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AMENDED RETURN

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 , 2010, and ending , 20

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

C Name of organization: SAINT PETERS HEALTHCARE SYSTEM, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 254 EASTON AVENUE

Room/suite:

City or town, state or country, and ZIP + 4: NEW BRUNSWICK, NJ 08901

D Employer identification number: 26-2019056

E Telephone number: (732) 745-8600

G Gross receipts $ 27,299,990.

F Name and address of principal officer: RONALD C. RAK, JD
254 EASTON AVENUE NEW BRUNSWICK, NJ 08901

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SAINTPETERSHCS.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2007

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS THE PARENT ENTITY OF THE SAINT PETER'S HEALTHCARE SYSTEM AND ITS AFFILIATES; A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	141.
6	Total number of volunteers (estimate if necessary)	6	0.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	3,790,000.	27,299,990.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,790,000.	27,299,990.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	119,303.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	13,550,336.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,009,000.	13,630,351.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,009,000.	27,299,990.
19	Revenue less expenses Subtract line 18 from line 12	-1,219,000.	

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0.	2,883,023.
21	Total liabilities (Part X, line 26)	1,219,000.	2,883,023.
22	Net assets or fund balances Subtract line 21 from line 20	-1,219,000.	

RECEIVED
AUG 27 2012
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OGDEN, UT

SEP 18 2012

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 8-17-2012

▶ GARRICK J. STOLDT, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ANTHONY PANICO	Preparer's signature	Date: 8/6/12	Check if self-employed ▶ [ ]	PTIN: P00365556
Firm's name ▶ WITHUMSMITH+BROWN, PC			Firm's EIN ▶ 22-2027092	
Firm's address ▶ 465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497			Phone no 973-898-9494	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

JSA
0E1010 1 000
2896EA U600

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

ATTACHMENT 1

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 $ 24,569,990. including grants of $ 0.) (Revenue $ 27,299,990.)

EXPENSES INCURRED IN SUPPORTING SAINT PETER'S UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND OTHER SAINT PETER'S HEALTHCARE SYSTEM AFFILIATES WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY AND ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e **Total program service expenses** ▶ 24,569,990.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements 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)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
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		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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 47		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 141		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X

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 20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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		X
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	X	
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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 ▶

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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GARRICK J. STOLDT, FHFMA, CPA 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 (732)745-8600

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 3										
(1) DONALD M DANIELS CHAIRMAN - TRUSTEE	3.00	X		X				0.	0.	0.
(2) MATTHEW J WIECZKOWSKI CPA VICE CHAIRMAN - TRUSTEE	3.00	X		X				0.	0.	0.
(3) MICHAEL P COYLE JR MD TRUSTEE	3.00	X						0.	0.	0.
(4) JOHN F CROWLEY JD TRUSTEE	3.00	X						0.	0.	0.
(5) VINCENT J DICKS TRUSTEE	3.00	X						0.	0.	0.
(6) SALVATORE FALGIANO TRUSTEE	3.00	X						0.	0.	0.
(7) REVEREND JOHN FELL TRUSTEE	3.00	X						0.	0.	0.
(8) ALFRED G GABURO JR TRUSTEE	3.00	X						0.	0.	0.
(9) HONORABLE FRANK GAMBATESE TRUSTEE	3.00	X						0.	0.	0.
(10) CLIFFORD E HOLLAND TRUSTEE	3.00	X						0.	0.	0.
(11) SUZETTE JOHNSON MD TRUSTEE	3.00	X						0.	0.	0.
(12) KAREN LICITRA TRUSTEE	3.00	X						0.	0.	0.
(13) VAUGHN MCKOY JD TRUSTEE	3.00	X						0.	0.	0.
(14) SANDY NEWMAN TRUSTEE	3.00	X						0.	0.	0.
(15) KEVIN NINI MD TRUSTEE	3.00	X						0.	0.	0.
(16) RONALD C RAK JD TRUSTEE - PRESIDENT/CEO	40.00	X						601,281.	0.	37,050.

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			
(17) ANTHONY D SCHOBERL TRUSTEE	3.00	X						0.	0.	0.
(18) PETER G SCHOBERL TRUSTEE	3.00	X						0.	0.	0.
(19) JOSEPH TABAK TRUSTEE	3.00	X						0.	0.	0.
(20) ROBERT ZULLO MD TRUSTEE	3.00	X						0.	0.	0.
(21) KATHLEEN KILLION SECRETARY	46.00			X				92,598.	0.	3,822.
(22) GARRICK J STOLDT FHFMA CPA TREASURER - VP FINANCE/CFO	40.00			X				288,086.	0.	64,318.
(23) PETER CONNOLLY EVP; CHIEF MARKETING OFFICER	5.00			X				449,343.	0.	46,988.
(24) VERONICA ZEICHNER CFO (1/1/10-8/3/10)	50.00			X				358,034.	0.	23,748.
(25) FRANK J DI SANZO CHIEF INFORMATION OFFICER	55.00			X				303,163.	0.	33,868.
(26) ANGELA M MELILLO CHIEF COMPLIANCE OFFICER	55.00			X				193,518.	0.	39,336.
(27) WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	50.00			X				174,655.	0.	34,236.
(28) PATRICIA CARROLL SVP/COO (EFFECTIVE 9/7/10)	45.00			X				139,908.	0.	1,989.
1b Sub-total ▶								2,600,586.	0.	285,355.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2 ▶								2,884,873.	180,656.	287,965.
d Total (add lines 1b and 1c) ▶								5,485,459.	180,656.	573,320.

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 ▶ 21

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

Section B. Independent Contractors

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

(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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		0.			
Program Service Revenue		**Business Code**				
	2a PROGRAM RELATED REVENUE	900099	27,299,990.	27,299,990.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		27,299,990.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		0.			
	4 Income from investment of tax-exempt bond proceeds ▶		0.			
	5 Royalties ▶		0.			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		0.			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		0.			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		0.			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		0.			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0.			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		0.			
	12 **Total revenue.** See instructions ▶		27,299,990.	27,299,990.		

