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AMENDED

AMENDED RETURN

OMB No 1545-0047

Form **990**

Return Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

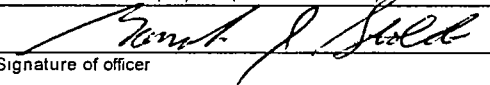
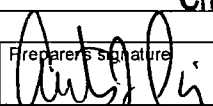
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☒ Terminated ☐ Amended return ☐ Application pending		C Name of organization SAINT PETER'S UNIVERSITY HOSPITAL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 254 EASTON AVENUE City or town, state or country, and ZIP + 4 NEW BRUNSWICK, NJ 08901		D Employer identification number 22-1487330	
F Name and address of principal officer RONALD C. RAK, JD 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901		E Telephone number (732) 745-8600		G Gross receipts \$ 413,862,381.	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list (see instructions)		I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.SAINTPETERSHCS.COM		H(c) Group exemption number		K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation 1907		M State of legal domicile NJ		N	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES.			
	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	12.	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3,563.	
	6 Total number of volunteers (estimate if necessary)	6	561.	
	Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a
b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year	
9 Program service revenue (Part VIII, line 2g)		2,995,048.	4,284,058.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		376,876,434.	401,972,275.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,085,342.	3,401,509.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,649,640.	4,141,412.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		394,606,464.	413,799,254.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		66,633.	76,286.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0	
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)		16a	0
	b Total fundraising expenses (Part IX, column (D), line 25)		17	0
	17 Other expenses (Part IX, column (A), lines 11d, 11f, 12a)	170,928,286.	183,522,028.	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	401,304,823.	419,935,319.	
	19 Revenue less expenses - Subtract line 18 from line 12	-6,698,359.	-6,136,065.	
	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	359,908,849.	378,547,587.	
	22 Net assets or fund balances - Subtract line 21 from line 20	298,573,202.	346,319,670.	
			61,335,647.	32,227,917.

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  Garrick J. Stoldt Chief Financial Officer		Date 1-2-2015		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	ANTHONY J. PANICO		12/30/14	☐	P00365556
	Firm's name	Firm's EIN		Phone no	
WITHUMSMITH+BROWN, PC		22-2027092		973-898-9494	
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY,
ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF
RESOURCES. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S
COMMUNITY BENEFIT STATEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ including grants of \$) (Revenue \$)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY GENERAL
MEDICINE SERVICES TO 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 \$)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OBSTETRICS
SERVICES TO 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.

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

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY NEONATOLOGY
SERVICES TO 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.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 377,949,415. including grants of \$ 76,286.) (Revenue \$ 401,972,275.)

4e Total program service expenses ▶ 377,949,415.

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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24 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?		X
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 323		
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 3,563		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
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. CAYMAN ISLANDS 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, 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 20		
b Enter the number of voting members included in line 1a, above, who are independent.	1b 12		
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 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, 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 ContractorsCheck 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD M DANIELS CHAIRMAN - TRUSTEE	1.00	X		X				0	0	0
(2) VINCENT J DICKS VICE CHAIRMAN - TRUSTEE	1.00	X		X				0	0	0
(3) MICHAEL P COYLE JR MD TRUSTEE	1.00	X						0	0	0
(4) SALVATORE FALGIANO TRUSTEE	1.00	X						0	0	0
(5) REVEREND MONSIGNOR JOHN FELL TRUSTEE	1.00	X						0	0	0
(6) ALFRED G GABURO JR TRUSTEE	1.00	X						0	0	0
(7) HONORABLE FRANK GAMBATESE TRUSTEE	1.00	X						0	0	0
(8) CLIFFORD E HOLLAND TRUSTEE	1.00	X						0	0	0
(9) SUZETTE JOHNSON MD TRUSTEE	1.00	X						0	0	0
(10) KAREN LICITRA TRUSTEE	1.00	X						0	0	0
(11) VAUGHN MCKOY JD TRUSTEE	1.00	X						0	0	0
(12) SANDY NEWMAN TRUSTEE	1.00	X						0	0	0
(13) KEVIN NINI MD TRUSTEE	1.00	X						0	0	0
(14) RONALD C RAK JD TRUSTEE - PRESIDENT/CEO	55.00	X		X				0	744,316.	43,806.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ANTHONY D SCHOBEL TRUSTEE	1.00	X						0	0	0
16) PETER G SCHOBEL TRUSTEE	1.00	X						0	0	0
17) DINESH SINGAL MD TRUSTEE	1.00	X						160,462.	0	0
18) JOSEPH TABAK TRUSTEE	1.00	X						0	0	0
19) MATTHEW WIECZKOWSKI CPA TRUSTEE	1.00	X						0	0	0
20) ROBERT ZULLO TRUSTEE	1.00	X						0	0	0
21) KATHLEEN KILLION SECRETARY	55.00			X				0	94,608.	4,207.
22) GARRICK J STOLDT FHFMA CPA TREASURER - CFO	55.00			X				0	300,379.	60,636.
23) STEVEN S RADIN ESQ PRES/CEO SPHMSC/EVP LEGAL	55.00			X				0	402,315.	34,638.
24) ANTHONY J PASSANNANTE CHIEF MEDICAL OFFICER	55.00			X				0	365,430.	32,391.
25) FRANK J DISANZO CHIEF INFORMATION OFFICER	55.00			X				0	329,268.	40,353.
1b Sub-total								0	744,316.	43,806.
c Total from continuation sheets to Part VII, Section A								5,634,181.	4,781,725.	649,118.
d Total (add lines 1b and 1c)								5,634,181.	5,526,041.	692,924.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **301**

