARE REGULARLY AVAILABLE ON SUCH TOPICS AS CHILDBIRTH EDUCATION, SIBLING CLAS S, BREASTFEEDING, CPR CLASSES, ACLS (ADVANCED CARDIAC LIFE SUPPORT) CLASSES, PALS (PEDIATR IC ADVANCED LIFE SUPPORT) CLASSES, EMS TRAINING, SAFE SITTER AND AARP DRIVER SAFETY SJH H AS BEEN RECOGNIZED FOR ITS EFFORTS IN DIABETES OUTREACH BY OFFERING DIABETES SELF-MANAGEME NT COURSES, DIABETES SUPPORT GROUPS, UNDERSTANDING DIABETES CLASSES, FREE EYE EXAMS FOR DI ABETICS AND DISCOUNTED MEMBERSHIPS FOR DIABETES EXERCISE PROGRAMS AT THE FITNESS CONNECTIO N DIABETES SELF-MANAGEMENT EDUCATION, A COMPREHENSIVE EDUCATION PROGRAM DESIGNED TO HELP RESIDENTS BETTER UNDERSTAND AND MANAGE THEIR DIABETES AND RELATED HEALTH PROBLEMS, INCLUDE S AN ASSESSMENT, AN INDIV IDUALIZED MEAL PLAN, EXERCISE RECOMMENDATIONS, MEDICATION INFORMA TION AND THE SETTING OF SAFE TARGET RANGES FOR BLOOD SUGAR TESTING THE WIDELY SUCCESSFUL PROGRAM HAD 174 ATTENDEES IN 2009 AND IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION A S MEETING THE NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION HEALTH FAIRS AND SCREENINGS - THE HEALTH SY STEM ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DON'T REGULA RLY COME THROUGH THE DOORS OF OUR HOSPITALS SJH PARTICIPATES IN A VARIETY OF HEALTH FAIRS AND COMMUNITY EVENTS TO OFFER VALUABLE HEALTH INFORMATION TO OUR NEIGHBORS IN 2009, MORE THAN 150 WOMEN ATTENDED THE WOMEN'S HEART HEALTH CONFERENCE AND MORE THAN 200 LOCAL WOMEN RECEIV ED FREE SCREENINGS AND HEALTH EDUCATION AT SJH WOMEN'S HEALTH EDUCATION DAY IN ADD ITION, SJH HOSTED SEVEN SENIOR LUNCHEON CLASSES AND A SENIOR HEALTH EDUCATION DAY FOR BLOO D PRESSURE SCREENINGS, FLU SHOTS AND EDUCATIONAL S

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ESSIONS ON TOPICS WHICH INCLUDED DEPRESSION, NUTRITION, TRAVEL VACCINES, HEART HEALTH, FIT NESS, EXERCISE, FALL PREVENTION, DIAGNOSTIC RADIOLOGY, STROKE AND WOUND CARE IN RECOGNITI ON OF STROKE AWARENESS MONTH, SJH HOSTED A STROKE AWARENESS EDUCATION & SCREENING DAY WHIC H INCLUDED FREE EDUCATIONAL SESSIONS, BLOOD PRESSURE CHECKS AND STROKE SCREENING TESTS SP EAKERS BUREAU - SJH MAINTAINS AN EXTENSIVE SPEAKERS BUREAU WHICH PROVIDES COMMUNITY GROUPS AND ORGANIZATIONS WITH HEALTHCARE EXPERTS FOR PRESENTATIONS AND SPEAKING ENGAGEMENTS ON A WIDE RANGE OF IMPORTANT HEALTH RELATED SUBJECTS FROM OCCUPATIONAL HEALTH ISSUES SUCH AS D RUGS IN THE WORKPLACE TO TOPICS THAT INCLUDE CANCER, NUTRITION, STROKE, CARDIOVASCULAR HEA LTH, DEPRESSION, OBESITY, SPORTS THERAPY, MATERNITY AND PRENATAL CARE, AND MORE SUPPORT G ROUPS - TO HELP ADDRESS SOCIAL, PSY CHOLOGICAL OR EMOTIONAL ISSUES RELATED TO DISEASES AND HEALTH ISSUES, SJH OFFERS A VARIETY OF FREE SUPPORT GROUPS THAT INCLUDE, BUT ARE NOT LIMIT ED TO, ALZHEIMER'S FAMILY CAREGIVER, GRIEF, BREAST CANCER, DIABETES, HEART AND LUNG, PROST ATE CANCER, STROKE, AND FIVE LEVELS OF BARIATRIC SUPPORT GROUPS ADDITIONALLY, SJH DONATES THE USE OF SPACE IN ITS FACILITIES FOR EXTERNAL NONPROFIT ORGANIZATIONS TO HOLD SUPPORT G ROUP MEETINGS FOR SUBSTANCE ABUSE SUCH AS ALCOHOLICS ANONY MOUS AND NARCOTICS ANONY MOUS CO MMUNITY HEALTH EDUCATION - ACCESS TO QUALITY HEALTH INFORMATION IS IMPORTANT AND SJH PROVI DES A VARIETY OF HEALTHCARE INFORMATION TO THE COMMUNITY ON ITS WEBSITE AND THRU PUBLICATI ONS TO THE GENERAL PUBLIC THE COMMUNITY HAS MONTHLY ACCESS TO SJH'S MEDICAL EXPERTS THROU GH PARTNERSHIPS WITH THE LOCAL NEWSPAPERS FEATURING MONTHLY SECTIONS CALLED ASK THE DOCTOR AND HEALTH LINE, WHICH ALLOW READERS TO SUBMIT QUESTIONS AND RECEIVE RESPONSES ABOUT IMPO RTANT HEALTHCARE ISSUES ONLINE OR VIA FAX SJH ALSO REACHES OUT TO THE COMMUNITY THROUGH T HE NEWSPAPERS MONTHLY HEALTH CONNECTION PUBLICATION, WHICH CONTAINS NEWS AND INFORMATION A BOUT LOCAL HEALTH ISSUES, OPTIONS, TIPS, RESOURCES, SUPPORT GROUPS AND MORE FAMILY & FRIE NDS IS A QUARTERLY EXTERNAL PUBLICATION PRODUCED BY SJH OFFERING HEALTH INFORMATION TO PRO MOTE HEALTHY LIVING, HEIGHTEN AWARENESS OF HEALTH ISSUES, RECOGNIZE COMMON SY MPTOMS OF DIS EASE, ENCOURAGE MEDICAL ATTENTION AND TREATMENT SJH'S WEBSITE OFFERS A WEALTH OF HEALTH I NFORMATION TO THE COMMUNITY INCLUDING FREE ACCESS TO LOOK LISTEN & LEARN, AN ONLINE LIBRAR Y OF EDUCATIONAL VIDEOS COVERING A VARIETY OF MEDICAL CONDITIONS AND PROCEDURES