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	119,303.	119,303.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,142,990.	4,628,693.	514,297.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,673,114.	6,005,802.	667,312.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,000.	2,700.	300.	
9 Other employee benefits	784,279.	705,849.	78,430.	
10 Payroll taxes	946,953.	852,258.	94,695.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	509,224.	458,302.	50,922.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	382,246.	344,021.	38,225.	
12 Advertising and promotion	3,773,020.	3,395,718.	377,302.	
13 Office expenses	658,699.	592,829.	65,870.	
14 Information technology	148,934.	134,041.	14,893.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	25,216.	22,694.	2,522.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	34,730.	31,257.	3,473.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	10,912.	9,821.	1,091.	
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 CONTRACTED SERVICES	4,452,539.	4,007,285.	445,254.	0.
b REPAIRS AND MAINTENANCE	1,999,504.	1,799,554.	199,950.	0.
c TEMPORARY SERVICES	843,861.	759,475.	84,386.	0.
d PURCHASED SERVICES	152,080.	136,872.	15,208.	0.
e DUES AND SUBSCRIPTIONS	127,413.	114,672.	12,741.	0.
f All other expenses	511,973.	448,844.	63,129.	0.
25 **Total functional expenses.** Add lines 1 through 24f	27,299,990.	24,569,990.	2,730,000.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0.	1	758,528.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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)		6	
	7	Notes and loans receivable, net ATCH 4	0.	7	1,443,102.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	595,511.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	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	0.	15	85,882.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0.	16	2,883,023.
Liabilities	17	Accounts payable and accrued expenses	0.	17	2,883,023.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	1,219,000.	25	0.
	26	**Total liabilities.** Add lines 17 through 25	1,219,000.	26	2,883,023.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-1,219,000.	27	0.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-1,219,000.	33	0.
	34	Total liabilities and net assets/fund balances	0.	34	2,883,023.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,299,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,299,990.
3	Revenue less expenses Subtract line 2 from line 1	3	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,219,000.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,219,000.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	0.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
SAINT PETERS HEALTHCARE SYSTEM, INC.	26-2019056

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☒

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									0.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(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 **331/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Also complete this part for any additional information (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
SAINT PETER'S UNIVERSITY HOSPITAL	22-1487330	03	X	X	X	0.
TOTAL AMOUNT OF SUPPORT						0.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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? . . . . . [X] 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AUX. OF THE ROBERT WOOD JOHNSON UNIV. HOSPI 120 ALBANY STREET NEW BRUNSWICK, NJ 08901	22-6014339	501(C)(3)	5,500.				PROGRAM SUPPORT
(2)	UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)	6,500.				PROGRAM SUPPORT
(3)	ST. PETER'S MEDICAL STAFF FUND 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901		501(C)(3)	15,000.				PROGRAM SUPPORT
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

GRANT FUND MONITORING

SCHEDULE I, PART I; QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number
26-2019056

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			
	☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
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 RONALD C RAK JD	(i)	597,864.	0.	3,417.	27,371.	9,679.	638,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GARRICK J STOLDT FHFMA	(i)	286,206.	0.	1,880.	34,205.	30,113.	352,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PETER CONNOLLY	(i)	446,376.	0.	2,967.	30,371.	16,617.	496,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 VERONICA ZEICHNER	(i)	205,005.	0.	153,029.	0.	23,748.	381,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 FRANK J DI SANZO	(i)	301,203.	0.	1,960.	24,202.	9,666.	337,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ANGELA M MELILLO	(i)	192,312.	0.	1,206.	30,685.	8,651.	232,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOHN DANNA	(i)	0.	0.	193,178.	0.	0.	193,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 WILLIAM J REARS	(i)	174,163.	0.	492.	9,825.	24,411.	208,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 AAMIR REHMAN	(i)	176,006.	0.	290,335.	0.	10,421.	476,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 STEVEN S RADIN	(i)	371,373.	0.	10,358.	31,084.	18,547.	431,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SUSAN M BALLESTERO	(i)	247,918.	30,000.	1,449.	27,460.	15,784.	322,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JOSE A JIMENEZ	(i)	226,374.	0.	2,620.	30,770.	15,050.	274,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 TERRY HARGADON	(i)	187,590.	0.	5,578.	41,514.	779.	235,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ROBERT J BABIN SR	(i)	158,153.	0.	7,557.	32,148.	5,258.	203,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 NICHOLAS J LACERENZA	(i)	147,302.	0.	4,076.	18,079.	11,730.	181,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16	(i)							
	(ii)							

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

COMPENSATION INFORMATION

CORE FORM, PART VII AND SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING 2010. THEE AMOUNTS LISTED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: VERONICA ZEICHNER, $130,767; JOHN D'ANNA, $193,178; AAMIR REHMAN, $290,000; AMELIA KORAB, $123,077 AND JOAN B. MCCORMICK, $42,876.

COMPENSATION INFORMATION

SCHEDULE J, PART I; QUESTION 7 AND CORE FORM, PART VII

THE FOLLOWING INDIVIDUALS RECEIVED A BONUS DURING CALENDAR YEAR 2010 WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: SUSAN M. BALLESTERO, $30,000 AND ROBERT J. MULCAHY, $5,000.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number
26-2019056

AMENDED FORM 990

CORE FORM, PART VII, SCHEDULE J, PART II AND SCHEDULE J, PART III

THIS FORM 990 IS BEING AMENDED TO REFLECT THE FACT THAT THE BONUS AMOUNT OF $290,000 REFLECTED IN SCHEDULE J, PART II, COLUMN B(II) AND PART III, FOR AAMIR REHMAN WAS MISCLASSIFIED AND ACTUALLY REPRESENTS A SEVERANCE PAYMENT MADE TO HIM IN 2010. HE DID NOT RECEIVE A BONUS IN 2010. THE AMOUNT IS NOW PROPERLY REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER COMPENSATION WITH THE APPROPRIATE SEVERANCE PAYMENT WORDING INCLUDED IN SCHEDULE J, PART III.

THIS FORM 990 IS ALSO BEING AMENDED TO INCLUDE FRANK J. DISANZO, CHIEF INFORMATION OFFICER, ON CORE FORM, PART VII AND SCHEDULE J, PART II AS HE IS AN OFFICER OF THE ORGANIZATION.

THIS FORM 990 IS ALSO BEING AMENDED TO INCLUDE, IN COLUMN (C) OF SCHEDULE J, PART II, THE 2010 INCREASE IN PRESENT VALUE FOR EACH APPLICABLE INDIVIDUAL'S PENSION PLAN BENEFIT. PLEASE NOTE THESE AMOUNTS WERE NOT AVAILABLE AS OF THE FORM 990 ORIGINAL FILING DEADLINE.