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **67**

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) ELIZABETH WYKPI SZ RN MSN MBA NEA C VP; PATIENT CARE/CNO	55.00			X				263,932.	0	3,143.
27) STEFANIE R MCNAMARA GENERAL COUNSEL	55.00			X				0	224,944.	16,722.
28) ANGELA M MELILLO CHIEF COMPLIANCE OFFICER	55.00			X				0	196,665.	51,005.
29) WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	55.00			X				0	176,301.	27,045.
30) PETER CONNOLLY EVP; CHIEF MARKETING OFFICER	55.00			X				0	470,794.	52,418.
31) PATRICIA CARROLL SVP; CHIEF OPERATING OFFICER	55.00			X				0	459,999.	3,574.
32) SUSAN M BALLESTERO VP; HUMAN RESOURCES	55.00			X				0	297,831.	47,575.
33) MARIA D IRIZARRY VP; AMBULATORY SERVICES	55.00			X				0	248,901.	3,092.
34) ROBERT J MULCAHY VP; FACILITY SAFETY	55.00			X				0	247,884.	178.
35) FRED K NAKHJAVAN VP; CHIEF QUALITY OFFICER	55.00			X				0	245,417.	30,215.
36) JOSE A JIMENEZ JR VP; GOVERNMENTAL AFFAIRS	55.00			X				0	237,047.	48,034.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **301**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) DAVID OVIEDO VP; SUPPLY CHAIN MANAGEMENT	55.00			X				182,482.	0	30,820.
38) PHILIP J HARTMAN VP; COMMUNICATIONS	55.00			X				0	167,554.	18,378.
39) ANTONIO D PILGRIM VP; INTERNAL AUDIT	55.00			X				0	107,137.	3,472.
40) JOHN A CARLSON JR MD CHAIRMAN OB/GYN	55.00				X			578,700.	0	7,049.
41) JAMES E GERVASONI MD CHAIRMAN SURGERY	55.00				X			533,139.	0	7,405.
42) SIVA P JONNA MD CHIEF PEDIATRICS CRITICAL CARE	55.00				X			513,503.	0	8,864.
43) BIPIN N PATEL MD CHAIRMAN PEDIATRICS	55.00				X			434,257.	0	5,133.
44) NAYAN K KOTHARI MD CHAIRMAN MEDICINE	55.00				X			415,900.	0	9,643.
45) MARY G ZETKULIC MD CHIEF INTERNAL MEDICINE	55.00				X			249,616.	0	5,564.
46) CHRISTOPHER M HOULIHAN MD PHYSICIAN	55.00					X		485,379.	0	6,994.
47) DAVID E JACOB MD PHYSICIAN	55.00					X		436,665.	0	74,414.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **301**

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	301
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►

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	1,644,981.			
	e	Government grants (contributions) . .	1e	2,639,077.			
	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		4,284,058.			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 541900	395,532,165.	395,532,165.		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	6,440,110.	6,440,110.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		401,972,275.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		3,385,711.		
4		Income from Investment of tax-exempt bond proceeds [3]		2,342.			2,342.
5		Royalties		0			
			(i) Real (ii) Personal				
6a		Gross rents	1,716,706.				
b		Less: rental expenses					
c		Rental income or (loss)	1,716,706.				
d		Net rental income or (loss)		1,716,706.			1,716,706.
			(i) Securities (ii) Other				
7a		Gross amount from sales of assets other than inventory		76,583.			
b		Less: cost or other basis and sales expenses		63,127.			
c		Gain or (loss)		13,456.			
d		Net gain or (loss)		13,456.			13,456.
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b		Less: direct expenses b					
c		Net income or (loss) from fundraising events		0			
9a		Gross income from gaming activities. See Part IV, line 19 a					
b		Less: direct expenses b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	CAFETERIA	722210	1,162,909.			1,162,909.	
b	LAUNDRY	812300	249,230.			249,230.	
c	PARKING REVENUE	812930	820,778.			820,778.	
d	All other revenue	624100	191,789.			191,789.	
e	Total. Add lines 11a-11d		2,424,706.				
12	Total revenue. See instructions		413,799,254.	401,972,275.		7,542,921.	

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).

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

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 United States. See Part IV, line 21.	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	76,286.	76,286.		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,409,611.	3,068,651.	340,960.	
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.	184,104,691.	165,694,222.	18,410,469.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,361,924.	11,125,732.	1,236,192.	
9 Other employee benefits.	22,153,772.	19,938,395.	2,215,377.	
10 Payroll taxes.	14,307,007.	12,876,306.	1,430,701.	
11 Fees for services (non-employees):				
a Management.	2,556,968.	2,301,271.	255,697.	
b Legal.	1,893,994.	1,704,595.	189,399.	
c Accounting.	274,748.	247,273.	27,475.	
d Lobbying.	386,071.	347,464.	38,607.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other.	15,777,694.	14,199,924.	1,577,770.	
12 Advertising and promotion.	4,509,718.	4,058,746.	450,972.	
13 Office expenses.	9,755,853.	8,780,268.	975,585.	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	2,381,099.	2,142,989.	238,110.	
17 Travel.	106,057.	95,451.	10,606.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	74,647.	67,182.	7,465.	
20 Interest.	8,353,683.	7,518,315.	835,368.	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	17,615,827.	15,854,244.	1,761,583.	
23 Insurance.	7,825,447.	7,042,902.	782,545.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	48,304,469.	43,474,022.	4,830,447.	
b REPAIRS AND MAINTENANCE	13,103,969.	11,793,572.	1,310,397.	
c PROVISION FOR BAD DEBT	12,783,107.	11,504,796.	1,278,311.	
d LOSS ON IMPAIRMENT OF EQUIP.	8,588,135.	7,729,322.	858,813.	
e All other expenses	29,230,542.	26,307,487.	2,923,055.	
25 Total functional expenses. Add lines 1 through 24e.	419,935,319.	377,949,415.	41,985,904.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,225.	1	7,225.
	2 Savings and temporary cash investments	15,666,921.	2	1,599,512.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	45,761,478.	4	49,276,204.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net ATCH. 4	1,851,356.	7	1,096,058.
	8 Inventories for sale or use	4,495,331.	8	4,926,402.
	9 Prepaid expenses and deferred charges	2,108,048.	9	2,202,123.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 457,794,658.			
	b Less: accumulated depreciation 10b 286,914,353.	170,099,688.	10c	170,880,305.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	107,267,567.	13	112,161,204.
	14 Intangible assets	2,131,645.	14	3,119,958.
	15 Other assets. See Part IV, line 11	10,519,590.	15	33,278,596.
16 Total assets. Add lines 1 through 15 (must equal line 34)	359,908,849.	16	378,547,587.	
Liabilities	17 Accounts payable and accrued expenses	53,025,370.	17	47,327,815.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	160,679,927.	20	163,926,168.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	84,867,905.	25	135,065,687.
	26 Total liabilities. Add lines 17 through 25	298,573,202.	26	346,319,670.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	51,162,647.	27	24,292,917.
	28 Temporarily restricted net assets	10,073,000.	28	7,835,000.
	29 Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	61,335,647.	33	32,227,917.
34 Total liabilities and net assets/fund balances.	359,908,849.	34	378,547,587.	

