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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

St Peter's Hospital Foundation Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

319 South Manning Blvd No 309

Room/suite

City or town, state or country, and ZIP + 4

Albany, NY 12208

F Name and address of principal officer

Peter Semenza

319 South Manning Blvd 309

Albany, NY 122080000

D Employer identification number

22-2262982

E Telephone number

(518) 525-1550

G Gross receipts \$ 4,778,725

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.sphcs.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1986

M State of legal domicile NY

Part I		Summary	
Activities & Governance	1	Briefly describe the organization’s mission or most significant activities St Peter's Hospital Foundation, Inc is a member of St Peter's Health Care Services which, acting in the Catholic tradition of the Religious Sisters of Mercy, is a community of persons committed to being a transforming, healing presence within the communities we serve We treat all persons with dignity, hospitality and compassion, calling forth their best human potential We provide comprehensive services that support healthy communities, including quality medical care with holistic approaches to healing body, mind and spirit We care for and strengthen the ministry and all resources entrusted to us We advocate for accessible health care and quality of life for all, especially those who are poor We respond with courage and integrity to needs for services in a rapidly changing health care environment St Peter's Health Care Services is a member of Catholic Health East ("CHE")	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	62
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
	8	Contributions and grants (Part VIII, line 1h)	4,347,276
	9	Program service revenue (Part VIII, line 2g)	0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	513,462
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,443
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,904,181
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,170,677
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	645,267
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 936,902	
Expenses	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	426,226
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,242,170
	19	Revenue less expenses Subtract line 18 from line 12	662,011
	20	Total assets (Part X, line 16)	27,045,673
	21	Total liabilities (Part X, line 26)	256,676
	22	Net assets or fund balances Subtract line 21 from line 20	26,788,997
Net Assets or Fund Balances	Beginning of Current Year		End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

James M Gavin CFO/Treasurer

2011-11-11

Date

Print/Type preparer's name

Firm's name ☐ Deloitte Tax LLP

Firm's address ☐ 1700 Market Street 25th Floor

Philadelphia, PA 19103

Preparer's signature

Date

Check if self-employed ☐

PTIN

Firm's EIN ☐

Phone no ☐ (215) 246-2300

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

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

St Peter's Hospital Foundation, Inc is a member of St Peter's Health Care Services which, acting in the Catholic tradition of the Religious Sisters of Mercy, is a community of persons committed to being a transforming, healing presence within the communities we serve We treat all persons with dignity, hospitality and compassion, calling forth their best human potential We provide comprehensive services that support healthy communities, including quality medical care with holistic approaches to healing body, mind and spirit We care for and strengthen the ministry and all resources entrusted to us We advocate for accessible health care and quality of life for all, especially those who are poor We respond with courage and integrity to needs for services in a rapidly changing health care environment St Peter's Health Care Services is a member of Catholic Health East ("CHE")

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 \$ 1,336,685 including grants of \$ 1,350,978) (Revenue \$)

St Peter's Hospital Foundation provides funds to St Peter's Addiction Recovery Center (SPARC) SPARC is a national leader in addiction education and training and offers individuals and families a comprehensive range of care and service for people affected with drug or alcohol abuse More than 5,000 people with drug and alcohol problems are treated at SPARC'S eight Capital Region Locations In 2010, the functional program expenses were incurred to raise \$1,414,611 in contributions, gifts, grants and other similar amounts for SPARC

4b

(Code) (Expenses \$ 386,334 including grants of \$ 390,678) (Revenue \$)

Since 1988 St Peter's ALS Regional Center has been providing people with Amyotrophic Lateral Sclerosis (ALS) and their families with a comprehensive specialized blend of services and resources St Peter's Hospital Foundation assists in the center's fundraising efforts including hosting three golf tournaments each year In 2010, the functional program expenses were incurred to raise \$414,214 in contributions, gifts, grants and other similar amounts for St Peter's ALS Regional Center

4c

(Code) (Expenses \$ 530,570 including grants of \$ 534,209) (Revenue \$)

St Peter's Cancer Care Center provides a comprehensive program that begins with prevention and education This facility offers the most advanced treatment options, diagnostic testing, medical oncology, radiation treatment, and multiple surgical specialties St Peter's Hospital Foundation provides financial assistance to the Cancer Care Center through grant aquisitions and community giving The Cancer Care Center at St Peter's is among the first five hospitals in the nation to receive the Blue Distinction Award for the treatment of complex and rare cancers In 2010, the functional program expenses were incurred to raise \$603,326 in contributions, gifts, grants and other similar amounts for St Peter's Cancer Care Center

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 871,033 including grants of \$ 848,757) (Revenue \$)



