COMMUNITY BENEFIT STATEMENT

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SAINT PETER'S HEALTHCARE SYSTEM, INC. IS A NOT FOR-PROFIT HOLDING COMPANY

BASED IN NEW BRUNSWICK, NEW JERSEY. SAINT PETER'S HEALTHCARE SYSTEM, INC. IS THE SOLE CORPORATE MEMBER OF A NUMBER OF NOT FOR-PROFIT ENTITIES AND THE SOLE SHAREHOLDER OF VARIOUS OTHER FOR-PROFIT ENTITIES.

BACKGROUND

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SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;

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

3. SPUH MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

Name of the organization: SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number: 26-2019056

4. CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES; WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES.

THE OPERATIONS OF SPUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SPUH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

SPUH, LOCATED AT 254 EASTON AVENUE, NEW BRUNSWICK, N.J. AND IS A 478-BED NON-PROFIT ACUTE-CARE TEACHING HOSPITAL SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF METUCHEN. SAINT PETER'S IS AN ACADEMIC AFFILIATE OF THE DREXEL UNIVERSITY COLLEGE OF MEDICINE AND SPONSORS ITS OWN FREESTANDING RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION AND IS CERTIFIED AS A MAGNET HOSPITAL FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CENTER. SAINT PETER'S IS ALSO A STATE-DESIGNATED CHILDREN'S HOSPITAL AND IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF

PHILADELPHIA. SAINT PETER'S WAS THE FIRST HOSPITAL IN MIDDLESEX COUNTY AND HAS SERVED THE HEALTHCARE NEEDS OF CENTRAL NEW JERSEY CONTINUOUSLY SINCE 1908 PROVIDING SUBSTANTIAL COMMUNITY BENEFIT.

FOR OVER A CENTURY, SPUH HAS BEEN SERVING THE HEALTHCARE NEEDS OF CENTRAL NEW JERSEY. FROM ITS SIMPLE BEGINNINGS IN 1908, SAINT PETER'S HAS GROWN TO BECOME A TECHNOLOGICALLY-ADVANCED, 478-BED TEACHING HOSPITAL THAT PROVIDES A BROAD ARRAY OF SERVICES TO THE COMMUNITY - FROM SOPHISTICATED CARE OF PREMATURE BABIES TO SPECIALIZED GERIATRIC MEDICINE.

SPUH BRINGS THE LATEST MEDICAL PRACTICES AND HIGHLY SKILLED PROFESSIONALS TO THE BEDSIDE. SPUH TREATS APPROXIMATELY 27,000 INPATIENTS AND 200,000 OUTPATIENTS ANNUALLY. SPUH EMPLOYS 2,400 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND MORE THAN 1,100 PHYSICIANS AND DENTISTS HAVE PRIVILEGES AT ITS FACILITY.

AS A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL, SPUH OFFERS A FULL RANGE OF SPECIALIZED PEDIATRIC HEALTHCARE SERVICES. SPUH ALSO OFFERS ONE OF THE MOST SOPHISTICATED MATERNITY PROGRAMS AND OPERATES ONE OF THE LARGEST, MOST ADVANCED NEONATAL INTENSIVE CARE UNITS IN THE COUNTRY AS A STATE-DESIGNATED REGIONAL PERINATAL CENTER. SPUH IS AN INTERNATIONAL TRAINING CENTER FOR MINIMALLY INVASIVE SURGERY (MIS), AND HUNDREDS OF COMPLEX MIS PROCEDURES ARE PERFORMED HERE EVERY YEAR. SPUH IS ONE OF ONLY A FEW IN THE NATION RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION. SPUH IS ALSO A REGIONAL PROVIDER OF

RADIATION AND ONCOLOGY SERVICES AND SPECIALIZES IN INTEGRATED GERIATRIC MEDICINE.

WHILE MEDICAL ADVANCES HELP TO PROVIDE BETTER PATIENT CARE THAN EVER BEFORE, SPUH'S HEALING MISSION WOULD BE INCOMPLETE WITHOUT THE PERSONAL COMMITMENT OF EMPLOYEES THAT RESPOND TO THE TOTAL, INDIVIDUAL PERSON - SPIRITUALLY, EMOTIONALLY AND PHYSICALLY.

MISSION STATEMENT

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KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED BY THE BISHOP OF METUCHEN, SPUH IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES.

SPUH MINISTERS TO THE WHOLE PERSON, BODY AND SPIRIT, PRESERVING THE DIGNITY AND SACREDNESS OF EACH LIFE. SPUH PLEDGES TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG OUR EMPLOYEES, PHYSICIANS AND VOLUNTEERS AND TO THE EDUCATION AND TRAINING OF HEALTH-CARE PERSONNEL.

SPUH WITNESSES IN ITS COMMUNITY TO THE HIGHEST ETHICAL AND MORAL PRINCIPLES IN PURSUIT OF EXCELLENCE AND PATIENT SAFETY.

FACTS

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- NEW JERSEY'S FIRST STATE-DESIGNATED REGIONAL PERINATAL CENTER (LEVEL III) AND NICU (LEVEL III), ESTABLISHED IN 1981.

- DELIVERS APPROXIMATELY 5,900 NEWBORNS ANNUALLY AND HIGHEST IN NEW JERSEY IN 2010. ADMITS APPROXIMATELY 1,000 NEWBORNS TO THE 54-BASSINETT NICU, ONE OF THE LARGEST ON THE EAST COAST.
- RENOWNED FOR ITS PRACTICE OF OBSTETRICS, ESPECIALLY IN THE AREA OF PROBLEM AND HIGH-RISK PREGNANCIES. SERVICES INCLUDE:

MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE)

ANTENATAL TESTING UNIT (ADVANCED ULTRASOUND TESTING). APPROXIMATELY 16,000 ULTRASOUNDS PERFORMED ANNUALLY.