Form 990 (2011)

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	413,799,254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	419,935,319.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,136,065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,335,647.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-22,971,665.
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	32,227,917.

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	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?	X	
3b	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	X	

Form **990** (2011)

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

2011

Open to Public Inspection

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 - h Provide the following information about the supported organization(s)

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►		☐
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►		☐
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

▶ **See separate instructions.**

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

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

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
SAINT PETER'S UNIVERSITY HOSPITAL	22-1487330

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and has elected Form 5768 (election under section 501(h)).

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	386,071.	386,071.												
c	Total lobbying expenditures (add lines 1a and 1b)	386,071.	386,071.												
d	Other exempt purpose expenditures	409,492,507.	408,954,929.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	409,878,578.	409,341,000.												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No														

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	296,701.	308,779.	367,475.	386,071.	1,359,026.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,173,000.	10,054,000.	10,660,000.	12,735,809.	
b Contributions	28,000.	206,000.	690,000.	644,000.	
c Net investment earnings, gains, and losses	-1,210,000.	283,000.			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,056,000.	370,000.	1,296,000.	2,719,809.	
f Administrative expenses					
g End of year balance	7,935,000.	10,173,000.	10,054,000.	10,660,000.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► 99.0000 %
 b Permanent endowment ► 1.0000 %
 c Temporarily restricted endowment ► _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,480,064.		1,480,064.
b Buildings		253,134,129.	139,260,624.	113,873,505.
c Leasehold improvements		5,014,772.	4,149,690.	865,082.
d Equipment		190,636,979.	142,889,809.	47,747,170.
e Other		7,528,714.	614,230.	6,914,484.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				170,880,305.

Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITIES; LIMITED USE	6,346,162.	FMV
(2) MORTGAGE AND ASSET-BACKED		
(3) SECURITIES; LIMITED USE	98,347,560.	FMV
(4) BENEFICIAL INTEREST IN		
(5) ST. PETER'S FOUNDATION; A		
(6) RELATED INTERNAL REVENUE		
(7) CODE SECTION 501(C)(3)		
(8) TAX-EXEMPT ORGANIZATION	7,467,482.	FMV
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ► 112,161,204.		

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	7,857,815.
(2) ESTIMATED AMOUNTS DUE FROM	
(3) THIRD-PARTY PAYORS; CURRENT	2,071,629.
(4) MALPRACTICE INSURANCE RECOVERY	
(5) RECEIVABLE	23,349,152.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ► 33,278,596.	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	4,062,167.
(3) ACCRUED PENSION LIABILITY	98,155,664.
(4) ACCRUED MEDICAL MALPRACTICE	2,261,682.
(5) DUE TO RELATED PARTY; CURRENT	1,861,522.
(6) OTHER LIABILITIES	5,375,500.
(7) MALPRACTICE INSURANCE PAYABLE	23,349,152.
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 135,065,687.	

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

ENDOWMENT FUNDS

SCHEDULE D, PART V

TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS ARE USED TO SUPPORT THE

CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS

AFFILIATES.

Part XIV Supplemental Information. (continued)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1.	1.	PROGRAM SERVICES	FINANCIAL VEHICLE	7,387,912.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	1.	1.			7,387,912.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	1.			7,387,912.

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HLTH CENTERS	76,286.	MONTHLY WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1.
- 3 Enter total number of other organizations or entities 1.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2011

Part V**Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		177503	23,328,760.	6,185,124.	17,143,636.	4.21
b Medicaid (from Worksheet 3, column a)		13316	24,171,142.	18,454,185.	5,716,957.	1.40
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		190819	47,499,902.	24,639,309.	22,860,593.	5.61
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	80	188481	6,171,861.	2,314,708.	3,857,153.	.95
f Health professions education (from Worksheet 5)	13		12,355,838.	6,586,137.	5,769,709.	1.42
g Subsidized health services (from Worksheet 6)	7	86140	3,646,415.	2,193,501.	1,452,914.	.36
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	3068	162,171.		162,171.	.04
j Total. Other Benefits	103	277689	22,336,285.	11,094,346.	11,241,947.	2.77
k Total. Add lines 7d and 7j.	103	468508	69,836,187.	35,733,655.	34,102,540.	8.38

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

Schedule H (Form 990) 2011

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 2 Enter the amount of the organization's bad debt expense **2** 12,783,107.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy **3**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 77,885,563.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 87,654,317.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -9,768,754.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** ☒ Yes ☐ No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** ☒ Yes ☐ No

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name and address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-Other	Other (describe)
1 SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK NJ 08901	X	X		X			X		
2 SAINT PETER'S ADULT DAY CARE CENTER 200 OVERLOOK DRIVE, PONDVIEW PLAZA MONROE TOWNSHIP NJ 08831									ADULT DAY HEALTH SERVICES
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: SAINT PETER'S UNIVERSITY HOSPITAL

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

Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)

	Yes	No
--	-----	----

1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. **1**

If "Yes," indicate what the Needs Assessment describes (check all that apply)

- a** ☐ A definition of the community served by the hospital facility
- b** ☐ Demographics of the community
- c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☐ How data was obtained
- e** ☐ The health needs of the community
- f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** ☐ The process for consulting with persons representing the community's interests
- i** ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs
- j** ☐ Other (describe in Part VI)

2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __

3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted **3**

4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI **4**

5 Did the hospital facility make its Needs Assessment widely available to the public? **5**

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply).

- a** ☐ Hospital facility's website
- b** ☐ Available upon request from the hospital facility
- c** ☐ Other (describe in Part VI)

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):

- a** ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community
- b** ☐ Execution of the implementation strategy
- c** ☐ Participation in the development of a community-wide community benefit plan
- d** ☐ Participation in the execution of a community-wide community benefit plan
- e** ☐ Inclusion of a community benefit section in operational plans
- f** ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment
- g** ☐ Prioritization of health needs in its community
- h** ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i** ☐ Other (describe in Part VI)

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs **7**

Financial Assistance Policy

Did the hospital facility have in place during the tax year a written financial assistance policy that.