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FOCUSING ON UNMET NEED AND HEALTH ASSESSMENTS SJH HAS PARTICIPATED IN COMMUNITY HEALTH NEE DS ASSESSMENTS TO IDENTIFY AND ADDRESS THE UNMET HEALTHCARE NEEDS IN OUR COMMUNITY SJH PA RTNERED WITH 18 COMMUNITY ORGANIZATIONS TO FORM A CONSULTATIVE BODY CALLED CUMBERLAND & SA LEM COMMUNITY PUBLIC HEALTH PARTNERSHIP, WITH CUMBERLAND AND SALEM COUNTY DEPARTMENTS OF H EALTH TAKING THE ROLE AS LEAD AGENCY THE COLLABORATIVE PARTNERSHIP, WITH TECHNICAL ASSIST ANCE FROM AN OUTSIDE CONSULTING FIRM, CONDUCTED FOUR MAPP ASSESSMENTS, FACILITATING THE ID ENTIFICATION OF THE COMMUNITY'S HEALTH NEED AND PERCEPTION, FORCES OR TRENDS THAT INFLUENC E THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY AND STRENGTHS AND WEAKNESSES OF THE LOCA L PUBLIC HEALTH SY STEM THE MAPP ASSESSMENTS WERE PUBLICLY DISTRIBUTED IN 2007 AND IDENTIF IED THE TOP HEALTH-RELATED ISSUES COMMON TO BOTH COUNTIES THROUGH A PLANNED AND ORGANIZED EFFORT, THE GROUP WORKS COLLECTIVELY TO ADDRESS THE PRIORITIES BY TAPPING THE RESOURCES O F THE COMMUNITY AND COLLABORATING ON INITIATIVES SJH ACTIVELY CONTRIBUTES TO THIS PROCESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION, EXPERTISE, RESOURCES AND CAPACITY IN ADDITION TO THESE ORGANIZED NEEDS ASSESSMENT EFFORTS, ONGOING COMMUNITY MEET INGS WITH LOCAL PROVIDERS, LOCAL HEALTH DEPARTMENTS, LOCAL POLITICIANS, ORGANIZATIONS AND COMMUNITY LEADERS ARE SPONSORED BY THE HOSPITAL TO DISCUSS THE HEALTH NEEDS OF THE POPULAT ION ACCESS TO HEALTHCARE AND IMPROVING QUALITY OF HEALTHCARE SJH HAS PARTICIPATED IN AND CONDUCTED A NUMBER OF PROGRAMS TO IMPROVE ACCESS TO HEALTHCARE SERVICES IMPROVING ACCESS TO HEALTHCARE FOR UNINSURED/UNDERINSURED - SJH HAS A PROUD HISTORY OF HELPING RESIDENTS WI THOUT HEALTH INSURANCE GET THE COVERAGE THEY NEED EVERY DAY, THROUGH INDIV IDUAL COUNSELING AND BY JOINING THOUSANDS OF OTHERS HOSTING COMMUNITY EVENTS DURING NATIONALLY RECOGNIZED COVER THE UNINSURED WEEK, TO RAISE AWARENESS OF FREE OR LOW-COST HEALTH COVERAGE AVAILABLE THROUGH MEDICAID, NJ FAMILY CARE AND STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) A T THE PATIENT LEVEL, EVERY EFFORT IS MADE IN ASSISTING PATIENTS WITH ELIGIBILITY AND ENROL LMENT IN ALL GOVERNMENT FUNDED PROGRAMS, MEDICAID OR MEDICARE, OR NEW JERSEY FAMILY CARE P ROGRAM MAYOR'S CAMPAIGNS FOR HEALTHIER V INELAND, MILLVILLE AND BRIDGETON - SEVERAL SJH ST AFF ARE ACTIVE COMMITTEE MEMBERS OF THE BRIDGETON, MILLVILLE AND V INELAND MAYOR'S CAMPAIGN FOR A HEALTHIER COMMUNITY IN COLLABORATION WITH SJH, THE LOCAL FEDERALLY QUALIFIED HEALT HCARE CENTER (FQHC), COMMUNITY HEALTHCARE INC (CHCI) AND OTHER COLLABORATIVE PARTNERS, THE COMMITTEES CO-HOST COMMUNITY HEALTH FAIRS, FACILITATE COMMUNITY OUTREACH EVENTS, AND CONN ECT THE MEDICALLY DISENFRANCHISED TO THE APPROPRIATE HEALTHCARE AND SOCIAL SERVICE PROVIDE RS TO ENCOURAGE UNINSURED RESIDENTS TO ENROLL IN AFFORDABLE HEALTHCARE PROGRAMS THE COMMI TTEES ARE DEDICATED TO IMPROVING HEALTHCARE FOR V INELAND, MILLVILLE AND BRIDGETON RESIDENT S BY MAKING RESOURCES AVAILABLE THROUGH INCREASED AWARENESS AND ACCESS HEALTH LITERACY CO NFERENCE - HOSTED BY SJH AND PRESENTED BY GARDEN AHEC AND MAYOR'S CAMPAIGN FOR A HEALTHIER V INELAND, THIS WORKSHOP DESIGNED TO MEET THE EDUCATIONAL NEEDS OF HEALTHCARE PROFESSIONAL S WORKING WITH THE MINORITY AND UNDERSERVED POPULATIONS, FOCUSED ON CROSS-CULTURAL APPROAC HES, LOW LITERACY ON HEALTH AND CULTURAL BARRIERS BETWEEN PATIENT AND PROVIDER TO IMPROVE COMMUNICATION AND OUTCOMES EXTENDED CARE FACILITY CONSORTIUM - IN 2009, A COLLABORATIVE G ROUP WAS FORMED BETWEEN THE HOSPITAL AND THE NEIGHBORING EXTENDED CARE FACILITIES THE ROL E FOR THIS GROUP (ECF) IS TO FACILITATE OUTREACH AND PROVIDE INFORMATION, SERVICES, RESOUR CES AND A CONTINUUM OF ACCESS TO CARE FOR ELDERLY POPULATIONS WITHIN CUMBERLAND COUNTY SU PPORT SERVICES - STAFF MEMBERS OF SJH'S PATIENT BUSINESS SERVICES DEPARTMENT, IN ADDITION TO PROVIDING FINANCIAL COUNSELING TO INDIVIDUALS, MAKE FREQUENT V ISITS TO VARIOUS COMMUNIT Y GROUPS AND SOCIAL SERVICE AGENCIES, EDUCATING THEM ON THE CHARITY CARE OPTIONS AND FINAN CIAL ASSISTANCE PROGRAMS AVAILABLE IN ADDITION TO PROVIDING A SIGNIFICANT LEVEL OF CHARIT Y CARE, FINANCIAL ASSISTANCE AND LANGUAGE ASSISTANCE SERVICES FOR UNDERSERVED AND V ULNERAB LE POPULATIONS, SJH PROVIDED MORE THAN $17,000 FOR DISCHARGE TRANSPORTATION FOR COMMUNITY MEMBERS THAT HAD NO OTHER MEANS OF TRANSPORTATION AND MORE THAN $16,000 FOR INDIGENT CARE DRUG V OUCHERS FOR MEDICATION FOR DISCHARGED PATIENTS LACKING INSURANCE EFFICIENT AND QUAL ITY PATIENT CARE - AS THE LEADING COMMUNITY PROVIDER IN SOUTHERN NEW JERSEY, SJH IS HIGHLY REGARDED FOR QUALITY OF CARE AND SERVICE IN ITS REGION CLINICAL QUALITY AND SERVICE EXCE LLENCE REMAIN TOP STRATEGIC INITIATIVES TO FURTHER INCREASE THE EFFICIENCY OF PATIENT CAR E, SJH HAS BEGUN THE TRANSITION TO ELECTRONIC MEDICAL RECORDS BY MAKING SIGNIFICANT INVEST MENTS TO UPDATE ITS CLINICAL COMPUTER SY STEMS THE ORGANIZATION WILL EXPAND ITS CORE QUALI TY MEASURES BY PARTICIPATING IN SEVERAL REGIONAL A