4e

Total program service expenses

\$ 3,124,622

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	No
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, line 10? 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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
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 Yes	
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 Yes	
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 Yes	
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	No
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	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	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	12		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c			1c	Yes	
2a			2a	9	
b			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			3a		No
b			3b		
4a			4a		No
b					
5a			5a		No
b			5b		No
c			5c		
6a			6a		No
b			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a			7a		No
b			7b		
c			7c		No
d			7d		
e			7e		No
f			7f		No
g			7g		
h			7h		
8			8		
9					
a			9a		
b			9b		
10					
a			10a		
b			10b		
11					
a			11a		
b			11b		
12a			12a		
b			12b		
13					
a			13a		
b			13b		
c			13c		
14a			14a		No
b			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	29	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26	
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		No
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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.	Financial Analyst in Finance Department 159 Wolf Road 3rd Floor Albany, NY 12205 (518) 275-4200

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

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

Form **990** (2010)

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)								211,430	1,159,301	133,262

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▶3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address		(B) Description of services	(C) Compensation
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 ▶0		

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	224,175		
	d	Related organizations	1d	150,000		
	e	Government grants (contributions)	1e	2,264,854		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,386,695		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		4,025,724		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		145,891	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)			411,495	411,495
8a		Gross income from fundraising events (not including \$ 224,175 of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events . . .			-3,489	-3,489
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	Contract Services	541200	108,330		108,330	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		108,330			
12	Total revenue. See Instructions		4,687,951	0	0	662,227

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	3,124,622	3,124,622		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	240,491		183,734	56,757
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	368,385			368,385
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	65,531			65,531
10	Payroll taxes	35,488			35,488
a	Fees for services (non-employees)				
	Management	30,694			30,694
b	Legal	1,032			1,032
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	49,839			49,839
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	71,987			71,987
15	Royalties				
16	Occupancy	59,376			59,376
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,744			31,744
20	Interest				
21	Payments to affiliates	34,690			34,690
22	Depreciation, depletion, and amortization	6,991			6,991
23	Insurance				
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	Fundraising Event Expen	124,388			124,388
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,245,258	3,124,622	183,734	936,902
26	Joint costs. Check here <input checked="" type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			742,963	1	387,094
	2	Savings and temporary cash investments			817,539	2	901,946
	3	Pledges and grants receivable, net			5,631,781	3	3,526,077
	4	Accounts receivable, net				4	2,784
	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				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,400	9	3,400
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	284,331			
	b	Less: accumulated depreciation	10b	254,760	37,802	10c	29,571
	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				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			19,812,188	15	24,770,745
16	Total assets. Add lines 1 through 15 (must equal line 34)			27,045,673	16	29,621,617	
Liabilities	17	Accounts payable and accrued expenses			63,016	17	86,352
	18	Grants payable			171,343	18	
	19	Deferred revenue			12,213	19	28,862
	20	Tax-exempt bond liabilities				20	
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			10,104	25	6,826
	26	Total liabilities. Add lines 17 through 25			256,676	26	122,040
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			8,474,591	27	8,920,774
	28	Temporarily restricted net assets			18,314,406	28	20,578,803
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			26,788,997	33	29,499,577
34	Total liabilities and net assets/fund balances			27,045,673	34	29,621,617	

Part XI Reconciliation 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	4,687,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,245,258
3	Revenue less expenses Subtract line 2 from line 1	3	442,693
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,788,997
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,267,887
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	29,499,577

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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
St Peter's Hospital Foundation Inc

Employer identification number
22-2262982

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?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.")	3,872,312	3,049,126	4,198,855	4,347,276	4,025,724	19,493,293
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	3,872,312	3,049,126	4,198,855	4,347,276	4,025,724	19,493,293
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)						832,933
6 Public Support. Subtract line 5 from line 4						18,660,360

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	3,872,312	3,049,126	4,198,855	4,347,276	4,025,724	19,493,293
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173,740	192,059	174,452	155,019	145,891	841,161
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)						20,334,454
12 Gross receipts from related activities, etc (See instructions)					12	545,365
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	91 770 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95 770 %
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 IIIPart 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: 22-2262982