8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? **8** X

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? **9** X

If "Yes," indicate the FPG family income limit for eligibility for free care. 2 0 0 %

If "No," explain in Part VI the criteria the hospital facility used

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: SAINT PETER'S ADULT DAY CARE CENTER

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a ☐ A definition of the community served by the hospital facility		
b ☐ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☐ How data was obtained		
e ☐ The health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☐ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a ☐ Hospital facility's website		
b ☐ Available upon request from the hospital facility		
c ☐ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b ☐ Execution of the implementation strategy		
c ☐ Participation in the development of a community-wide community benefit plan		
d ☐ Participation in the execution of a community-wide community benefit plan		
e ☐ Inclusion of a community benefit section in operational plans		
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g ☐ Prioritization of health needs in its community		
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) SAINT PETER'S UNIVERSITY HOSPITAL

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	10	X
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	X
a	☐ Income level		
b	☐ Asset level		
c	☐ Medical indigency		
d	☐ Insurance status		
e	☐ Uninsured discount		
f	☐ Medicaid/Medicare		
g	☐ State regulation		
h	☒ Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?	12	X
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	X
a	☒ The policy was posted on the hospital facility's website		
b	☒ The policy was attached to billing invoices		
c	☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	☒ The policy was posted in the hospital facility's admissions offices		
e	☒ The policy was provided, in writing, to patients on admission to the hospital facility		
f	☒ The policy was available on request		
g	☐ Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	X
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	16	X
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply)		
a	☒ Notified patients of the financial assistance policy on admission		
b	☒ Notified patients of the financial assistance policy prior to discharge		
c	☒ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	☒ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	☐ Other (describe in Part VI)		

Part V Facility Information (continued) SAINT PETER'S ADULT DAY CARE CENTER

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used	10 X	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply).	11 X	
a	☐ Income level		
b	☐ Asset level		
c	☐ Medical indigency		
d	☐ Insurance status		
e	☐ Uninsured discount		
f	☐ Medicaid/Medicare		
g	☐ State regulation		
h	☒ Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?	12 X	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13 X	
a	☒ The policy was posted on the hospital facility's website		
b	☒ The policy was attached to billing invoices		
c	☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	☒ The policy was posted in the hospital facility's admissions offices		
e	☒ The policy was provided, in writing, to patients on admission to the hospital facility		
f	☒ The policy was available on request		
g	☐ Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 X	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP.		
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	16	X
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply)		
a	☒ Notified patients of the financial assistance policy on admission		
b	☒ Notified patients of the financial assistance policy prior to discharge		
c	☒ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	☒ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	☐ Other (describe in Part VI)		

Part V Facility Information (continued) SAINT PETER'S UNIVERSITY HOSPITAL

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	20	X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI	21	X

Schedule H (Form 990) 2011

Part V Facility Information (continued) SAINT PETER'S ADULT DAY CARE CENTER

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d ☒ Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	X
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI	21	X

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 THE SPORTS MEDICINE INSTITUTE AT SPUH 562 EASTON AVENUE SOMERSET NJ 08873	PRIMARY CARE SERVICES
2 SPUH CENTER FOR ADULT HEALTH CARE 300 OVERLOOK DRIVE MONROE TOWNSHIP NJ 08831	PRIMARY CARE SERVICES
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2011

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

ELIGIBILITY FOR DISCOUNTED CARE

SCHEDULE H, PART I, LINE 3C

THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2011 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES). FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SUBSIDIZED HEALTH SERVICES

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE H, PART I; QUESTION 7G

NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO
ANY PHYSICIAN CLINICS.

PERCENT OF TOTAL EXPENSE

SCHEDULE H, PART I; QUESTION 7 COLUMN (F)

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN
IS \$12,783,107.

CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COST

SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS.

BAD DEBT EXPENSE

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION A; QUESTION 4

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS.

THE SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM"), INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE SAINT PETER'S HEALTHCARE SYSTEM, INC.

CHARITY CARE

THE SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES ("DOHSS") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. BECAUSE THE SYSTEM DOES

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE,
THEY ARE NOT REPORTED AS REVENUE. THE SYSTEM'S RECORDS IDENTIFY AND
MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES AND INCLUDE THE AMOUNT OF
CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED. DOHSS ALLOWS
RETROACTIVE APPLICATION FOR CHARITY CARE UP TO TWO YEARS FROM THE DATE OF
SERVICE.

IN ACCORDANCE WITH ITS MISSION AND PHILOSOPHY, THE SYSTEM COMMITS
SUBSTANTIAL RESOURCES TO SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE
INDIGENT AS WELL AS THE BROADER COMMUNITY. COMMUNITY BENEFITS PROVIDED TO
THE INDIGENT INCLUDE THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT
AFFORD HEALTHCARE DUE TO INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR
UNDERINSURED. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF:
TRADITIONAL CHARITY CARE; UNPAID COSTS OF CARE PROVIDED TO BENEFICIARIES
OF MEDICAID AND OTHER INDIGENT PUBLIC PROGRAMS; SERVICES SUCH AS FREE
CLINICS AND MEAL PROGRAMS FOR WHICH A PATIENT IS NOT BILLED OR FOR WHICH
A NOMINAL FEE HAS BEEN ASSESSED; AND CASH AND IN-KIND DONATIONS OF
EQUIPMENT, SUPPLIES OR STAFF TIME VOLUNTEERED ON BEHALF OF THE

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

COMMUNITY.

COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY INCLUDE THE COSTS OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY NOT QUALIFY AS INDIGENT BUT MAY NEED SPECIAL SERVICES AND SUPPORT. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF: SERVICES SUCH AS HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, ALL OF WHICH ARE NOT BILLED OR CAN BE OPERATED ONLY ON A DEFICIT BASIS; UNPAID PORTIONS OF TRAINING HEALTH PROFESSIONAL SUCH AS MEDICAL RESIDENTS, NURSING STUDENTS AND STUDENTS IN ALLIED HEALTH PROFESSIONS; AND THE UNPAID PORTIONS OF TESTING MEDICAL EQUIPMENT AND CONTROLLED STUDIES OF THERAPEUTIC PROTOCOLS.

A SUMMARY OF THE ESTIMATED COST OF COMMUNITY BENEFITS PROVIDED TO BOTH THE INDIGENT AND THE BROADER COMMUNITY FOLLOWS:

	2011	2010
COMMUNITY BENEFITS PROVIDED TO THE INDIGENT:		
CHARITY CARE PROVIDED	\$ 17,144	\$ 19,386

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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UNPAID COST OF PUBLIC PROGRAMS, MEDICAID

AND OTHER INDIGENT CARE PROGRAMS	5,717	4,970
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COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY:

NON-BILLED SERVICES FOR THE COMMUNITY	5,472	5,494
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EDUCATION AND RESEARCH PROVIDED

FOR THE COMMUNITY	5,770	6,029
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ESTIMATED COST OF COMMUNITY BENEFITS	\$ 34,103	\$ 35,879
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THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE HOSPITAL'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

THE ESTIMATED COST OF COMMUNITY BENEFIT WAS 8.6% AND 9.2% OF TOTAL OPERATING EXPENSES IN 2011 AND 2010, RESPECTIVELY.