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ND NATIONAL PERFORMANCE IMPROVEMENT PROGRAMS THAT PROVIDE BENCHMARKING DATA AND TOOLS FOR MEASURING AND REPORTING CLINICAL QUALITY PATIENT SATISFACTION - SJH BEGAN USING A PATIENT SATISFACTION TOOL CALLED THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS SURVEY, OR HCAHPS THIS STANDARDIZED SURVEY MEASURES OUR PATIENTS' PERCEPTIONS ABOUT THEIR HOSPIT AL EXPERIENCE AND PROVIDES FEEDBACK ABOUT HOW WE'RE DOING, BOTH GOOD AND BAD, THAT HELPS U S TO CONTINUALLY MAKE IMPROVEMENTS AND PROVIDE EVEN BETTER CARE FOR THE COMMUNITY NATIONA L AND REGIONAL INITIATIVES - SJH HAS BEEN AN ACTIVE PARTICIPANT IN NATIONAL AND REGIONAL I NITIATIVES, INCLUDING THE FOLLOWING CENTER FOR MEDICARE AND MEDICAID SERVICES - NATIONAL HOSPITAL COMPARE INITIATIVE VHA INC PATIENT QUALITY AND SAFETY INITIATIVES - PARTICIPAT ES IN MEDICATION RECONCILIATION COLLABORATIVE (RMC & ELMER) - PARTICIPATES IN RAPID RESPON SE TEAM COLLABORATIVE (RMC & ELMER) - PARTICIPATES IN TRANSFORMATION OF THE ICU (TICU) (RM C & ELMER) INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) - MEMBER OF THE INSTITUTE FOR HEALT HCARE IMPROVEMENT 100,000 LIVES CAMPAIGN (RMC & ELMER) - MEMBER OF THE INSTITUTE FOR HEALT HCARE IMPROVEMENT 5 MILLION LIVES FROM HARM CAMPAIGN (RMC & ELMER) NEW JERSEY HOSPITAL ASS OCIATION INITIATIVES - PARTICIPANTS IN THE NJHA PRESSURE ULCER COLLABORATIVE (RMC) - PART ICIPANTS IN THE NJHA RAPID RESPONSE TEAMS COLLABORATIVE (RMC) COMMUNITY HEALTH IMPROVEMENT ADVOCACY - SJH EMPLOYEES, FROM STAFF TO CEO, SERVE ON GOVERNMENT ADVISORY COMMITTEES AND BOARDS FOR NATIONAL, STATE AND LOCAL ORGANIZATIONS TO ADVOCATE FOR HEALTHCARE REFORM, BRIN G ABOUT CHANGES IN REGULATORY REQUIREMENTS, IMPROVE ACCESS TO HEALTHCARE AND PROMOTE THE H EALTH STATUS FOR BOTH THE BROADER COMMUNITY AND VULNERABLE POPULATIONS THROUGH HOSPITAL RE PRESENTATION TO ORGANIZATIONS SUCH AS - AMERICAN HOSPITAL ASSOCIATION (AHA) REGIONAL POLI CY BOARD FOR NJ, NY, PA - VOLUNTEERS HOSPITAL OF AMERICA (VHA) BOARD OF TRUSTEES - NJ HOSP ITAL ASSOCIATION (NJHA) BOARD - NJ HOSPITAL ASSOCIATION (NJHA) NURSING CONSTITUENCY GROUP - NJ HOSPITAL ASSOCIATION (NJHA) EMERGENCY PREPAREDNESS CONSTITUENCY GROUP - NJ ASSOCIATIO N OF MENTAL HEALTH AGENCIES (NAMHA) GRASSROOTS ADVOCACY - NJ DIVISION OF MENTAL HEALTH SERV ICES (NJDMHS) ACUTE CARE TASK FORCE LEGISLATIVE COMMITTEE - NJ DIVISION OF MENTAL HEALTH S ERVICES (NJDMHS) SOUTHERN NJ REGIONAL MENTAL HEALTH SYSTEMS REVIEW BOARD - HOME CARE ASSOC OF NJ BOARD & LEGISLATIVE COMMITTEE - VINELAND CHAMBER GOVERNMENT RELATIONS LEGISLATIVE C OMMITTEE - SALEM CHAMBER GOVERNMENT RELATIONS LEGISLATIVE COMMITTEE - SALEM INTER-AGENCY C OORDINATING COUNCIL - HUMAN SERVICES ADVISORY COUNCIL - CUMBERLAND INTER-AGENCY COORDINATI NG COUNCIL - TRI-COUNTY INTER-AGENCY COORDINATING COUNCIL - SOUTHERN REGION CHILDREN'S COO RDINATING COUNCIL COMMUNITY SERVICE AND COMMUNITY BUILDING PROGRAMS ========== ========== SJH IS MUCH MORE THAN A HEALTHCARE SYSTEM, IT IS A COMMUNITY P ARTNER DEDICATED TO IMPROVING COMMUNITY HEALTH AND COLLABORATING WITH OTHER COMMUNITY PART NERS ON HEALTH INITIATIVES AND COALITIONS THAT ADDRESS THE HEALTH PRIORITIES OF THE COMMUN ITIES IT SERVES OUR PARTNERSHIP LEVERAGES THE STRENGTHS OF MULTIPLE COMMUNITY ORGANIZATIO NS WHILE ENCOURAGING COMMUNITY-WIDE COLLABORATIVE EFFORTS TO BENEFIT THE COMMUNITY SJH CA NCER SERVICES - SJH FRANK AND EDITH SCARPA CANCER CENTER OFFERS A NUMBER OF OUTREACH SERVI CES WHICH PROVIDE COUNSELING AND EDUCATION IN THE COMMUNITY AMONG THOSE SERVICES, SJH OFF ERS FREE CANCER SUPPORT AND EDUCATION THROUGH THE BREAST CANCER BRIDGE PROGRAM AND MEN'S C ANCER COORDINATOR, PATIENT NAVIGATORS WHO SERVE AS HEALTHCARE ADVOCATES HELPING PATIENTS N AVIGATE THROUGH THEIR CANCER JOURNEYS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	A NEWLY FORMED CANCER SURVIVORSHIP COMMITTEE ASSISTS WITH SUPPORT AND FOLLOW UP OF PEOPLE WHO HAVE COMPLETED CANCER TREATMENT AND ARE LOOKING AHEAD TO YEARS OF SURVIVORSHIP SJH HA S A CANCER RESOURCE LIBRARY AT ELMER AND RMC FOR PUBLIC AND PROFESSIONAL USE, INCLUDING IN TERNET AND AUDIO/VISUAL EDUCATION MATERIALS AS A FOX CHASE CANCER CENTER PARTNER, SJH PRO VIDES LEADING-EDGE CANCER CARE THROUGH NATIONAL CLINICAL TRIALS, WHICH STUDY NEW CANCER TR EATMENT, DIAGNOSTIC AND PREVENTION METHODS WHEN FOX CHASE OPENS PROTOCOLS FOR NEW CANCER CLINICAL TRIALS, SJH EARNS THE DISTINCTION OF RECRUITING THE MOST