Name: St Peter's Hospital Foundation 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 Benson Trustee	1 00	X						0	0	0
Steven Boyle Trustee	1 00	X		X				0	791,585	23,117
Peter Campito Trustee	1 00	X						0	0	0
James Carriero Trustee	1 00	X						0	0	0
James Clark President	1 00	X						0	0	0
Glenn P Doherty ESQ Trustee	1 00	X						0	0	0
John C Egan Trustee	1 00	X						0	0	0
Doris Fischer Malesardi Secretary	1 00	X						0	0	0
Sr Katherine Graber Trustee	24 00	X						53,984	0	2,773
Robert Lazar Trustee	1 00	X						0	0	0
Rev James L Lefebvre Trustee	1 00	X						0	0	0
Robert Leonard Trustee	1 00	X						0	0	0
Jennifer MacPhee Trustee	1 00	X						0	0	0
John Maloy Sr Trustee	1 00	X						0	0	0
Darroch Moores MD Trustee	1 00	X						0	0	0
Mary Beth O' Brien Trustee	1 00	X						0	0	0
Peter Platt Treasurer	1 00	X						0	0	0
David Rubin Ass't Sec	1 00	X						0	0	0
Robert Sloan Trustee	1 00	X						0	0	0
Francis Trombly Trustee	1 00	X						0	0	0
Thomas Tyrrell Chairman	1 00	X						0	0	0
Rosemarie Boyle Trustee	1 00	X						0	0	0
Edward Scheid MD Trustee	1 00	X						0	0	0
Michael Conway Trustee	1 00	X						0	0	0
Shanker P Das MD Trustee	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(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			
Sydney Tucker Jones III Trustee	1 00	X						0	0	0
Jeffrey M Levy Trustee	1 00	X						0	0	0
Monica Kasselmann O'bering Trustee	1 00	X						0	0	0
Sister Rosemary Sgroi Trustee	1 00	X						0	0	0
Peter Semenza Executive Direc	37 50			X				157,446	0	26,288
James Gavin CFO	1 00			X				0	367,716	81,084

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	871,033	including grants of \$ 848,757) (Revenue \$)
St Peter's Hospital Foundation provides financial assistance through grant aquisitions and community giving for numerous other programs throughout St Peter's Health Care Services and it's related entities In 2010, the functional program expenses were incurred to raise \$1,593,573 in contributions, gifts, grants and other similar amounts for St Peter's Health Care Services and its related entities			

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
St Peter's Hospital Foundation Inc

Employer identification number
22-2262982

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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	6,604,119	5,890,923	5,495,141		
b Contributions	593,794	734,675	1,774,651		
c Investment earnings or losses	58,666	-1,233	-1,351,866		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	27,604	20,246	27,003		
g End of year balance	7,228,975	6,604,119	5,890,923		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

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		7,845		7,845
b Buildings		99,634	78,665	20,969
c Leasehold improvements				
d Equipment				
e Other		176,852	176,095	757
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				29,571

Schedule D (Form 990) 2010

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	4,687,951
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,245,258
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	442,693
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	2,267,887
9	Total adjustments (net) Add lines 4 - 8	9	2,267,887
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,710,580

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	4,279,945
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	0
3	Subtract line 2e from line 1	3	4,279,945
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	411,495
b	Other (Describe in Part XIV)	4b	-3,489
c	Add lines 4a and 4b	4c	408,006
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,687,951

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,245,260
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	2
e	Add lines 2a through 2d	2e	2
3	Subtract line 2e from line 1	3	4,245,258
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,245,258

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Net Loss from Fundraising Events Increase in Temporarily Restricted Net Assets
Part XII, Line 4b - Other Adjustments		Net Loss from Fundraising Events
Part XIII, Line 2d - Other Adjustments		Rounding

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization St Peter's Hospital Foundation Inc	Employer identification number 22-2262982
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☒ Mail solicitations

b ☐ Internet and e-mail solicitations

c ☒ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			D/M Golf Tournament	ProAm Invitational	6	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	145,758	72,878	92,824	311,460
	2	Less Charitable contributions	106,624	41,891	75,660	224,175
	3	Gross income (line 1 minus line 2)	39,134	30,987	17,164	87,285
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes . . .	6,055	4,036		10,091
	6	Rent/facility costs . . .	12,704	12,920	3,300	28,924
	7	Food and beverages . . .	16,046	10,013		26,059
	8	Entertainment				
	9	Other direct expenses .	4,839	8,970	11,891	25,700
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				90,774
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				-3,489

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses . . .				
	6	Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Peter's Hospital Foundation Inc

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

Employer identification number

22-2262982

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
See Additional Data Table							

- 2

Enter total number of section 501(c)(3) and government organizations ▶
- 3

Enter total number of other organizations ▶

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

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 St Peter's Hospital Foundation requires that award recipients submit quarterly and annual reports Quarterly reports will detail the study's progress and shall include the number of subjects tested, a summary of the research findings and a financial report of grant usage In addition, recipients shall submit an annual report at the end of every grant funded calendar year, and a work plan and detailed budget for every subsequent grant year, no later than October 31st

Software ID:

Software Version:

EIN: 22-2262982

Name: St Peter's Hospital Foundation Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Our Lady of Mercy Life Center2 Mercycare Lane Guilderland, NY 12084	14-1748506	501(c)(3)	234,660	0	FMV		Community donations for program services as indicated by the donor
Our Lady of Mercy Life Center2 Mercycare Lane Guilderland, NY 12084	14-1748506	501(c)(3)	3,660		FMV		Rehab RN training and Hemo-Dialysis
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	488,259		FMV		Community donations for program services as indicated by the donor
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	11,275		FMV		Eldercare Support - Lifeline
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	52,064		FMV		Support of ALS programs
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	39,000		FMV		Bio-Terrorism Hospital Preparedness
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	53,739		FMV		Family Planning
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	530,648		FMV		Support of Cancer care programs
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	80,000		FMV		Support of Dental Van
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	1,414,535		FMV		Support of Addiction Recovery Programs
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	2,484		FMV		Support of the Children's Health Center
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	25,000		FMV		Support of Cardiac Wellness programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	30,000		FMV		Support of the Healing Her Heart Program
St Peter's Hospital315 S Manning Blvd Albany, NY 12205	14-1348692	501(c)(3)	22,464		FMV		Heal-NY Program
Villa Mary Immaculate dba St Peter's Nursing & Rehab Center3012 Hacket Blvd Albany, NY 12208	14-1438749	501(c)(3)	12,196		FMV		Community donations for program services as indicated by the donor
Upstate Clinical Research3 Atrium Drive Suite 205 Albany, NY 12205	14-1819699	501(c)(3)	121,688		FMV		For the study and treatment of Neurofibromatosis

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization St Peter's Hospital Foundation Inc	Employer identification number 22-2262982
--	--

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	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		
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>		
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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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				
(1) Steven Boyle	(i)	0	0	0	0	0	0	0
	(ii)	499,838	169,533	122,214	17,140	5,977	814,702	0
(2) Peter Semenza	(i)	147,728	3,157	6,561	7,366	18,922	183,734	0
	(ii)	0	0	0	0	0	0	0
(3) James Gavin	(i)	0	0	0	0	0	0	0
	(ii)	284,313	53,096	30,307	65,325	15,759	448,800	0
(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
	Part I, Line 4b	Supplemental Executive Retirement Plan will provide benefits to certain key executive employees of SPHCS. The Trustee is Charles Schwab Trust Company. The plan type is a 457(f) plan funded through a Rabbi Trust. The key executive is J. Gavin.
Supplemental Information	Part III	Part I, Line 3: St. Peter's Health Care Services Top Management Official - Steven Boyle, CEO, is compensated by a related organization, St. Peter's Health Care Services, which relies on the related organization, CHE, which uses the following methods to establish its compensation: -Compensation committee -Independent compensation consultant -Written employment contract -Compensation survey -Approval by the board or compensation committee.

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

St Peter's Hospital Foundation Inc

Employer identification number

22-2262982

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		St Peter's Hospital Foundation operates for the benefit of St Peter's Hospital and is considered a beneficial entity of them

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St Peter's Health Care Services may designate up to two members of the governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		St Peter's Health Care Services may designate up to two members of the governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The organization took steps to educate management, members of the board and members of appropriate subcommittees of the board on the compliance requirements mandated by the Form 990. The form was reviewed by the Executive Committee of the board, with a follow up report back to the entire Board of Directors.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>The organization follows St. Peter's Health Care Service's Policy and has adopted CHE's Policy 103 which sets forth the organization's conflict-of-interest policy and processes. Annually, all those serving St. Peter's Health Care Services in a fiduciary capacity, including directors, officers and key employees receive a copy of the policy and annual disclosure statement to be completed. Disclosures of financial interest or other reportable circumstances as defined in the policy are submitted and reviewed by the organization's CEO and board's Chair. Summary information is reported to the entire board and available to the board throughout the year as business comes before the board or management for action. The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict. The determination of whether a disclosed financial or other interest constitutes a conflict-of-interest is made by the board or an appropriate committee thereof comprised of dis-interested persons and without the participation of the affected individual except to respond to questions about the disclosure. The policy further addresses the procedure for the Board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings. Lastly, the policy addresses potential disciplinary action for violations of the policy. The policy is available to the public upon request.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>St Peter's Health Care Services (SPHCS) has adopted CHE's process for determining compensation for the CEO of SPHCS which includes the following The board has an independent committee review and approves all elements of remuneration for all disqualified parties, as well as other key management The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements The committee engages with external consultants to provide market data comparing St Peter's Health Care Service's roles to similarly sized health systems utilizing both title and job content, comparisons The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative program and establishes the detailed performance expectations which are incorporated into the incentive plan All of these discussions and decisions are documented through the provision of meeting minutes St Peter's Health Care Services (SPHCS) has adopted CHE's process for determining compensation for the CIO of SPHCS which mirrors the process outlined above for the CEO The compensation of the Executive Director, key employees/officers of St Peter's Hospital Foundation is reviewed by an independent compensation consultant who reviews the salaries to ensure they are within market and are market competitive This review is done on an annual basis and communicated to key employees</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Organizational Articles of Incorporation, Corporate Bylaws, governance policies believed to be of interest to the public, conflict of interest policy and IRS Form 990 are available to the public upon request