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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THE SYSTEM RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY
FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY \$6,185,000
AND \$4,269,000 FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010,
RESPECTIVELY.

COMMUNITY BENEFIT

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2011 MEDICARE COST REPORT.

THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE
COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM
990, SCHEDULE H, PART I.

AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE
SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE
AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE

Part VI Supplemental Information

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TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER

WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR

ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD

PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT

STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE

ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE

ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION

IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE

DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE

TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED

LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE

RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND

THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT

EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF

EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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"CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED
COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS
BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE
WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE
SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM
REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS
WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN
REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT
STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A
BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD
PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC
PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. § 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.
- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 85 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.
- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT,

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE;

Part VI Supplemental Information

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THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE
GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE
DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND
CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS
SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,
NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL
INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST
PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

COLLECTION POLICY

SCHEDULE H, PART III, SECTION B; QUESTION 9B

ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT
EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF THE SAINT PETER'S UNIVERSITY HOSPITAL'S BUSINESS

Part VI Supplemental Information

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OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES: SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR.

THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL

Part VI Supplemental Information

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NEEDS.

AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT
THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS:

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI;
- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE COMPASSIONATE CARE PAYMENT ASSISTANCE PROGRAM; AND,
- FINANCIAL ARRANGEMENTS INCLUDING:
 1. CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD),
 2. FLEXIBLE PAYMENT PLANS.

IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM. THE SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE

Part VI Supplemental Information

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REIMBURSEMENT, AS REFERRED BY THE STATE OF NEW JERSEY.

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTIONS 1J, 3, 4, 5C, 6I & 7

NOT APPLICABLE.

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTIONS 9, 13G, 15E, 16E, 17E, 18D, 20 & 21

NOT APPLICABLE.

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTION 10

THE ELIGIBILITY CRITERIA FOR DISCOUNTED CARE UNDER OUR "COMPASSIONATE CARE PROGRAM" ("FINANCIAL ASSISTANCE PROGRAM") ARE SOLELY BASED ON THE INSURANCE STATUS OF THE PATIENT AND/OR GUARANTOR. PATIENT'S AND/OR

Part VI Supplemental Information

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GUARANTOR'S WITHOUT COMMERCIAL OR GOVERNMENTAL HEALTH CARE INSURANCE OR
INELIGIBILITY FOR HEALTH CARE RELATED GOVERNMENTAL PROGRAM ARE ELIGIBLE
FOR OUR "FINANCIAL ASSISTANCE PROGRAM (FAP)".

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTION 11H

WE CHARGE ALL PATIENTS THE SAME AMOUNT REGARDLESS OF THEIR INSURANCE IN
ACCORDANCE WITH CMS REGULATIONS. DISCOUNTS ARE PROVIDED IN A MANNER
CONSISTENT WITH ONE OR MORE OF THE FOLLOWING:

- GOVERNMENT REGULATIONS AND FEDERAL/STATE GUIDELINES
- NEGOTIATED RATES
- COMPASSIONATE CARE PROGRAM ("FAP") FOR PATIENTS WITHOUT INSURANCE OR
INELIGIBLE FOR ANY GOVERNMENTAL PROGRAMS.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTION 19D

THE MAXIMUM AMOUNTS THAT ARE CHARGED TO FAP-ELIGIBLE INDIVIDUALS OR
MEDICALLY NECESSARY CARE IS AS FOLLOWS:

- EMERGENCY SERVICES - 100% OF THE AMERIGROUP RATE
 - INPATIENT/OUTPATIENT SERVICES AT 115% OF THE NJ HEALTH CONTRACTED RATE
- WITH THE EXCEPTION OF SELECTED OUTPATIENT SERVICES AT A PERCENT OF
CHARGES, RANGING FROM 32%-50%

NEEDS ASSESSMENT

SCHEDULE H, PART VI; QUESTION 2

THIS ORGANIZATION CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUALLY
WHICH INCLUDES: A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA
POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC.) FOR

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
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DETERMINING INCREASED OR DECREASED HEALTH NEEDS; HEALTHCARE SERVICE
ESTIMATES AND FORECASTS (BOTH INPATIENT AND OUTPATIENT); ASSESSMENTS OF
LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; AND, A REVIEW OF HEALTH
STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES
(HEALTH RESEARCH AND EDUCATION TRUST OF RUTGERS) .

THIS ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN
NEED STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS. SPECIFIC
SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE. THESE
REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE
RESPONSIVENESS TO IDENTIFIED COMMUNITY NEEDS.

IN ADDITION, THIS ORGANIZATION WORKS WITH LOCAL PROVIDERS TO PLAN AND
DISCUSS HEALTH NEEDS OF THE POPULATION. ONE FORUM IS A PERINATAL
CONSORTIUM FOR THE GREATER MIDDLESEX AREA WITH REPRESENTATION FROM LOCAL
COMMUNITY HEALTH CENTERS, OTHER HEALTH PROVIDERS AND OTHER COMMUNITY
HEALTH LEADERS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE**SCHEDULE H, PART VI; QUESTION 3**

CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS. SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH.

ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS.

COMMUNITY INFORMATION**SCHEDULE H, PART VI; QUESTION 4**

THIS ORGANIZATION IS IN A DIVERSE SUBURBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN NEW BRUNSWICK TO MORE AFFLUENT SUBURBAN AREAS. THIS ORGANIZATION IS LOCATED IN NEW BRUNSWICK, IN MIDDLESEX COUNTY. MIDDLESEX COUNTY IS THE SECOND MOST POPULOUS COUNTY IN THE STATE WITH 25 MUNICIPALITIES. THIS ORGANIZATION IS COMMITTED TO

Part VI Supplemental Information

Complete this part to provide the following information

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SERVICE FOR ITS COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS. ABOUT 50% OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY. IN ADDITION, APPROXIMATELY 23% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES.