PATIENTS, PROVIDING LOCA L ACCESS TO THE LATEST STRATEGIES AGAINST CANCER NJ CEED - SJH IS CUMBERLAND COUNTY'S LEA D AGENCY FOR THE NEW JERSEY CANCER EDUCATION AND EARLY DETECTION PROGRAM (NJCEED), WHICH P ROVIDES COMPREHENSIVE CANCER OUTREACH, EDUCATION AND FREE SCREENINGS TO UNDERSERVED AND UN INSURED RESIDENTS WHO MIGHT OTHERWISE NOT HAVE ACCESS TO THESE IMPORTANT DIAGNOSTIC SCREEN ING SERVICES IN 2009, MORE THAN 1,300 BREAST, CERVICAL, COLORECTAL AND PROSTATE SCREENING S WERE PROVIDED THROUGH THE GRANT DIGITAL MAMMOGRAPHY - ELMER HOSPITAL HAS MADE INROADS I NCREASING SALEM COUNTY RESIDENTS' ACCESS TO DIGITAL MAMMOGRAPHY, TARGETING YOUNGER WOMEN W HO HAVE A FAMILY HISTORY OF BREAST CANCER AND AFRICAN AMERICAN WOMEN OVER THE AGE OF 50 T HROUGH A GRANT FROM THE SALEM HEALTH AND WELLNESS FOUNDATION, A PLANNED INTENSIVE OUTREACH WITHIN THE COUNTY WILL BOTH EDUCATE WOMEN AND REACH THE HEALTH UNDERSERVED POPULATION WHO WOULD NOT OTHERWISE UTILIZE THIS PREVENTIVE SCREENING TOOL UNTIL THEIR CANCER WAS AT A LA TER STAGE SJH CREATED AN EDUCATIONAL DVD CALLED 'TWO GOOD REASONS FOR A MAMMOGRAM, A MOTH ER AND SON'S STORY' TO REINFORCE THE NOTION THAT PREVENTATIVE CARE AND A WOMAN'S HEALTH DI RECTLY AFFECT HER FAMILY BARBERSHOP INITIATIVE - TO INCREASE AWARENESS OF PROSTATE CANCER AND TREATMENT OPTIONS, SJH INVITED ALL BARBERS IN THE REGION TO ATTEND A FREE INFORMATION AL BREAKFAST SESSION ABOUT THE "GOING TO THE BARBER SHOP TO FIGHT CANCER" HEALTH AWARENESS CAMPAIGN SJH HOSTED THE EVENT TO RECRUIT AND TRAIN LOCAL BARBERS FROM MINORITY COMMUNITI ES TO EDUCATE BARBERS ABOUT THE IMPORTANCE OF EARLY SCREENING FOR PROSTATE CANCER SO THEY CAN IN TURN URGE THEIR CUSTOMERS TO TAKE ADVANTAGE OF FREE SCREENINGS FOR EARLY DISEASE DE TECTION CHECK IT OUT PROGRAM - SJH AND THE BAT AMI CHAPTER OF HADASSAH TEAMED UP TO EDUCA TE HIGH SCHOOL SENIORS IN CUMBERLAND COUNTY ABOUT BREAST AND TESTICULAR CANCER AWARENESS A ND SELF EXAMINATIONS THROUGH THE CHECK IT OUT PROGRAM OFFERED AT LOCAL HIGH SCHOOLS DURING SPRING AND FALL TEEN PREGNANCY PREVENTION INITIATIVE - WITH CUMBERLAND COUNTY TEEN PREGN ANCY RATES OF 18 PERCENT (THREE TIMES HIGHER THAN THE STATE AVERAGE OF SIX PERCENT) A COLL ABORATIVE PARTNERSHIP WAS FORMED WITH SJH, COMMUNITY HEALTHCARE INC (CHCI) AND THE COUNTY FREEHOLDERS TO COMBAT HIGH RATES OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED DISEASES TH ROUGH AN INITIATIVE CALLED SAFE (SEXUAL ACCOUNTABILITY FOR EVERYONE) SAFE, IS THE EDUCATI ONAL COMPONENT OF CHCI'S PLAN TO BRING NURSE PRACTITIONERS INTO COUNTY MIDDLE AND HIGH SCH OOLS AND EXPAND SCHOOL-BASED SERVICES TO INCLUDE COMPREHENSIVE HEALTH AND GY NECOLOGICAL SE RVICES WITH PARENTAL CONSENT, PEER & ADULT SELF-ESTEEM PROGRAMS, ENCOURAGE RESPONSIBLE SEX UAL BEHAVIOR, ENCOURAGE SOCIAL/ATHLETIC/FAITH-BASED ORGANIZATIONS TO INCREASE EXTRACURRICU LAR ACTIVITIES SJH COMMITTED $150,000 ANNUALLY FOR 3 YRS BEGINNING JAN 2009 TO HELP FUND THE INITIATIVE OPEN ARMS - RECOGNIZING THE INCREASING RATES OF INFANT MORTALITY AMONG HIS PANIC AND AFRICAN AMERICAN NEWBORNS, SJH AND COMMUNITY HEALTHCARE INC PARTNERED TO OFFER O PEN ARMS, A PROGRAM PROVIDING COMPREHENSIVE OBSTETRICAL AND PRENATAL CARE TO MEDICALLY UND ERSERVED WOMEN, POOR AND UNINSURED FAMILIES INCLUDING MIGRANT FARM WORKERS IMPACT (INNOVA TIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING) WAS DEVELOPED THROUGH COLLABORATION BETWEE N SJH AND THE VINELAND BOARD OF EDUCATION TO PROVIDE HEALTH AND SOCIAL SERVICES, CHILDCARE FOR INFANTS AND TODDLERS, PRESCHOOL PROGRAMS AND LITERACY PROGRAMS, TARGETING THE NEEDS O F THE LOW INCOME RESIDENTS IN CUMBERLAND COUNTY AND ADDRESSING ISSUES SUCH AS TEEN PREGNAN CY, LITERACY, TEEN PARENTING, CHILD CARE AND EARLY CHILDHOOD EDUCATION EVERY YEAR, THE PR OGRAM MAKES A POSITIVE IMPACT IN THE LIVES OF THOUSANDS OF KIDS AND THEIR FAMILIES IMPACT PROVIDES A NUMBER OF EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY INCLUDING IMPACT TEEN P ARENTING PROGRAM PROVIDES PARENTING CLASSES, CHILDCARE SERVICES, PRENATAL CARE, LIFE SKILL S EDUCATION TO TEEN PARENTS IN VINELAND HIGH SCHOOLS ONLY AND PROMOTES LIFELONG LEARNING A ND SECOND PREGNANCY PREVENTION IN 2009, 35 TEENS WERE ENROLLED DURING THE SCHOOL YEAR, WI TH 35 INFANTS IN CHILD CARE, 85% OF STUDENTS CONTINUE EDUCATION AFTER GRADUATION, ENROLLIN G IN COLLEGE OR VOCATIONAL SCHOOLS IMPACT SCHOOL BASED YOUTH SERVICES PROGRAM (SBYSP), OF FERS HEALTH SERVICES, TUTORING, COUNSELING, RECREA