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	Individuals compensated by a related organization have responsibilities and perform services for several related organizations including the filing organization. The amount of compensation appearing in Columns (E) and (F) reflect the services performed for this organization and its affiliates.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net Loss from Fundraising Events 3,489 Increase in Temporarily Restricted Net Assets 2,264,398 Total to Form 990, Part XI, Line 5 2,267,887

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
St Peter's Hospital Foundation Inc

Employer identification number
22-2262982

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
See Additional Data Table							

Part III

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

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

Part IV

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

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

Part V

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

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

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

No

Yes

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) St Peter's Hospital	B	2,261,209	FMV
(2) St Peter's Hospital	K	488,259	FMV
(3) St Peter's Hospital	L	84,000	FMV
(4) St Peter's Auxiliary	R	150,000	FMV
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 22-2262982

Name: St Peter's Hospital Foundation Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Health System of Maine 144 State Street Portland, ME04101 01-0484074	Management & Support Services	ME	501(c)(3)	Line 11c, III-FI	Catholic Health East		No
Mercy Hospital 144 State Street Portland, ME04101 01-0211534	Hospital	ME	501(c)(3)	Line 3	Mercy Health System of Maine		No
Mercy Care for Kids Inc 310 South Manning Blvd Albany, NY12208 14-1717564	Day care center	NY	501(c)(3)	Line 9	St Peter's Health Care Services		No
Our Lady of Mercy Life Center 2 Mercycare Lane Guilderland, NY12084 14-1743506	Nursing Home Facility	NY	501(c)(3)	Line 3	St Peter's Health Care Services		No
St Peter's Auxiliary 315 South Manning Blvd Albany, NY01228 22-2843206	Auxiliary	NY	501(c)(3)	Line 11a, I	St Peter's Health Care Services		No
St Peter's Health Care Services 315 South Manning Blvd Albany, NY12208 22-2702507	Management & Support Services	NY	501(c)(3)	Line 9	Catholic Health East		No
St Peter's Hospital 315 South Manning Blvd Albany, NY12208 14-1348692	Hospital	NY	501(c)(3)	Line 3	St Peter's Health Care Services		No
St Peter's Licensed Home Care Agency 159 Wolf Road Albany, NY12205 14-1818568	Home Health	NY	501(c)(3)	Line 3	St Peter's Health Care Services		No
The Community Hospice Foundation Inc 295 Valley View Blvd Rensselaer, NY12144 22-2692940	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services		No
The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY12144 14-1608921	Serving seriously ill people & their families	NY	501(c)(3)	Line 3	St Peter's Health Care Services		No
Villa Mary Immaculate 301 Hackett Blvd Albany, NY12208 14-1438749	Nursing Home & Physical Rehab	NY	501(c)(3)	Line 3	St Peter's Health Care Services		No
Warde Service Corporation Inc 159 Wolf Road 3rd Floor Albany, NY12205 14-1732097	Supporting & strengthening the ministries of relief & mercy	NY	501(c)(3)	Line 9	St Peter's Health Care Services		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Brightside Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2182395	Behavioral Care	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc		No
Farren Care Center Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2501711	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc		No
Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3398280	Acute Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc		No
Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street No 108 Holyoke, MA 01040 26-4033168	Neurosurgery Medical Services	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc		No
Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 22-2541103	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc		No
Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3398374	Management & Support Services	MA	501(c)(3)	Line 11a, I	Catholic Health East		No
McAuley Center Inc 275 Steele Road West Hartford, CT 06117 06-1058086	Independent Living	CT	501(c)(3)	Line 9	Mercy Community Health Inc		No
Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT 06117 06-1492707	Management & Support Services	CT	501(c)(3)	Line 11a, I	Catholic Health East		No
Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT 06117 06-1488137	In Home Health Care	CT	501(c)(3)	Line 9	Mercy Community Health Inc		No
Mercy Services 2021 Albany Avenue West Hartford, CT 06117 06-1453323	Support Services	CT	501(c)(3)	Line 1	Mercy Community Health Inc		No
Mercyknoll Inc 2021 Albany Avenue West Hartford, CT 06117 06-0757380	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc		No
Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT 06117 06-1164104	Elderly Care	CT	501(c)(3)	Line 3	Mercy Community Health Inc		No