PROMOTION OF COMMUNITY HEALTH
SCHEDULE H, PART VI; QUESTION 5

THIS ORGANIZATION HOLDS AN ANNUAL COMMUNITY PUBLIC MEETING WHERE THE BOARD MEMBERS ARE INVITED AS WELL AS SENIOR MANAGEMENT TEAM AND STAFF MEMBERS. THE MAJORITY OF THE BOARD OF TRUSTEES ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHOM RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS AND PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION).

ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES BY THEIR RESPECTIVE DEPARTMENTS. UNDER THE DIRECTIVE OF THE ORGANIZATION'S CORPORATE FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE

Part VI Supplemental Information

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SERVICES OR PURCHASE EQUIPMENT WHICH IN TURN, BENEFIT THE COMMUNITY.

PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE

ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES

WHICH COMPRISE THE SAINT PETER'S HEALTHCARE SYSTEM.

AFFILIATED HEALTHCARE SYSTEM

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE SAINT PETER'S
HEALTHCARE SYSTEM, INC. AND AFFILIATES

NOT FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES
ENTITIES:

SAINT PETER'S HEALTHCARE SYSTEM, INC.

SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SPUH SYSTEM") IS THE TAX-EXEMPT
PARENT OF THE SAINT PETER'S HEALTHCARE SYSTEM; A TAX-EXEMPT INTEGRATED

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER SPUH SYSTEM OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY SPUH SYSTEM. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY.

SAINT PETER'S HEALTHCARE SYSTEM, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

SAINT PETER'S UNIVERSITY HOSPITAL

SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS A 478 BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. SPUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS

Part VI Supplemental Information

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CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

1. SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS 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;
4. CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS, MEMBERS OF THE COMMUNITY AND MEDICAL STAFF

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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REPRESENTATION; AND

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

MARGARET MCLAUGHLIN MCCARRICK CARE CENTER

MARGARET MCLAUGHLIN MCCARRICK CARE CENTER IS AN ORGANIZATION RECOGNIZED
BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL
REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO
INTERNAL REVENUE CODE §509(A)(1).

SPORTS PHYSICAL THERAPY INSTITUTE OF NEW BRUNSWICK

SPORTS PHYSICAL THERAPY INSTITUTE OF NEW BRUNSWICK IS AN ORGANIZATION
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO
INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT

Part VI Supplemental Information

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TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. THE ORGANIZATION ALSO SUPPORTS SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION; A RELATED TAX-EXEMPT ORGANIZATION.

ST. PETER'S FACULTY FOUNDATION, P.C.

ST. PETER'S FACULTY FOUNDATION, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY

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NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

ST. PETER'S FOUNDATION

ST. PETER'S FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1).

THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SPUH; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

Part VI Supplemental Information

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SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION

SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION IS AN
ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT
PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE
FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH; A RELATED INTERNAL
REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION
OR ABILITY TO PAY.

ST. PETER'S PROPERTIES CORPORATION

ST. PETER'S PROPERTIES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(2).

Part VI Supplemental Information

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NEW BRUNSWICK AFFILIATED HOSPITALS, INC.

NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL
REVENUE CODE §509(A)(3).

FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES
ENTITIES:

SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS SPUH SYSTEM. THE
ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY.
THE ORGANIZATION PROVIDES HOME CARE SERVICES TO INDIVIDUALS.

PARK AVENUE COLLECTIONS CORPORATION

Part VI Supplemental Information

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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

AN INACTIVE FOR-PROFIT ORGANIZATION.

RISK ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL

A CONTROLLED FOREIGN CORPORATION BY SPUH. THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN THE CAYMAN ISLANDS.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY. THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY.

**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

2011

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ 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.

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

☒ 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RONALD C RAK JD	(i) 641,704.	(ii) 100,000.	(iii) 2,612.	40,073.	3,733.	788,122.	0
2 DINESH SINGAL MD	(i) 0	(ii) 0	(iii) 160,462.	0	0	160,462.	0
3 GARRICK J STOLDT FHFMA	(i) 297,364.	(ii) 0	(iii) 3,015.	48,747.	11,889.	361,015.	0
4 STEVEN S RADIN ESQ	(i) 376,611.	(ii) 18,750.	(iii) 6,954.	29,801.	4,837.	436,953.	0
5 ANTHONY J PASSANNANTE	(i) 365,430.	(ii) 0	(iii) 0	23,629.	8,762.	397,821.	0
6 FRANK J DISANZO	(i) 311,808.	(ii) 15,500.	(iii) 1,960.	35,839.	4,514.	369,621.	0
7 ELIZABETH WYKPI SZ RN MS	(i) 262,975.	(ii) 0	(iii) 957.	0	3,143.	267,075.	0
8 STEFANIE R MCNAMARA	(i) 224,350.	(ii) 0	(iii) 594.	0	16,722.	241,666.	0
9 ANGELA M MELILLO	(i) 195,459.	(ii) 0	(iii) 1,206.	47,977.	3,028.	247,670.	0
10 WILLIAM J REARS	(i) 175,809.	(ii) 0	(iii) 492.	16,577.	10,468.	203,346.	0
11 PETER CONNOLLY	(i) 444,359.	(ii) 22,500.	(iii) 3,935.	43,226.	9,192.	523,212.	0
12 PATRICIA CARROLL	(i) 457,859.	(ii) 0	(iii) 2,140.	0	3,574.	463,573.	0
13 SUSAN M BALLESTERO	(i) 296,147.	(ii) 0	(iii) 1,684.	42,064.	5,511.	345,406.	0
14 MARIA D IRIZARRY	(i) 247,979.	(ii) 0	(iii) 922.	0	3,092.	251,993.	0
15 ROBERT J MULCAHY	(i) 246,496.	(ii) 0	(iii) 1,388.	0	178.	248,062.	0
16 FRED K NAKHJAVAN	(i) 235,984.	(ii) 0	(iii) 9,433.	25,409.	4,806.	275,632.	0