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TION AND LIFE SKILLS TRAINING AT THE VINELAND HIGH SCHOOL, VINELAND WALLACE MIDDLE SCHOOL AND MILLVILLE HIGH SCHOOL IMPACT FAMILY OUTREACH PROGRAM IS AN ABBOTT PROGRAM WHICH COORD INATES FAMILY OUTREACH AND SUPPORT TO SOCIAL WORKERS WHO SERVICE ABBOTT PRESCHOOL PROVIDER S IN BRIDGETON, MILLVILLE AND VINELAND IMPACT CHILD CARE PROGRAM IS ACCREDITED BY THE NAT IONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND IS OPEN TO CHILDREN FROM 6 WEEKS TO 5 YEARS OLD WITH HEALTH CENTER SERVICES PROVIDED ON SITE CHILD DEVELOPMENT CENTER/FAS PROVIDES EARLY INTERVENTION SERVICES IN THE HOME AND PROVIDES FOR THE EVALUATION AND COUN SELING TO WOMEN AT RISK FOR FETAL ALCOHOL SYNDROME PARENTS HAVE ACCESS TO A MULTIDISCIPLI NARY TEAM THAT INCLUDES A PEDIATRIC NEURODEVELOPMENTALIST AND PEDIATRIC NEUROLOGIST TO PRO VIDE DEVELOPMENTAL EVALUATIONS FOR CHILDREN FROM BIRTH TO AGE 21 SJH FAMILY SUCCESS CENTE R PROVIDES SERVICES AND PROGRAMS THAT CONNECT VINELAND FAMILIES WITH COMMUNITY RESOURCES R ANGING FROM HOUSING AND LEGAL ASSISTANCE TO HELP OBTAINING HOUSEHOLD ITEMS AND FOOD THE C ENTER FOCUSES ON 10 CORE SERVICES TO STRENGTHEN FAMILIES BY PROVIDING ASSISTANCE WITH OBTA INING HEALTH INSURANCE, SELECTING PHYSICIANS, PROVIDING WORKSHOPS THAT INCREASE POSITIVE I NTERACTION BETWEEN PARENTS AND CHILDREN, PROMOTING FAMILY LITERACY, ADDRESSING HEALTH ISSU ES AND LEGAL ISSUES SUCH AS IMMIGRATION, AND OTHER TOPICS RELEVANT TO THE COMMUNITY OPENE D IN THE FALL OF 2008, THE CENTER NOW PROVIDES SERVICES TO MORE THAN 400 FAMILIES, INCLUDI NG PARENTS, GRANDPARENTS, FOSTER PARENTS OR GUARDIANS OF CHILDREN THROUGH THE AGE OF 18 WH O RESIDE IN VINELAND STEPS FOR KIDS - STEPS FOR KIDS IS A COLLABORATION BETWEEN SJH AND C UMBERLAND CAPE ATLANTIC YMCA, FUNDED IN PART THROUGH A NJ HEALTH INITIATIVE GRANT FROM ROB ERT WOOD JOHNSON FOUNDATION TO REDUCE CHILDHOOD OBESITY IN VINELAND SCHOOLS BY EDUCATING B OYS AND GIRLS AGED 8 TO 12 IDENTIFIED BY SCHOOL NURSES WITH AN ASSESSED BMI LEVEL AT OR AB OVE THE 85TH PERCENTILE WHO ARE AT RISK FOR OBESITY PARENTS AND CHILDREN ATTEND 12-WEEK I NTERACTIVE BI-LINGUAL PROGRAM THAT FOCUSES ON BALANCED MEAL PLANS AND SIMPLE EXERCISE TECH NIQUES THAT HELP FAMILIES ACHIEVE HEALTHIER LIFESTYLES MILLVILLE BOARD OF EDUCATION, HOLL Y CITY FAMILY CENTER - IN A COLLABORATIVE EFFORT TO SUPPORT THE HOLLY CITY FAMILY CENTER A ND TACKLE OBESITY, SJH COMMITTED $50,000 OVER 2 YEARS TO THE MILLVILLE BOARD OF EDUCATION FOR AN OBESITY PROGRAM THAT INCORPORATES USE OF THE HOLLY CITY FAMILY CENTER AS PART OF TH E CURRICULUM MILLVILLE BOARD OF EDUCATION INITIATED 3 PROGRAMS TO TARGET OBESITY AND FOCU S ON WELLNESS GET FIT IN 50 DAYS, DARE 2 BE FIT AND RENAISSANCE PROGRAM IHEALTHY KID AND IHEALTHY FAMILY - TO INCREASE AWARENESS TO PREVENT CHILDHOOD OBESITY IN BRIDGETON COMMUNI TIES, AN EDUCATIONAL PROGRAM WAS DEVELOPED BY SJH'S GARDEN AHEC SPECIFICALLY FOR BRIDGETON CHILDREN AND THEIR FAMILIES THE PROGRAM, OFFERED IN ENGLISH AND SPANISH, TEACHES HEALTHY LIVING, HEALTHY FOOD CHOICES, REINFORCING FOOD GROUPS, NUTRITION LABEL READING, INFORMATI ON ON HEALTH DISEASES ATTRIBUTED TO WEIGHT GAIN, NUTRITION TRACKERS, MASS BODY INDEX AND P HYSICAL ACTIVITY A COLLABORATIVE PARTNERSHIP WAS FORMED WITH BOTTINO SHOPRITE, ALLOWING T HE IHEALTHY FAMILY CLASSES TO BE HELD RIGHT INSIDE THE SUPERMARKET FURTHER TEACHING PARENT S HOW TO CHOOSE HEALTHY FOODS AND PREPARE NUTRITIOUS MEALS ON A BUDGET