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

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						Yes	No
St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT06117 06-0646843	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc		No
Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY12986 15-0532211	Hospital	NY	501(c)(3)	Line 3	Catholic Health East		No
Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY12946 16-1535133	Hospital	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center		No
Uihlein Mercy Center 185 Old Military Road Lake Placid, NY12946 15-0532190	Hospital	NY	501(c)(3)	Line 3	Mercy Healthcare Center		No
St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY14843 16-1486437	Foundation	NY	501(c)(3)	Line 7	St James Mercy Health System Inc		No
St James Mercy Health System Inc 411 Canisteo Street Hornell, NY14843 22-3127184	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East		No
St James Mercy Hospital 411 Canisteo Street Hornell, NY14843 16-0743310	Hospital	NY	501(c)(3)	Line 3	St James Mercy Health System Inc		No
Marian Community Hospital 100 Lincoln Avenue Carbondale, PA18407 24-0711230	Hospital	PA	501(c)(3)	Line 3	Maxis Health System		No
Marian Community Hospital Auxiliary 100 Lincoln Avenue Carbondale, PA18407 25-1874733	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System		No
Maxis Foundation 100 Lincoln Avenue Carbondale, PA18407 23-2330090	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System		No
Maxis Health System 100 Lincoln Avenue Carbondale, PA18407 91-1940902	Health Care System	PA	501(c)(3)	Line 11b, II	Catholic Health East		No
Maxis Medical Services 100 Lincoln Avenue Carbondale, PA18407 23-2577185	Physician Practices	PA	501(c)(3)	Line 3	Maxis Health System		No