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSE A JIMENEZ JR	(i) 234,538.	0	0	43,165.	0	285,081.	0
	(ii) 181,597.	0	885.	26,659.	4,869.	213,302.	0
2 DAVID OVIEDO	(i) 0	0	0	0	4,161.	0	0
	(ii) 0	0	0	0	0	0	0
3 PHILIP J HARTMAN	(i) 167,030.	0	524.	17,600.	778.	185,932.	0
	(ii) 546,125.	0	32,575.	0	7,049.	585,749.	0
4 JOHN A CARLSON JR MD	(i) 0	0	0	0	0	0	0
5 JAMES E GERVASONI MD	(i) 509,373.	0	23,766.	0	7,405.	540,544.	0
	(ii) 0	0	0	0	0	0	0
6 SIVA P JONNA MD	(i) 317,722.	87,533.	108,248.	0	8,864.	522,367.	0
	(ii) 0	0	0	0	0	0	0
7 BIPIN N PATEL MD	(i) 409,926.	0	24,331.	0	5,133.	439,390.	0
	(ii) 0	0	0	0	0	0	0
8 NAYAN K KOTHARI MD	(i) 388,952.	0	26,948.	0	9,643.	425,543.	0
	(ii) 0	0	0	0	0	0	0
9 MARY G ZETKULIC MD	(i) 238,829.	10,000.	787.	0	5,564.	255,180.	0
	(ii) 0	0	0	0	0	0	0
10 CHRISTOPHER M HOULIHAN	(i) 464,636.	0	20,743.	0	6,994.	492,373.	0
	(ii) 0	0	0	0	0	0	0
11 DAVID E JACOB MD	(i) 419,733.	15,000.	1,932.	67,781.	6,633.	511,079.	0
	(ii) 0	0	0	0	0	0	0
12 SUSAN A MCMANUS MD	(i) 311,254.	100,000.	1,263.	0	3,057.	415,574.	0
	(ii) 0	0	0	0	0	0	0
13 CHRISTOPH OHNGEMACH MD	(i) 221,340.	34,781.	80,808.	0	8,099.	345,028.	0
	(ii) 0	0	0	0	0	0	0
14 DAVID V ALCID MD	(i) 302,015.	0	19,227.	0	5,000.	326,242.	0
	(ii) 0	0	0	0	0	0	0
15 ALFRED L GLOVER	(i) 176,177.	0	133,281.	0	0	309,458.	0
	(ii) 0	0	0	0	0	0	0
16 VERONICA ZEICHNER	(i) 196,151.	0	13,100.	0	0	209,251.	0
	(ii) 0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION INFORMATION

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2011. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: ALFRED L. GLOVER, \$133,281 AND VERONICA ZEICHNER, \$13,077.

COMPENSATION INFORMATION

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

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing
						Yes	No	Yes	No	Yes No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FSM6	12/18/2007	65,617,402.	CONSTRUCTION/EQUIPMENT/REFINANCING		X		X	X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FP98	08/09/2011	100,866,053.	REVENUE AND REFUNDING		X		X	X
C										
D										

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

Schedule K (Form 990) 2011

TAX EXEMPT BONDS

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number
22-1487330

Part III Private Business Use (Continued)

TAX EXEMPT BONDS

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?		X		X				
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X				
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$										

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JERSEY PAPER PLUS	TRUSTEE - FAMILY OWNED	505,348.	PRODUCT/SUPPLIES		X
(2) JOHNSON AND JOHNSON	TRUSTEE - HOLLAND/LICITRA	2,456,901.	MEDICAL PRODUCTS/SUPPLIES		X
(3) DAVID MCLEAN	TRUSTEE - JOHNSON	135,000.	EMPLOYEE		X
(4) ZULLO BUILDING	TRUSTEE - ZULLO	291,095.	RENT		X
(5) IMPORTICO, INC.	TRUSTEE - FALGIANO	161,285.	SOLID WASTE SERVICES		X
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

JOSEPH TABAK IS A TRUSTEE OF THE ORGANIZATION. THE ORGANIZATION UTILIZED THE SERVICES OF HIS FAMILY'S COMPANY, JERSEY PAPER PLUS, DURING 2011. TOTAL FEES PAID TO JERSEY PAPER PLUS WERE \$505,348. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

CLIFFORD E. HOLLAND AND KAREN LICITRA ARE TRUSTEES OF THE ORGANIZATION. THE ORGANIZATION UTILIZED THE SERVICES OF JOHNSON & JOHNSON DURING 2011. CLIFFORD E. HOLLAND IS AN OFFICER OF JOHNSON & JOHNSON AND KAREN LICITRA IS A CHAIR OF JOHNSON & JOHNSON. TOTAL FEES PAID TO JOHNSON & JOHNSON WERE \$2,456,901. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

ROBERT ZULLO IS A TRUSTEE OF THE ORGANIZATION. THE ORGANIZATION UTILIZED THE SERVICES OF HIS COMPANY, ZULLO BUILDING, DURING 2011. TOTAL FEES PAID TO ZULLO BUILDING WERE \$291,095. SERVICES WERE RENDERED AT FAIR MARKET

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

SALVATORE FALGIANO IS A TRUSTEE OF THE ORGANIZATION. THE ORGANIZATION UTILIZED THE SERVICES OF HIS COMPANY, IMPORTICO, INC., DURING 2011. TOTAL FEES PAID TO IMPORTICO, INC. WERE \$161,285. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

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

2011

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

AMENDED RETURN

CORE FORM, PART IX

THE ORGANIZATION IS AMENDING ITS FEDERAL FORM 990 TO DISCLOSE IN SCHEDULE
O THE FACT THAT THE ORGANIZATION AND ITS AFFILIATES UTILIZED THE SERVICES
OF A LAW FIRM OF WHICH ITS EXECUTIVE VICE PRESIDENT OF LEGAL AFFAIRS
SERVES AS AN EMPLOYEE. PLEASE NOTE THAT THIS TRANSACTION DOES NOT GIVE
RISE TO A SCHEDULE L, PART IV REPORTING REQUIREMENT. PLEASE REFER TO THE
ORGANIZATION'S RESPONSE TO CORE FORM, PART IX IN SCHEDULE O FOR A MORE
DETAILED EXPLANATION.

COMMUNITY BENEFIT STATEMENT

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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;
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

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22-1487330

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 190,000 OUTPATIENTS ANNUALLY. SPUH EMPLOYS 2,400 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND MORE THAN 1,100 PHYSICIANS AND DENTISTS HAVE

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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

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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 5,800 NEWBORNS ANNUALLY, CURRENTLY NUMBER TWO IN THE STATE FOR NUMBER OF DELIVERIES. ADMITS APPROXIMATELY 1,000 NEWBORNS TO THE 54-BASSINETT NICU, WHICH IS 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)

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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

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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,

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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.