INSTITUTE FOR GENETIC MEDICINE (GENETIC COUNSELING, TESTING AND TREATMENT)

PERINATAL EVALUATION AND TREATMENT (PERINATAL EMERGENCY TRIAGE AND TREATMENT)

HIGH-RISK ANTEPARTUM UNIT (HOSPITAL CARE FOR PREGNANT WOMEN EXPERIENCING COMPLICATIONS OR HIGH-RISK PREGNANCIES)
INFANT AND PERINATAL LOSS EVALUATION PROGRAM (DIAGNOSTIC AND TREATMENT

CENTER FOR REPEATED MISCARRIAGE/PREGNANCY LOSS)

OBSTETRICAL MEDICINE (TREATS MEDICAL COMPLICATIONS IN PREGNANCY)

GENERAL OB-GYN

- THE CHILDREN'S HOSPITAL AT SAINT PETER'S, AN AFFILIATE OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA, IS A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL THAT TREATS MORE CHILDREN THAN ANY OTHER HOSPITAL IN CENTRAL NEW JERSEY. SERVICES INCLUDE:

AN EIGHT-BED PEDIATRIC INTENSIVE CARE UNIT (PICU) STAFFED BY PEDIATRIC INTENSIVISTS AND SPECIALLY TRAINED PEDIATRIC NURSES.

A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT THAT TREATS MORE THAN 22,000 CHILDREN ANNUALLY.

COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALLY INVASIVE SERVICES.

THE LARGEST GROUP OF SPECIALLY TRAINED PEDIATRIC ANESTHESIOLOGISTS IN THE AREA, AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK.

A DIVISION OF PEDIATRIC HEMATOLOGY-ONCOLOGY.

A REGIONAL CRANIOFACIAL-NEUROSURGICAL CENTER SPECIALIZING IN THE

CORRECTION OF CLEFT LIP AND CLEFT PALATE (UNIQUE TO THE REGION).

PEDIATRIC ENDOCRINOLOGY, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL SEVEN AREAS OF DIABETES EDUCATION (WHICH INCLUDES ADULT ENDOCRINOLOGY).

- PERFORMS HUNDREDS OF COMPLEX MINIMALLY INVASIVE SURGICAL (MIS) PROCEDURES A YEAR AND IS A NATIONAL TRAINING CENTER FOR MIS SURGEONS.

- FOR MORE THAN 40 YEARS, A REGIONAL PROVIDER OF COMPREHENSIVE CANCER SERVICES INCLUDING RADIATION ONCOLOGY, OUTPATIENT CHEMOTHERAPY, THE HEAD AND NECK CLINIC, PROSTATE SEED IMPLANTATION, BREAST CANCER TREATMENT, GYNECOLOGIC ONCOLOGY, MINIMALLY INVASIVE SURGERY AND SUPPORT GROUPS.

- SPECIALIZES IN INTEGRATED GERIATRIC MEDICINE, OFFERING SERVICES AND SATELLITE CENTERS THAT INCLUDE GERIATRIC EVALUATION AND MANAGEMENT SERVICE (INTENSIVE OUTPATIENT PROGRAM FOR FRAIL SENIORS), MARGARET MCLAUGHLIN MCCARRICK CARE CENTER, COMPREHENSIVE CARE GROUP IN MONROE, ADULT DAY CARE CENTER AT MONROE AND NURSING CARE AT SIX RETIREMENT COMMUNITIES.

- DIABETES CARE AND CONTROL CENTER, ONE OF ONLY A FEW PROGRAMS IN THE NATION RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION.

- THE INSTITUTE FOR GENETIC MEDICINE, THE SOLE HOSPITAL-BASED PROVIDER OF GENETIC SERVICES TO INFANTS, CHILDREN AND ADULTS IN CENTRAL NEW JERSEY, COUNSELS, TESTS AND TREATS THOSE WITH A FAMILY HISTORY OF CHROMOSOME ABNORMALITIES, BIRTH DEFECTS, SKELETAL DYSPLASIAS, CANCER SYNDROMES AND OTHER TYPES OF INHERITED DISORDERS.

- WOMEN'S HEALTH SERVICES, INCLUDING IMAGING SERVICES AND UROGYNECOLOGY.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AFFILIATIONS

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SAINT PETER'S UNIVERSITY HOSPITAL IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP). TOGETHER, WE'VE ESTABLISHED THE CHOP CARDIAC CENTER AT SAINT PETER'S UNIVERSITY HOSPITAL THAT SPECIALIZES IN MONITORING AND TREATING CARDIAC ABNORMALITIES IN INFANTS AND CHILDREN. IN SUPPORT OF OUR MISSION TO PROVIDE QUALITY MEDICAL EDUCATION, SAINT PETER'S BECAME AN ACADEMIC AFFILIATE OF DREXEL UNIVERSITY COLLEGE OF MEDICINE, THE LARGEST PRIVATE MEDICAL SCHOOL IN THE NATION AND A LEADER IN HEALTH SCIENCE EDUCATION AND RESEARCH, IN 2005. PETER'S BECAME AN ACADEMIC AFFILIATE OF DREXEL UNIVERSITY COLLEGE OF MEDICINE, THE LARGEST PRIVATE MEDICAL SCHOOL IN THE NATION AND A LEADER IN HEALTH SCIENCE EDUCATION AND RESEARCH, IN 2005.

SPECIALTY SERVICES

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REGIONAL PERINATAL CENTER (RPC): DELIVERING MORE THAN 5,900 BABIES ANNUALLY, SAINT PETER'S OFFERS ONE OF THE LARGEST, MOST SOPHISTICATED MATERNITY PROGRAMS IN THE COUNTRY. THE HOSPITAL WAS THE FIRST REGIONAL PERINATAL CENTER IN NEW JERSEY AND SPECIALIZES IN HIGH-RISK PREGNANCY. THE ANTENATAL TESTING UNIT IS ONE OF THE LARGEST UNITS OF ITS KIND AND FEATURES 3D AND 4D ULTRASOUND TESTING. SPECIALTY MATERNAL FETAL MEDICINE PROGRAMS INCLUDE THE INFANT AND PERINATAL LOSS EVALUATION PROGRAM AND THE INFANT PREMATURITY ASSESSMENT AND PREVENTION PROGRAM.