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

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						Yes	No
Tri-County Human Services Center Inc PO Box 517 Carbondale, PA 18407 23-1938528	Behavioral Health Organization	PA	501(c)(3)	Line 7	Maxis Health System		No
Columbus Acquisition Corp 1160 Raymond Boulevard Newark, NJ 07102 26-2616342	Inactive Entity	NJ	501(c)(3)	Line 9	Saint Michaels Medical Center		No
Saint Michaels Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East		No
St James Care Inc 1160 Raymond Boulevard Newark, NJ 07102 26-2616230	Inactive Entity	NJ	501(c)(3)	Line 9	Saint Michaels Medical Center		No
St Michaels Medical Center Foundation 1160 Raymond Boulevard Newark, NJ 07102 22-3311976	Foundation	NJ	501(c)(3)	Line 11a, I	Saint Michaels Medical Center		No
University Heights Property Company Inc 1160 Raymond Boulevard Newark, NJ 07102 22-3100162	Medical Property Holding Company	NJ	501(c)(2)		Saint Michaels Medical Center		No
Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ 08629 22-2797282	Health Services	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ		No
St Francis Medical Center Foundation NJ 601 Hamilton Avenue Trenton, NJ 08629 52-1025476	Foundation	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ		No
St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ 08629 22-3431049	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East		No
Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529	Inactive Entity	PA	501(c)(3)	Line 9	St Mary Medical Center		No
Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699	Physician Services	PA	501(c)(3)	Line 9	St Mary Medical Center		No
LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184	Elderly Care	PA	501(c)(3)	Line 9	St Mary Medical Center		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910	Hospital	PA	501(c)(3)	Line 3	Catholic Health East		No
St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468	Foundation	PA	501(c)(3)	Line 7	St Mary Medical Center		No
East Norriton Physician Services c/o One West Elm Street Conshohocken, PA 19428 23-2515999	Physician Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No
Mercy Catholic Medical Center of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-1352191	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No
Mercy Family Support 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325059	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania		No
Mercy Health Foundation of Southeastern Pennsylvania c/o MHS One West Elm Street Conshohocken, PA 19428 23-2829864	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania		No
Mercy Health Plan c/o One West Elm Street Conshohocken, PA 19428 22-2483605	Health Plans	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania		No
Mercy Health System of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2212638	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East		No
Mercy Home Health 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-1352099	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania		No
Mercy Home Health Services 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325058	Home Health	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania		No
Mercy Management of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2627944	Physician Practices	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania		No
Mercy Suburban Hospital One West Elm Street Conshohocken, PA 19428 23-1396763	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA 19152 23-2300951	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania		No
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152 23-2794121	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No
Nazareth Physician Services Inc 2601 Holme Avenue Philadelphia, PA 19152 20-3261266	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No
NE Physician Services 2601 Holme Avenue Philadelphia, PA 19152 23-2497355	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No
St Agnes Continuing Care Center 1900 S Broad Street Philadelphia, PA 19145 23-2840137	Continuing Care Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania		No
St Agnes Continuing Care Center Foundation 1900 S Broad Street Philadelphia, PA 19145 23-2415137	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania		No
Life at Lourdes Inc 1600 Haddon Avenue Camden, NJ 08108 26-1854750	Elderly Care	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		No
Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525	Supporting Organization	NJ	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services		No
Lourdes Dialysis at Innova Inc 1600 Haddon Avenue Camden, NJ 08108 26-3237625	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		No
Lourdes Medical Center Burlington County 218 Sunset Road Willingboro, NJ 08046 22-3612265	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		No
Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528	Management & Support Services	NJ	501(c)(3)	Line 11b, II	Catholic Health East		No
Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ 08103 22-2351960	Foundation	NJ	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ08103 21-0635001	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services		No
Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE19805 22-3008680	Eldercare	DE	501(c)(3)	Line 9	St Francis Hospital		No
St Francis Foundation PO Box 2500 Wilmington, DE19805 51-0374158	Foundation	DE	501(c)(3)	Line 11b, II	St Francis Hospital		No
St Francis Hospital PO Box 2500 Wilmington, DE19805 51-0064326	Hospital	DE	501(c)(3)	Line 3	Catholic Health East		No
McAuley Ministries McAuley Hall 3333 Fifth Avenue Pittsburgh, PA15213 94-3436142	Management & Support Services	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System		No
Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA19073 25-1310602	Inactive Entity	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System		No
Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA15233 25-1604115	Community Treatment	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System		No
Pittsburgh Mercy Foundation 1200 Reedsdale Street Pittsburgh, PA15233 25-1479026	Foundation	PA	501(c)(3)	Line 11b, II	Pittsburgh Mercy Health System		No
Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA15213 25-1464211	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East		No
St Joseph's of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC28387 56-0694200	Hospital	NC	501(c)(3)	Line 3	Catholic Health East		No
Life St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC28387 27-2159847	Healthcare Services	NC	501(c)(3)	Line 3	St Joseph's of the Pines Inc		No
Mercy Senior Care Inc 212 West Third Street PO Box 866 Rome, GA 30162 58-1366508	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Saint Joseph's at East Georgia Inc 1201 Siloam Road Greensboro, GA 30462 26-1720984	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc		No
Saint Joseph's Health System Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1744848	Management & Support Services	GA	501(c)(3)	Line 11b, II	Catholic Health East		No
Saint Joseph's Hospital of Atlanta Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-0566257	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc		No
Saint Joseph's Mercy Care Services Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1752700	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc		No