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CARDIAC CARE AND HEART FAILURE PROGRAMS - SJH WAS ONE OF 10 HOSPITALS FROM ACROSS THE STAT E OF NJ CHOSEN BY ROBERT WOOD JOHNSON FOUNDATION TO PARTICIPATE IN THE TWO-YEAR STATEWIDE INITIATIVE CARDIAC EXCELLENCE PROGRAM TO IMPROVE CARDIAC CARE WITH A FOCUS ON AFRICAN AMER ICANS AND LATINO POPULATIONS IN NJ, DEVELOP EFFECTIVE STRATEGIES AND MODELS FOR IMPROV ING THE QUALITY OF CARDIAC CARE AND INCREASE HEART CARE AWARENESS THROUGH COMMUNITY EDUCATION AS A RESULT OF THIS INITIATIVE, SJH NOW OFFERS ITS HEART FAILURE AND TEL-ASSURANCE HOME M ONITORING PROGRAM WHERE HEART FAILURE PATIENTS CAN EASILY REPORT BASIC SYMPTOMS TO HOSPITA L STAFF DAILY FROM THE COMFORT OF THEIR OWN HOME ADDITIONALLY, A THERAPY DOG, ACCOMPANIED BY A NURSE, WALKS WITH HEART FAILURE PATIENTS IN THE HOSPITAL, MOTIVATING THEM TO TAKE MO RE STEPS AND FURTHER IMPROV ING THEIR RECOVERY AND OUTCOMES SJH WOMEN'S HEALTH INSTITUTE - WHEN IT COMES TO QUALITY CARE FOR OUR FAMILIES, IT IS OFTEN WOMEN WHO HELP THEIR LOVED ON ES FIND THAT CARE THEY NEED TO STAY HEALTHY THAT'S WHY SJH DEVELOPED THE WOMEN'S HEALTH I NSTITUTE - TO KEEP WOMEN HEALTHY AS THEY CARE FOR OTHERS HUNDREDS OF LOCAL WOMEN RECEIV ED FREE SCREENINGS AND HEALTH EDUCATION AT OUR WOMEN'S HEALTH EDUCATION DAY AND THE HEART HE ALTH CONFERENCE SJH SPIRIT OF WOMEN - RECOGNIZING THE UNIQUENESS OF WOMEN AND THE INFLUEN CE THEY HOLD OVER THE HEALTH OF THEIR FAMILIES, IN 2009 SJH LAUNCHED THE SJH SPIRIT OF WOM EN PROGRAM, PART OF A NATIONAL MOVEMENT FOR WOMEN'S WELLNESS TO PROMOTE HEALTH AND MOTIVAT E WOMEN TO MAKE POSITIVE CHANGES IN THEIR LIVES SJH CAMPUS-WIDE SMOKING BAN - BEGINNING O N JANUARY 2008, ALL OF SOUTH JERSEY HEALTHCARE'S BUILDINGS, GROUNDS AND PARKING LOTS BECAM E NON-SMOKING AREAS THE TOBACCO-FREE POLICY, PART OF THE NJ TOBACCO-FREE HOSPITAL CAMPUS COLLABORATIVE, IS IN STEP WITH THE HEALTH SY STEM'S MISSION TO CONTRIBUTE TO THE HEALTH AND WELL BEING OF PATIENTS, EMPLOY EES AND EVERY ONE IN THE SURROUNDING COMMUNITIES EMERGENCY PREPAREDNESS - SJH PLANS FOR CATASTROPHIC EMERGENCIES DISASTER READINESS ABOVE AND BEY OND LICENSURE REQUIREMENTS, INCLUDING AN INTERNAL FORMALIZED HOSPITAL EMERGENCY RESPONSE/DECON TEAM WHERE DEDICATED STAFF UNDERGO EXTENSIVE QUARTERLY DECONTAMINATION TRAINING AND THE A DDITION OF A NEW DECONTAMINATION ROOM AS PART OF THE ELMER ER EXPANSION SJH PARTNERS WITH OFFICES OF EMERGENCY MANAGEMENT, LOCAL POLICE AND OTHER RELATED AGENCIES TO COORDINATE CO MMUNITY-WIDE MASS CASUALTY DRILLS AND PARTICIPATES IN STATE SPONSORED DISASTER PLANNING DR ILLS TO REHEARSE HEALTHCARE PREPAREDNESS FOR MASS CASUALTY DISASTERS AND PUBLIC HEALTH EME RGENCIES THE SIGNIFICANT INMATE POPULATION OF 8,000 HOUSED IN ONE FEDERAL PENITENTIARY AN D THREE STATE CORRECTIONAL FACILITIES IN CUMBERLAND COUNTY IS A MAJOR SECURITY CONCERN DUR ING DISASTER TO ADDRESS THIS CONCERN, THE HOSPITAL HAS TAKEN THE LEAD ROLE IN SPEARHEADIN G A PRISON MASS CASUALTY INCIDENT TABLE TOP EXERCISE WITH COMMUNITY AGENCIES TO DISCUSS SE CURITY ISSUES SURROUNDING AN INFLUX OF INMATES AND TO ADDRESS THE SAFETY AND WELL BEING OF THE FACILITY AND THE COMMUNITY DURING VARIOUS TY PES OF DISASTER SCENARIOS JAIL DIVERSION TASK FORCE - SJH TOOK THE LEAD ROLE IN FORMING THE JAIL DIVERSION TASK FORCE TO DE-ESCALA TE MENTAL HEALTH CRISIS SITUATIONS THE COALITION, WHICH PARTNERS LOCAL LAW ENFORCEMENT AN D VARIOUS COUNTY RESOURCES, IS WORKING TOGETHER TO PROVIDE A MECHANISM FOR LAW ENFORCEMENT TO DIVERT PATIENTS OUT OF THE CRIMINAL JUSTICE SY STEM AND ARRANGE FOR THE PERSON TO RECEI VE EVALUATION AND TREATMENT IN THE MENTAL HEALTH SCREENING CENTER EMPLOY ER FORUM - SJH OC CUPATIONAL HEALTH DEVELOPED THIS QUARTERLY FORUM TO ADDRESS, TARGET AND DISCUSS MEDICAL IS SUES, EMPLOY EE HEALTH, SAFETY AND WELLNESS OF WORKFORCE POPULATIONS WITH EMPLOY ERS THROUGH OUT CUMBERLAND COUNTY LEADERSHIP DEVELOPMENT - SJH IS AN ACTIVE PARTNER IN LEADERSHIP CUM BERLAND COUNTY, A LOCAL COALITION WHICH ACQUAINTS PARTICIPANTS WITH A BROAD UNDERSTANDING OF PUBLIC PROBLEMS, THE WORKINGS OF STATE AND LOCAL GOVERNMENT, THE CIVIC CHALLENGES FACIN G ALL OF US AND THE ROLE THE COMMUNITY PLAY S IN SOLV ING PROBLEMS ITS OBJECTIVE IS TO REPL ENISH THE SUPPLY OF LEADERSHIP WITH LEADERS WHO ARE INFORMED, SKILLED AND CAPABLE OF UNDER STANDING COMMUNITY PROBLEMS AND ENCOURAGE THE DEVELOPMENT OF PRIDE IN CUMBERLAND COUNTY E CONOMIC DEVELOPMENT - THE IMPACT OUR TROUBLED ECONOMY HAS ON HEALTHCARE EXTENDS BEY OND THE HOSPITAL TO THE WELL-BEING OF OUR NEIGHBORS TO HELP ADDRESS THE ROOT CAUSES OF HEALTH PR OBLEMS SUCH AS POVERTY, HOMELESSNESS AND UNEMPLOY MENT AND TO TAKE AN ACTIVE ROLE IN THE RE GIONAL ECONOMY AND BUSINESS OUTLOOK, THE HOSPITAL OFFERS THE EXPERTISE AND RESOURCES OF IT S HEALTHCARE EMPLOY EES AS ACTIVE BOARD MEMBERS AND PARTICIPANTS IN SUCH COMMUNITY ORGANIZA TIONS AS THE BRIDGETON CHAMBER, MILLV ILLE CHAMBER, SALEM CHAMBER AND V INELAND CHAMBER OF C OMMERCE, AS PANELISTS AT THE CUMBERLAND COUNTY ECONOMIC FORUMS AND AS PARTICIPANTS IN THE TRI-COUNTY POVERTY SY MPOSIUM TO HELP DEVELOP GOALS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	, STRATEGIES, DISCUSS SOLUTIONS TO LOCAL AND INTER-CONNECTED POVERTY ISSUES ADDITIONALLY, SJH OFFERS ITS EXPERTISE FOR THE COMMUNITY JUSTICE PROGRAM THROUGH THE CUMBERLAND COUNTY PROSECUTOR'S OFFICE TO ASSIST IN STRATEGIZING PROGRAMS WITH LAW ENFORCEMENT TO EDUCATE PAR ENTS, TEACHERS AND BUSINESSES ON GANG AWARENESS AND GANG ACTIVITIES WHICH ARE AN INCREASIN GLY PREVALENT COMMUNITY PROBLEM COMMUNITY INVOLVEMENT - ADDITIONALLY, SJH EMPLOYEES, FROM STAFF TO CEO, PARTICIPATE ON THE BOARDS OF A VARIETY OF ORGANIZATIONS WHOSE FOCUS IS NOT ONLY OF THE HEALTH NEEDS OF THE COMMUNITY, BUT ON THE OVERALL NEEDS OF THE COMMUNITY ORGA NIZATIONS INCLUDE - OSTEOPATHIC MEDICINE COMMUNITY ADVISORY BOARD - CEZ 21ST CENTURY COMM UNITY LEARNING CENTERS - MAYOR'S CAMPAIGN FOR HEALTHIER BRIDGETON - MAYOR'S CAMPAIGN FOR H EALTHIER VINELAND - MAYOR'S CAMPAIGN FOR HEALTHIER MILLVILLE - FOOD BANK OF SOUTH JERSEY - ELMER ROTARY CLUB - BRIDGETON ROTARY CLUB - VINELAND ROTARY - LEADERSHIP CUMBERLAND COUNT Y - CUMBERLAND COUNTY BAR ASSOCIATION - BRIDGETON HIGH SCHOOL FOUNDATION, INC - BRIDGETON CHAMBER OF COMMERCE - MILLVILLE CHAMBER OF COMMERCE - SALEM CHAMBER OF COMMERCE - BRIDGET ON MAIN STREET - MINISTERIAL FELLOWSHIPS OF BRIDGETON, MILLVILLE AND VINELAND - FEDERAL CO RRECTIONS INSTITUTE COMMUNITY RELATIONS BOARD - CUMBERLAND COUNTY PROSECUTOR'S OFFICE COMM UNITY JUSTICE PROGRAM - UNITED WAY OF CUMBERLAND COUNTY - AMERICAN RED CROSS SOUTH SHORE C HAPTER CHARITABLE ORGANIZATIONS - SUPPORTING THE CHARITABLE ORGANIZATIONS IN OUR COMMUNITY IS ALSO AN IMPORTANT PART OF OUR COMMUNITY BENEFIT PROGRAM OUR EMPLOYEES HAVE REPEATEDLY SHOWN THEIR GENEROSITY BY SUPPORTING DOZENS OF IMPORTANT CAUSES THAT MAKE A DIFFERENCE IN THE LIVES OF OUR NEIGHBORS THE FUNDRAISING CAMPAIGNS AND EVENTS WHICH HAVE BEEN SPEARHEA DED BY OUR STAFF HAVE PROVIDED THOUSANDS OF DOLLARS TO ORGANIZATIONS SUCH AS THE AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, AMERICAN CANCER SOCIETY AND MARCH OF DIMES OUR STA FF HAS ALSO GIVEN GENEROUSLY DURING OUR EMPLOYEE CAMPAIGN FOR THE UNITED WAY OF GREATER CU MBERLAND COUNTY, WHICH SUPPORTS NUMEROUS CHARITABLE ORGANIZATIONS IN AND AROUND THE COUNTY VOLUNTEER PROGRAM - WHETHER GREETING VISITORS AT THE FRONT DESK OR COMFORTING PATIENTS A T THE BEDSIDES, VOLUNTEERS PLAY AN IMPORTANT ROLE IN SJH'S TRADITION OF COMPASSIONATE CARE OUR SUCCESSFUL VOLUNTEER PROGRAM CONSISTS OF ADULTS AND TEENS WITH AGE RANGES FROM 14 TO 96 WHO PROVIDE ASSISTANCE IN A VAST ARRAY OF AREAS SUCH AS ACCOUNTING, EDUCATION, PUBLIC RELATIONS, LAUNDRY, ER, SURGICAL SERVICES, PEDIATRICS, NURSING AND MORE IN 2009, MORE THA N 660 DEDICATED AND GENEROUS VOLUNTEERS DONATED MORE THAN 61,000 HOURS OF SERVICE THROUGHO UT THE HEALTH SYSTEM