NEONATAL INTENSIVE CARE UNIT (NICU): SAINT PETER'S OPERATES A 54-BASSINETT NICU, THE LARGEST IN CENTRAL NEW JERSEY, AND THE FIRST IN THE STATE, WHICH INCLUDES THE NEONATAL RETINA CENTER PROVIDING LASER SURGERY FOR RETINOPATHY OF PREMATURITY AND OUTPATIENT OPHTHALMOLOGY SERVICES, AND THE INFANT APNEA CENTER. SPECIAL TRAINING IN CARING FOR THESE FRAGILE BABIES IS PROVIDED TO PARENTS, AND SUPPORT GROUPS ARE OFFERED.

CANCER PROGRAM: INCLUDES A 24-BED INPATIENT UNIT AND OUTPATIENT SERVICES INCLUDING RADIATION AND INFUSION THERAPIES, SURGERY AND THE HEAD AND NECK ONCOLOGY GROUP. THE PROGRAM PROVIDES STATE-OF-THE-ART TREATMENTS, SUCH AS MRT AND BREAST CANCER SERVICES. THE HOSPITAL WAS A FOUNDING MEMBER OF THE CANCER INSTITUTE OF NEW JERSEY (CINJ) AND IS CURRENTLY A CINJ

RESEARCH AFFILIATE.

GERIATRIC SERVICES: A COMPLETE AND MULTIDISCIPLINARY PROGRAM OF GERIATRIC MEDICINE, WITH AN OUTPATIENT GERIATRIC EVALUATION AND MANAGEMENT SERVICE FOR THE FRAIL ELDERLY, ESPECIALLY THOSE WITH ALZHEIMER'S DISEASE. OUTPATIENT SERVICES ARE AVAILABLE IN NEW BRUNSWICK, IN SAINT PETER'S CENTER FOR AMBULATORY RESOURCES (CARES) BUILDING, AND IN MONROE TOWNSHIP. WE HAVE THE COMPREHENSIVE CARE GROUP AT MONROE AND THE ADULT DAY CARE CENTER BOTH LOCATED IN MONROE TOWNSHIP.

THE DIABETES CARE AND CONTROL CENTER (DCCC): RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF PATIENT DIABETES EDUCATION, THE DCCC DIAGNOSIS, TREATS, EDUCATES AND HELPS PATIENTS MANAGE THIS CHRONIC DISEASE. CERTIFIED DIABETES EDUCATORS SERVE ALL INPATIENTS THROUGHOUT SAINT PETER'S, AND THE HOSPITAL HAS A DEDICATED METABOLIC UNIT FOR INPATIENTS WITH DIABETES. THE DCCC PROVIDES EXTENSIVE INPATIENT AND OUTPATIENT EDUCATION AND THE MOST CURRENT DIAGNOSTICS AND TREATMENTS, INCLUDING PUMP THERAPY.

SURGERY: SPECIALTIES IN MINIMALLY INVASIVE LUNG (VIDEO-ASSISTED THORACIC SURGERY) AND ORTHOPEDIC PROCEDURES, INCLUDING HIPS, KNEES AND SPINES. MORE THAN 150 VIDEO-ASSISTED THORACIC SURGERIES ARE PERFORMED EVERY YEAR. GENERAL, VASCULAR AND OTHER SURGICAL PROCEDURES ARE ALSO AVAILABLE. SAME-DAY PROCEDURES ARE PERFORMED IN THE CARES SURGICENTER.

WOMEN'S SERVICES: INCLUDES UNIVERSITY UROGYNECOLOGY OF NEW JERSEY, SPECIALIZING IN INCONTINENCE AND PELVIC ORGAN PROLAPSE. THE WOMEN'S IMAGING CENTER PROVIDES DIAGNOSTIC SERVICES INCLUDING MAMMOGRAPHY AND BONE-DENSITY TESTING AND A COMPLETE PROGRAM FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER IS AVAILABLE.

INSTITUTE FOR GENETIC MEDICINE: COUNSELS, DIAGNOSES AND TREATS INDIVIDUALS AND FAMILIES WITH A HISTORY OF INHERITED DISEASES, INCLUDING PRENATAL THROUGH ADULT SERVICES. THE INSTITUTE IS BOTH A REGIONAL CENTER FOR INHERITED METABOLIC DISORDERS AND A REGIONAL CENTER FOR MEDICAL GENETIC SERVICES FOR CENTRAL NEW JERSEY. IT PROVIDES COMPREHENSIVE TESTING, TREATMENT AND LIFETIME MANAGEMENT FOR INFANTS FOUND TO HAVE AN INHERITED METABOLIC DISORDER. PRENATAL SERVICES ARE ALSO PROVIDED. THE TEAM INCLUDES GENETICISTS, GENETIC COUNSELORS, ENDOCRINOLOGISTS, NUTRITIONISTS AND A PATHOLOGIST.

WOUND CARE CENTER AND HYPERBARIC OXYGEN SERVICES: PROVIDES TREATMENT FOR NON-HEALING WOUNDS CAUSED BY DIABETES, RADIATION THERAPY, ETC., INCLUDING TWO INTENSIVE OXYGEN THERAPY CHAMBERS.

THE CENTER FOR SLEEP AND BREATHING DISORDERS: DIAGNOSES AND TREATS BOTH ADULT AND PEDIATRIC PATIENTS WITH SLEEP APNEA AND OTHER SLEEPING DISORDERS.

FAMILY HEALTH CENTER: LOCATED AT 123 HOW LANE IN NEW BRUNSWICK, THE

CENTER OFFERS COMPLETE MEDICAL AND SUBSPECIALTY SERVICES FOR UNDERSERVED ADULTS AND CHILDREN.

ENDOSCOPY: OFFERS STATE-OF-THE-ART DIAGNOSTIC SERVICES AND TREATMENTS FOR DISEASES OF THE GASTROINTESTINAL TRACT, INCLUDING CAPSULE ENDOSCOPY. ALSO INCLUDES LITHOTRIPSY, A NON-INVASIVE SHOCK-WAVE TREATMENT FOR THE REMOVAL OF KIDNEY STONES.

COMMUNITY MOBILE HEALTH SERVICES: THE 34-FOOT SPECIALLY EQUIPPED WINNEBAGO TRAVELS THROUGHOUT CENTRAL NEW JERSEY PROVIDING HEALTH SCREENINGS, VACCINATIONS AND WELLNESS EDUCATION TO BUSINESSES, SENIOR CENTERS, SOUP KITCHENS AND OTHERS. REFERRALS ARE PROVIDED.

THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL: A STATE-DESIGNATED ACUTE CARE SPECIALTY HOSPITAL, THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL TREATS MORE CHILDREN THAN ANY OTHER FACILITY IN CENTRAL NEW JERSEY. SERVICES INCLUDE THE CHOP CARDIAC CENTER, THE PEDIATRIC EMERGENCY DEPARTMENT, INPATIENT ACUTE CARE, INTENSIVE CARE, THE PEDIATRIC TRANSPORT TEAM, ADOLESCENT MEDICINE, HEMATOLOGY-ONCOLOGY, RADIOLOGY, NEPHROLOGY, SURGERY, ANESTHESIOLOGY, INFECTIOUS DISEASE MEDICINE, OTOLARYNGOLOGY, PHYSICAL THERAPY, AUDIOLOGY AND MORE.

OTHER SERVICES

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Name of the organization: SAINT PETERS HEALTHCARE SYSTEM, INC.

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THE CENTER FOR DIABETES SELF-MANAGEMENT EDUCATION: DIAGNOSES AND TREATS CHILDREN WITH DIABETES AND OTHER ENDOCRINE DISORDERS, EMPHASIZING FAMILY MANAGEMENT AND SUPPORT. THE CENTER OFFERS PUMP THERAPY TO APPROPRIATE PATIENTS AND SUPPORT GROUPS.

CRANIOFACIAL AND NEUROSURGICAL CENTER: OFFERS CORRECTIVE SURGERY, MULTIDISCIPLINARY SUPPORT AND FOLLOW-UP SERVICES AND SUPPORT GROUPS FOR CHILDREN BORN WITH CLEFT LIP, CLEFT PALATE AND OTHER FACIAL DEFORMITIES. MEMBERS OF THE MULTIDISCIPLINARY MEDICAL TEAM ARE ACTIVE WITH OPERATION SMILE AND HEAL THE CHILDREN.

DOROTHY B. HERSH REGIONAL CHILD PROTECTION CENTER: A STATE-DESIGNATED REGIONAL DIAGNOSTIC AND TREATMENT CENTER FOR CHILD ABUSE PREVENTION. THE CENTER IDENTIFIES ABUSE, PROVIDES MEDICAL AND PSYCHOLOGICAL EVALUATION AND REFERRALS TO VICTIMS AND FAMILIES, SERVES AS EXPERT WITNESSES AND EDUCATES CHILD CARE AND LAW ENFORCEMENT PROFESSIONALS. SERVES MIDDLESEX, SOMERSET, MERCER, HUNTERDON, MONMOUTH, OCEAN AND UNION COUNTIES.

FOR KEEPS - KIDS EMBRACED AND EMPOWERED THROUGH PSYCHOLOGICAL SERVICES: PROVIDES MENTAL HEALTH DIAGNOSES AND INTENSIVE TREATMENT FOR AREA CHILDREN, AGES 5 THROUGH 17, WHO SUFFER FROM EMOTIONAL OR BEHAVIORAL DIFFICULTIES THAT NEGATIVELY IMPACT THEIR ABILITY TO FUNCTION SUCCESSFULLY IN A SOCIAL ENVIRONMENT. FOR KEEPS IS A FULL-TIME DAY PROGRAM WHERE CHILDREN RECEIVE ACADEMIC INSTRUCTION IN ADDITION TO BEHAVIORAL AND PSYCHOLOGICAL TREATMENTS THROUGH COLLABORATION AMONG

DOCTORS, NURSES, SOCIAL WORKERS AND COUNSELORS.

ALSO, MEETING THE NEEDS OF THE POOR AND UNDER-SERVED, SAINT PETER'S UNIVERSITY HOSPITAL TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. THIS IS EVIDENT BY, BUT NOT LIMITED TO, THE FOLLOWING:

- ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS OPERATING 24 HOURS A DAY, 365 DAYS A YEAR.

- OPERATING OVER 50 CLINICS AND OVER 122,000 VISITS, SOME PREVIOUSLY IDENTIFIED, IN PEDIATRIC AND PEDIATRIC SUBSPECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S MEDICINES AND SUBSPECIALTIES AND GERIATRIC MEDICINES AND SUBSPECIALTIES.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS:

CONCORDIA

CLEAR BROOK

THE PONDS

WHITTINGHAM

ROSSMORE

STONEBRIDGE

MOBILE HEALTH VAN

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PEDS CALL CENTER

ADULT DAY CARE CENTER

HOW LANE ADULTS

DIABETIC CLINIC

HOW LANE PEDS

GERIATRICS

CHILD PROTECTION CENTER

INFECTION CONTROL

PARENTHOOD EDUCATION

CPR

MARKETING AND MEDIA RELATIONS

LAUNDRY FOR HOMELESS MEN'S SHELTER

PHARMACY

EMPLOYEE HEALTH SERVICES

MAIN KITCHEN FOOD SERVICES

CUSTOMER SATISFACTION

MISSION EXCELLENCE

PERINATAL SERVICES

COMMUNITY OUTREACH

PASTORAL CARE

VOLUNTEER SERVICES

MEDICAL LIBRARY

BLACK INFANT MORTALITY

CRANIOFACIAL

ABSTINENCE EDUCATION

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FERTILITY AWARENESS

SOUP KITCHEN ELIJAH'S PROMISE

PARKING VALIDATION FOR COMMUNITY EVENTS

SPEAKERS BUREAU

BREAST CANCER SUPPORT GROUP

LEUKEMIA, LYMPHOMA, AND MYELOMA SUPPORT GROUP

LIVING WITH CANCER SUPPORT GROUP

NEW VISIONS SUPPORT GROUP (FOR TEENAGERS WITH CANCER)

STRENGTH FOR CARING (FOR CAREGIVERS OF CANCER PATIENTS)