Saint Joseph's Mercy Foundation Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1448522	Fundraising	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc		No
Saint Joseph's Translational Research Institute Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 80-0079841	Research	GA	501(c)(3)	Line 4	Saint Joseph's Health System Inc		No
Mercy Services Downtown Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 27-2046353	Real Estate Holding Company	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc		No
St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(c)(3)	Line 3	Catholic Health East		No
St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(c)(3)	Line 11b, II	St Mary's Health Care System Inc		No
St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc		No
St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc		No
Mercy Medical Corporation PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(c)(3)	Line 3	Catholic Health East		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Allegany Franciscan Ministries Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL34684 58-1492325	Management & Support Services	FL	501(c)(3)	Line 11b, II	Catholic Health East		No
St Francis Hospital Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL34684 59-0624442	Hospital	FL	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries Inc		No
Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL33308 59-0791028	Hospital	FL	501(c)(3)	Line 3	Catholic Health East		No
Holy Cross Long-Term Inc 4725 North Federal Highway Ft Lauderdale, FL33308 65-0787320	Medical Services	FL	501(c)(3)	Line 3	Holy Cross Hospital Inc		No
Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL33308 65-0666283	Medical Building Real Estate Management	FL	501(c)(2)		Holy Cross Hospital Inc		No
Mercy Hospital Foundation Inc 3663 South Miami Avenue Miami, FL33133 59-1709438	Fundraising	FL	501(c)(3)	Line 7	Mercy Hospital Inc		No
Mercy Hospital Inc 3663 South Miami Avenue Miami, FL33133 59-0791034	Hospital	FL	501(c)(3)	Line 3	Catholic Health East		No
Mercy Medical Development Inc 3663 South Miami Avenue Miami, FL33133 59-2789194	Outpatient Services	FL	501(c)(3)	Line 9	Mercy Hospital Inc		No
Mercy Mission Services Inc 3663 South Miami Avenue Miami, FL33133 65-0435764	Health Care	FL	501(c)(3)	Line 11a, I	Mercy Hospital Inc		No
Catholic Health East 3805 West Chester Pike Suite 100 Newtown Square, PA19073 23-2929748	Management Services	PA	501(c)(3)	Line 11a, I	N/A		No
Continuing Care Management Services Network 3805 West Chester Pike Suite 100 Newtown Square, PA19073 35-2336834	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East		No
Global Health Ministry 3805 West Chester Pike Suite 100 Newtown Square, PA19073 23-3068656	Health Care	PA	501(c)(3)	Line 7	Catholic Health East		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Jeanette Hospital Foundation 600 Jefferson Avenue Jeannette, PA 15644 25-1462863	Foundation	PA	501(c)(3)	Line 7	Pittsburgh Mercy Health System		No
VNA Home Health & Hospice 50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(c)(3)	Line 11a, I	Mercy Health System of Maine		No
Providence Place Inc 5 Gamelin Street Holyoke, MA 01040 04-3404084	Retirement Community	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc		No
Intercoastal Health Systems 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East		No
Mercy Outpatient Services Inc DBA Sister Emmanuel Hospital 3663 South Miami Avenue Miami, FL 33133 51-0461511	Hospital	FL	501(c)(3)	Line 3	Mercy Hospital Inc		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938180	Building Management	MA	N/A	C			
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3128890	Medical Services	MA	N/A	C			
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3029829	Medical Services	MA	N/A	C			
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3317426	Health Care Services	MA	N/A	C			
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938181	Lab Services	MA	N/A	C			
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA010400000 04-6608649	Property Management	MA	N/A	C			
SJM Properties 411 Canisteo Street Hornell, NY148482104 16-1294991	Property Holdings	NY	N/A	C			
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA18407 23-2801677	Medical Insurance Contracting	PA	N/A	C			
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA18407 23-2801676	Inactive	PA	N/A	C			
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA18407 23-2365077	Pharmacy	PA	N/A	C			
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD	Insurance	BD	N/A	C			
LifeCare Physicians PC 601 Hamilton Avenue Trenton, NJ086291986 26-1649038	Health Care Services	NJ	N/A	C			
Multicare Plus Inc 601 Hamilton Avenue Trenton, NJ086291986 22-3435844	Inactive	NJ	N/A	C			
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 25-3795549	General Partner of LMOB Partners, II	PA	N/A	C			
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 23-2625981	General Partner of LMOB Partners	PA	N/A	C			
AMHP Holdings Corp 200 Stevens Drive Philadelphia, PA19113 26-1144363	Behavioral Health	PA	N/A	C			
Select Health of South Carolina Inc 4390 Belle Oaks Drive Suite 400 Charleston, SC29405 57-1032456	Health Maintenance Organization	SC	N/A	C			
Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA15219 25-1505506	Health Care	PA	N/A	C			
Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA15219 30-0282076	Health Care	PA	N/A	C			
MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA19428 23-2184261	Medical Office Buildings	PA	N/A	C			
Community Behavioral Healthcare Network of PA Inc 8040 Carlson Road Harrisburg, PA17112 25-1765391	Behavioral Health	PA	N/A	C			
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ08035 22-3366580	Health Care Billing	NJ	N/A	C			
Jeannette Medical Providers 3805 West Chester Pike Newtown Square, PA19073 25-1787334	Holding Company	PA	N/A	C			
Jeannette OBGYN Group 1 Inc 3805 West Chester Pike Newtown Square, PA19073 23-2890748	Holding Company	PA	N/A	C			
Jeannette Primary Care Group 1 Inc 3805 West Chester Pike Newtown Square, PA19073 23-2890743	Holding Company	PA	N/A	C			
Saint Joseph's Service Corporation Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1750815	Service Provider	GA	N/A	C			
Saint Joseph's Real Estate Management Corp 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1657768	Investment Company	GA	N/A	C			
Magnetic Resonance Imaging Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1609308	Holding Company	GA	N/A	C			
ACTx 5673 Peachtree Dunwoody Road Atlanta, GA303421769 83-0345672	Research	GA	N/A	C			
Georgia Health Enterprises LLC 11440 Commerce Park Drive Reston, VA20191 54-1806329	Healthcare	VA	N/A	C			
St Mary's Highland Hills Village Inc 1660 Jennings Mill Road Bogart, GA30622 58-2276801	Assisted Living	GA	N/A	C			
GHE Physicians PC 3500 Piedmont Road Atlanta, GA30305 58-2277939	Practice Management	GA	N/A	C			
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale Highwa, FL333080000 59-1145192	Medical Services	FL	N/A	C			
Mercy Physician Group Inc 3663 South Miami Avenue Miami, FL33133 20-2970015	Health Care	FL	N/A	C			
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0078266	Insurance	CJ	N/A	C			
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA19073 37-1572595	Senior Services	PA	N/A	C			