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CORE FORM, PART III, LINE 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO AL L INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATION AL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFI T STATEMENT INCLUDED IN SCHEDULE O

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DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	SOUTH JERSEY HEALTH SYSTEM, INC ("SYSTEM") IS THE SOLE MEMBER OF THIS ORGANIZATION SYSTEM HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11A	THE ORGANIZATION IS AN AFFILIATE IN SOUTH JERSEY HEALTH SYSTEM, INC AND AFFILIATES ("SYST EM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM SOUTH JERSEY HEALTH SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THIS ORGANIZATION'S FEDERAL FORM 990 WAS M ADE AVAILABLE TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, EACH MEMBER OF THE SOU TH JERSEY HEALTH SYSTEM, INC COMPENSATION COMMITTEE REVIEWED THIS ORGANIZATION'S FORM 990 PRIOR TO FILING WITH THE IRS THE SOUTH JERSEY HEALTH SYSTEM INC COMPENSATION COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES OF THE SYSTEM AS PART OF THE ORGANIZATIO N'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PR EPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING IN HOUSE COUNS EL, VICE-PRESIDENT OF FINANCE, DIRECTOR OF INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AN D OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMEN TS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AN D A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDER AL FORM 990 TO THE MEMBERS OF THE SOUTH JERSEY HEALTH SYSTEM, INC COMPENSATION COMMITTEE AND THEREAFTER TO EACH MEMBER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE IN THE SOUTH JERSEY HEALTH SYSTEM ("SYSTEM") THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTERES T POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PE RSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUE STIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE GENERAL COUNSEL FOR REVIEW THEREAFTER THE GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUE STIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS THE REAFTER, THE GENERAL COUNSEL OF THE ORGANIZATION PRESENTS THIS SUMMARY TO THE ORGANIZATION 'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS W HEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER T HE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCL UDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND N ON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIO NS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOT AL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/ CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATIS FIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLI CABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BOD Y OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETE RMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATI ON" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTER EST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBT AINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIE WING OF HOSPITAL AND HEALTHCARE SY STEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE RE VENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIM ELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS O UTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUM PTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER THE COM PENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWE D ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION' S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING T HE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND F AIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL R EVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJEC TS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION' S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROU GH THE STATE OF NEW JERSEY SECRETARY OF STATE