ADVANCED CARDIAC LIFE SUPPORT

ADVANCED CARDIAC LIFE SUPPORT RENEWAL

BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS

CPR FOR FAMILY AND FRIENDS

FIRST AID

HEARTSAVER AED ADULT/PEDIATRIC

ADULTS WITH DIABETES SUPPORT GROUP

KIDS PUMP GROUP

TEEN PUMP GROUP

ALZHEIMER'S CAREGIVERS

BEREAVEMENT SUPPORT GROUP

CAREGIVERS SUPPORT GROUP

HEPATITIS C SUPPORT GROUP

INTERSTITIAL SUPPORT GROUP

PREGNANCY AFTER LOSS SUPPORT GROUP

S.H.A.R.E. SUPPORT GROUP

BLOOD PRESSURE AND BLOOD SUGAR SCREENINGS

OSTEOPOROSIS SCREENINGS

BODY MASS INDEX SKIN SCREENINGS

BREAST HEALTH INFORMATION AND SELF EXAM INSTRUCTION

BABY CARE

BREASTFEEDING

BREASTFEEDING SUPPORT GROUP

NEW DADDY CLASS

NEW FAMILY SUPPORT GROUP

PRENATAL NUTRITION CLASS

SIBLING CLASS

TINY TOTS

CYBERKNIFE

BREAST SURGERY SERVICE

PLEASE NOTE THAT THIS IS NOT AN ALL INCLUSIVE LIST.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 2

ANTHONY D. SCHOBERL AND PETER G. SCHOBERL - FAMILY RELATIONSHIP.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 11A

THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED

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HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE ORGANIZATION'S AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING THE CHIEF FINANCIAL OFFICER, VICE-PRESIDENT OF FINANCE, DIRECTOR OF FINANCE AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. A MEETING WAS ALSO HELD TO REVIEW THE FINAL DRAFT OF THE FEDERAL FORM 990

WITH THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW AND APPROVAL. FOLLOWING THIS REVIEW THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN WITH THE IRS.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE IN THE SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM"). THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE SYSTEM'S V.P./CHIEF COMPLIANCE OFFICER FOR REVIEW. THEREAFTER, THE V.P./CHIEF COMPLIANCE OFFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED BY AN INDIVIDUAL ON AN INDIVIDUAL BASIS. THE SUMMARY IS PRESENTED TO THE CORPORATE SECRETARY FOR REFERENCE DURING BOARD MEETINGS.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH"). THIS FILING ORGANIZATION ITSELF HAS NO PAID

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SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER, KEY SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER, ARE EMPLOYED BY THE TAX-EXEMPT HOSPITAL WITHIN THE HEALTH CARE SYSTEM. HOWEVER, THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE ALSO EITHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION. THE ORGANIZATION'S BOARD OF TRUSTEES HAS A COMMITTEE THAT REVIEWS THE TOTAL COMPENSATION OF SENIOR MANAGEMENT, INCLUDING BUT NOT LIMITED TO THAT OF, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. TOTAL COMPENSATION IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE HOSPITAL TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST"

WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE

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REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE HOSPITAL'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE HOSPITAL. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY SECRETARY OF STATE.

OTHER CHANGES IN NET ASSETS

CORE FORM, PART XI; QUESTION 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- EQUITY TRANSFER FROM SAINT PETER'S UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION; $1,219,000.

AUDITED FINANCIAL STATEMENTS

Name of the organization: SAINT PETERS HEALTHCARE SYSTEM, INC.

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CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH"). AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINED CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. SPUH'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SAINT PETER'S HEALTHCARE SYSTEM, INC. IS A NOT FOR-PROFIT HOLDING COMPANY BASED IN NEW BRUNSWICK, NEW JERSEY. SAINT PETER'S HEALTHCARE SYSTEM, INC. IS THE SOLE CORPORATE MEMBER OF A NUMBER OF NOT FOR-PROFIT ENTITIES AND THE SOLE SHAREHOLDER OF VARIOUS OTHER FOR-PROFIT ENTITIES. THE INTERNAL REVENUE SERVICE HAS RECOGNIZED SAINT PETER'S HEALTHCARE SYSTEM, INC. AS BEING A TAX-EXEMPT ORGANIZATION UNDER IRC SECTION 501(C)(3). PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

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ATTACHMENT 2 (CONT'D)

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION (1)(2)(3)(4)(5)(6)	(D) COMPENSATION FROM ORG.	(E) REL. ORG.	(F) OTHER
29	ANTHONY J PASSANNANTE CHIEF MEDICAL OFFICER	55.00	X	92,163.	57,579.	0.
30	AAMIR REHMAN EVP; STRATEGIC PLANNING	55.00	X	466,341.	0.	10,421.
31	STEVEN S RADIN EVP; LEGAL AFFAIRS	15.00	X	381,731.	0.	49,631.
32	SUSAN M BALLESTERO VP; HUMAN RESOURCES	50.00	X	279,367.	0.	43,244.
33	JOSE A JIMENEZ VP GOVERNMENTAL AFFAIRS	55.00	X	228,994.	0.	45,820.
34	FRED K NAKHJAVAN VP; CHIEF QUALITY OFFICER	55.00	X	128,716.	0.	6,969.
35	AMELIA KORAB VP; HEALTH SERVICES	5.00	X	0.	123,077.	0.
36	MARIA D IRIZARRY VP; CHIEF OF AMBULATORY SVCS.	55.00	X	115,043.	0.	2,970.
37	JOAN B MCCORMICK VP SPECIAL INITIATIVES	5.00	X	110,877.	0.	785.
38	ROBERT J MULCAHY VP FACIL SAFETY (EFF. 12/6/10)	55.00	X	14,615.	0.	0.
39	STEFANIE R MCNAMARA GENERAL COUNSEL (EFF. 8/24/10)	55.00	X	78,051.	0.	8,134.
40	TERRY HARGADON DIRECTOR; MANAGED CARE NETWORK	55.00	X	193,168.	0.	42,293.
41	ROBERT J BABIN SR DIR.; STRATEGIC INITIATIVES	55.00	X	165,710.	0.	37,406.
42	NICHOLAS J LACERENZA CONTROLLER	55.00	X	151,378.	0.	29,809.
43	LISA M DRUMBORE DIRECTOR; SERVICE EXCELLENCE	55.00	X	143,418.	0.	6,180.
44	YASMIR K BISAL DIRECTOR; DECISION SUPPORT	55.00	X	142,123.	0.	4,303.
45	JOHN DANNA CHIEF MEDICAL OFFICER	55.00	X	193,178.	0.	0.