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDER ED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING M EMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - NET TRANSFERS TO AFFILIATES - $503,000 - CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS - $11,794,000 - NET ASSETS RELEASED FROM RESTRICTION FOR PROPERTY AND EQUIPMENT - $290,000 - CHANGE IN BENEFICIAL INTEREST IN TEMPORARY TRUST - $233,000 - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION - ($306,000) - INCREASE IN BENEFICIAL INTEREST IN CAPITAL CAMPAIGN - $14,000 - DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST - ($20,000)

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SOUTH JERSEY HEALTH SYSTEM ("SYSTEM"), A TAX-E XEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S PARENT ENTITY IS SOUTH JERSEY HE ALTH SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SOUTH JERSEY HEALTH SYSTEM, INC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED D ECEMBER 31, 2010 AND DECEMBER 31, 2009, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL S TATEMENTS CONTAINED CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS THE SOUTH JERSEY HEALTH SYSTEM, INC AUDIT COMMITTEE HAS ASSUMED RESPONSIBILIT Y FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL M ROSSI III TITLE CHAIRMAN - TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANN M BUDDE TITLE VICE CHAIR - TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD HARZ TITLE SECRETARY - TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID ROBBINS JR TITLE TREASURER - TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRUNO A BASILE TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JERRY BROWN TITLE TRUSTEE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALFRED F CAGGIANO TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN B CATALANO MD TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BEVERLY L DAIRSOW TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK DEMAIO MD TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALBERT A FRALINGER JR TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EILEEN A HALLISSEY TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NAUVEED IQBAL MD TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHESTER B KALETKOWSKI TITLE TRUSTEE,EX-OFFICIO-PRES /CEO HOURS 12

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAURICE SHEETZ MD TITLE TRUSTEE,EX-OFFICIO HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JACK M SHIELDS MD TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TACIE TRULL TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WAYNE C SCHIFFNER TITLE EXECUTIVE VICE PRESIDENT HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN A DIANGELO TITLE SENIOR VP/CFO HOURS 16

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ELIZABETH A SHERIDAN TITLE COO - REGIONAL MEDICAL CENTER HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN C BICKINGS TITLE COO - ELMER HOSPITAL HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN C LINN MD TITLE CMO HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT M DANGEL ESQ TITLE GENERAL COUNSEL HOURS 16

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT E FLORENTINE TITLE CHIEF PEOPLE OFFICER HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS P BALDOSARO CPA TITLE VP FINANCE HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ARTHUR BOOTE TITLE VP AMBULATORY CARE HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CLARE SAPIENZA ECK TITLE VP STRATEGIC PLANNING HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS PACEK TITLE VP/CIO HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROLYN S HECKMAN TITLE VP GOVERNMENT RELATIONS HOURS 35

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANNE MCCARTNEY TITLE VP PATIENT CARE-REG MED CENTER HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANET DAVIES TITLE VP PATIENT CARE-ELMER HOSPITAL HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT J SMICK MD TITLE PHYSICIAN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH M ALESSANDRINI TITLE ADMIN DIRECTOR - PHARMACY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THERESA E COPE TITLE DIRECTOR - SURGICAL SERVICES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BETH F SEMLER TITLE PHYSICIST HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES L GAZZOLA TITLE DIRECTOR HOURS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH JERSEY HOSPITAL INC

Employer identification number
21-0634484

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HOMECARE & HOSPICECARE OF SOUTH JERSEY 333 IRVING AVENUE BRIDGETON, NJ 08302 22-6067549	HOSPICE SVCS	NJ	501(C)(3)	509(A)(1)	SJHS		
(2) SOUTH JERSEY HEALTH SYSTEM INC 333 IRVING AVENUE BRIDGETON, NJ 08302 22-2508425	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	N/A		
(3) SOUTH JERSEY HEALTH SYSTEM FDN INC 333 IRVING AVENUE BRIDGETON, NJ 08302 22-3746758	SUPPORT SJHS	NJ	501(C)(3)	509(A)(3)	SJH		
(4) SOUTH JERSEY HEALTHCARE LIFE INC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 26-4827936	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	SJHS		

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BPOC LP 333 IRVING AVENUE BRIDGETON, NJ08302 22-2956029	REAL ESTATE	NJ						No	0		No	0 %

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
(1) HELP SERVICES OF SOUTH JERSEY INC PO BOX 126 SALEM, NJ08079 22-2823028	HEALTHCARE SVCS	NJ		C CORP			
(2) JERSEY HEALTH MANAGEMENT INC 333 IRVING AVENUE BRIDGETON, NJ08302 22-2502241	HEALTHCARE SVCS	NJ		C CORP			
(3) PHYSICIANS OF SOUTHERN NEW JERSEY PC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ08360 22-5745047	HEALTHCARE SVCS	NJ		C CORP			
(4) JUNO ASSURANCE LTD AON HOUSE 4TH FLOOR PEMBROKE HM 08 BD	FINANCIAL VEHICLE	BD		FOREIGN CORP			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		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	(d) Method of determining amount involved
(1) SOUTH JERSEY HEALTH SYSTEM FOUNDATION	E	257,447	
(2) SOUTH JERSEY HEALTH SYSTEM FOUNDATION	D	776,085	
(3) SOUTH JERSEY HEALTH SYSTEM FOUNDATION	C	982,441	
(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) Disproprtionate 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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TY 2010 Other Deductions Schedule

Name: SOUTH JERSEY HOSPITAL INC

EIN: 21-0634484

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
SUPPLIES AND OTHER EXPENSES	49,000	