ATTACHMENT 3

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
DONALD M DANIELS CHAIRMAN - TRUSTEE	9.00
MATTHEW J WIECZKOWSKI CPA VICE CHAIRMAN - TRUSTEE	6.00
MICHAEL P COYLE JR MD TRUSTEE	6.00

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ATTACHMENT 3 (CONT'D)

JOHN F CROWLEY JD	
TRUSTEE	6.00
VINCENT J DICKS	
TRUSTEE	6.00
SALVATORE FALGIANO	
TRUSTEE	9.00
REVEREND JOHN FELL	
TRUSTEE	6.00
ALFRED G GABURO JR	
TRUSTEE	6.00
HONORABLE FRANK GAMBATESE	
TRUSTEE	6.00
CLIFFORD E HOLLAND	
TRUSTEE	6.00
SUZETTE JOHNSON MD	
TRUSTEE	6.00
KAREN LICITRA	
TRUSTEE	6.00
VAUGHN MCKOY JD	
TRUSTEE	6.00
SANDY NEWMAN	
TRUSTEE	9.00
KEVIN NINI MD	
TRUSTEE	6.00
RONALD C RAK JD	
TRUSTEE - PRESIDENT/CEO	18.00
ANTHONY D SCHOBERL	
TRUSTEE	9.00
PETER G SCHOBERL	
TRUSTEE	12.00
JOSEPH TABAK	
TRUSTEE	15.00
ROBERT ZULLO MD	
TRUSTEE	9.00
KATHLEEN KILLION	
SECRETARY	9.00
GARRICK J STOLDT FHFMA CPA	
TREASURER - VP FINANCE/CFO	18.00
PETER CONNOLLY	
EVP; CHIEF MARKETING OFFICER	50.00
VERONICA ZEICHNER	
CFO (1/1/10-8/3/10)	5.00
FRANK J DI SANZO	
CHIEF INFORMATION OFFICER	0.00
ANGELA M MELILLO	
CHIEF COMPLIANCE OFFICER	0.00
WILLIAM J REARS	
CHIEF TECHNOLOGY OFFICER	5.00
PATRICIA CARROLL	
SVP/COO (EFFECTIVE 9/7/10)	10.00
ANTHONY J PASSANNANTE	
CHIEF MEDICAL OFFICER	0.00

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ATTACHMENT 3 (CONT'D)

AAMIR REHMAN	
EVP; STRATEGIC PLANNING	0.00
STEVEN S RADIN	
EVP; LEGAL AFFAIRS	40.00
SUSAN M BALLESTERO	
VP; HUMAN RESOURCES	5.00
JOSE A JIMENEZ	
VP GOVERNMENTAL AFFAIRS	0.00
FRED K NAKHJAVAN	
VP; CHIEF QUALITY OFFICER	0.00
AMELIA KORAB	
VP; HEALTH SERVICES	50.00
MARIA D IRIZARRY	
VP; CHIEF OF AMBULATORY SVCS.	0.00
JOAN B MCCORMICK	
VP SPECIAL INITIATIVES	50.00
ROBERT J MULCAHY	
VP FACIL SAFETY (EFF. 12/6/10)	0.00
STEFANIE R MCNAMARA	
GENERAL COUNSEL (EFF. 8/24/10)	0.00
TERRY HARGADON	
DIRECTOR; MANAGED CARE NETWORK	0.00
ROBERT J BABIN SR	
DIR.; STRATEGIC INITIATIVES	0.00
NICHOLAS J LACERENZA	
CONTROLLER	0.00
LISA M DRUMBORE	
DIRECTOR; SERVICE EXCELLENCE	0.00
YASMIR K BISAL	
DIRECTOR; DECISION SUPPORT	0.00
JOHN DANNA	
CHIEF MEDICAL OFFICER	0.00

ATTACHMENT 4

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: DUE FROM RELATED PARTIES

BEGINNING BALANCE DUE	0.
ENDING BALANCE DUE	1,443,102.
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	0.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	1,443,102.

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
SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number
26-2019056

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) MARGARET MCLAUGHLIN MCCARRICK CARE CNTR 22-2577732 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NURSING CARE	NJ	501(C)(3)	509(A)(2)	SPUH		X
(2) ST PETER'S FACULTY FOUNDATION, P.C. 11-3674491 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	PHYS. SVCS.	NJ	501(C)(3)	509(A)(3)	SPHCS	X	
(3) ST. PETER'S FOUNDATION 22-2329197 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	SPHCS	X	
(4) SAINT PETER'S HEALTH & MGMT. SVCS. CORP. 27-0045088 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SUPPORT SPUH	NJ	501(C)(3)	509(A)(3)	SPHCS	X	
(5) ST. PETERS PROPERTIES CORPORATION 22-2428823 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REAL ESTATE	NJ	501(C)(2)	N/A	SPHCS	X	
(6) ST. PETER'S UNIVERSITY HOSPITAL 22-1487330 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	SPHCS	X	
(7) SPORTS PHYSICAL THERAPY INST. OF NB 22-3664897 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REHAB SVCS.	NJ	501(C)(3)	509(A)(3)	SPHCS	X	

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
SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number
26-2019056

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) NEW BRUNSWICK AFFILIATED HOSPITALS, INC. 22-1946837 120 ALBANY STREET, SUITE 750 NEW BRUNSWICK, NJ 08901	HLTHCARE SVC	NJ	501(C)(3)	509(A)(3)	RWJHCC		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CARES SURGICENTER, LLC 22-3557 254 EASTON AVENUE	HLTHCARE SVCS	NJ	N/A					X	0.			
(2) NEW BRUNSWICK CARDIAC CATH LAB 240 EASTON AVENUE	HLTHCARE SVCS	NJ	N/A					X	0.			
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) COMMUNITY CARE SERVICES, INC. 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOME CARE SVCS.	NJ	N/A	C CORP.			
(2) PARK AVENUE COLLECTIONS CORP. 20-8498534 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	N/A	C CORP.			
(3) RISK ASSURANCE CO. OF SPUH 98-0417672 720 WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS CJ	FINANCIAL VEHICLE	CJ	N/A	FOREIGN CORP.			
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r	X	

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	SAINT PETER'S UNIVERSITY HOSPITAL	D	2,452,781.	COST
(2)	SAINT PETER'S UNIVERSITY HOSPITAL	R	1,219,000.	COST
(3)	SAINT PETER'S UNIVERSITY HOSPITAL	R	26,363,599.	COST
(4)	ST. PETER'S FOUNDATION	R	232,050.	COST
(5)				
(6)				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

Part VII **Supplemental Information**

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