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.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SPECIALTY SERVICES

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REGIONAL PERINATAL CENTER (RPC): DELIVERING MORE THAN 5,800 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 PREMATURETY 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

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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. BOTH THE COMPREHENSIVE CARE GROUP AT MONROE AND THE ADULT DAY CARE CENTER ARE 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 DIAGNOSES, TREATS, EDUCATES AND HELPS PATIENTS MANAGE THIS CHRONIC DISEASE. CERTIFIED DIABETES EDUCATORS SERVE ALL INPATIENTS THROUGHOUT

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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,

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NUTRITIONISTS AND A PATHOLOGIST.

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

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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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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

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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 117,000 VISITS, SOME PREVIOUSLY IDENTIFIED, IN PEDIATRIC AND PEDIATRIC SUBSPECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S MEDICINES AND SUBSPECIALTIES AND GERIATRIC MEDICINES AND SUBSPECIALTIES.

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OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS:

CONCORDIA

CLEAR BROOK

THE PONDS

WHITTINGHAM

ROSSMORE

STONEBRIDGE

MOBILE HEALTH VAN

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

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MISSION EXCELLENCE

PERINATAL SERVICES

COMMUNITY OUTREACH

PASTORAL CARE

VOLUNTEER SERVICES

MEDICAL LIBRARY

BLACK INFANT MORTALITY

CRANIOFACIAL

ABSTINENCE EDUCATION

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

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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.

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CORE FORM, PART III; LINE 4D

EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY
HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR
ABILITY TO PAY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT
STATEMENT INCLUDED IN SCHEDULE O.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 2

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

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM") IS THE SOLE MEMBER OF
THIS ORGANIZATION. SYSTEM HAS THE RIGHT TO ELECT THE MEMBERS OF THIS
ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS
DEFINED IN THIS ORGANIZATION'S BYLAWS.

DISCLOSURE INFORMATION

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

THE ORGANIZATION IS AN AFFILIATE IN THE SAINT PETER'S HEALTHCARE SYSTEM,

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INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

SAINT PETER'S HEALTHCARE SYSTEM, INC. IS THE PARENT OF THE SYSTEM. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE SAINT PETER'S HEALTHCARE SYSTEM, INC. AUDIT COMMITTEE REVIEWED THE FORM 990 AT A SPECIAL MEETING AND HAS 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, CONTROLLER, CHIEF COMPLIANCE OFFICER 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

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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 SAINT PETER'S HEALTHCARE SYSTEM, INC. AUDIT COMMITTEE FOR REVIEW AND APPROVAL. FOLLOWING THIS REVIEW THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING 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 CHIEF COMPLIANCE OFFICER FOR REVIEW. THE CHIEF COMPLIANCE OFFICER THEN 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, REVIEW AND DISCUSSION DURING BOARD MEETINGS.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH 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 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:

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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 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 HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW. THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

COMPENSATION INFORMATION DISCLOSURE

CORE FORM, PART VII AND SCHEDULE J

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

RELATED HOURS DISCLOSURE

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS PART OF SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM, 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

STATEMENT OF FUNCTIONAL EXPENSES

CORE FORM, PART IX

THE SYSTEM AND AFFILIATES PAID \$332,863 IN LEGAL FEES TO SILLS CUMMIS & GROSS P.C. ("SILLS") DURING FISCAL YEAR 2011. STEVEN RADIN, THE SYSTEM'S EXECUTIVE VICE PRESIDENT OF LEGAL AFFAIRS, SERVES AS AN EMPLOYEE (SENIOR COUNSEL) AT SILLS. HE DOES NOT OWN ANY EQUITY INTEREST IN, AND IS NOT A DIRECTOR, OFFICER OR TRUSTEE, OF SILLS. HE HAS NO FAMILY MEMBERS WHO WORK AT SILLS IN ANY CAPACITY.

OTHER CHANGES IN NET ASSETS

CORE FORM, PART XI; QUESTION 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- NET CHANGE IN UNREALIZED GAINS AND LOSSES ON INVESTMENTS; (\$1,898,540)
- CHANGE IN PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS;
(\$23,946,703)
- NET CHANGE IN BENEFICIAL INTEREST IN FOUNDATION; (\$1,210,422)
- NET ASSETS RELEASED FROM TEMPORARY RESTRICTION; (\$1,056,000)
- DONATED EQUIPMENT; \$5,140,000

AUDITED FINANCIAL STATEMENTS

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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SYSTEM, INC. ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM'S PARENT ENTITY IS SAINT PETER'S HEALTHCARE SYSTEM, INC. AN INDEPENDENT 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, 2011 AND DECEMBER 31, 2010; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALBERT GARLATTI CONSTRUCTION CO INC 401 CLEVELAND AVENUE HIGHLAND PARK, NJ 08904	CONSTRUCTION	1,665,083.
EXECUTIVE HEALTH RESOURCES 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073	CARE COORDINATION	953,711.
SOMERSET OB/GYN ASSOCIATES 217 UNION AVENUE BRIDGEWATER, NJ 08807	MEDICAL	829,980.
CENTER FOR FAMILY GUIDANCE PC 765 ROUTE 70 EAST, BLDG. A MARLTON, NJ 08053-0306	THERAPY	758,987.
M&M CONSTRUCTION CO INC 540 NORTH AVENUE UNION, NJ 07083	CONSTRUCTION	729,974.
TOTAL COMPENSATION		<u>4,937,735.</u>

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	2,000,087.			2,000,087.
DIVIDEND INCOME	95,126.			95,126.
EQUITY IN NET EARNINGS OF JT. VENTURE	1,290,498.			1,290,498.
TOTALS	<u>3,385,711.</u>			<u>3,385,711.</u>

ATTACHMENT 3

FORM 990, PART VIII - INCOME FROM INVESTMENT OF TE BOND PROCEEDS

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	2,342.			2,342.
TOTALS	<u>2,342.</u>			<u>2,342.</u>

ATTACHMENT 4

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: DUE FROM RELATED PARTIES; CURRENT

BEGINNING BALANCE DUE 1,851,356.
 ENDING BALANCE DUE 1,096,058.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 1,851,356.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 1,096,058.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

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

2011

Open to Public Inspection

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARGARET McLAUGHLIN MCCARRICK CARE CNTR 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NURSING CARE	NJ	501 (C) (3)	509 (A) (1)	SPUH	X	
(2) ST. PETER'S FACULTY FOUNDATION, P.C. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	PHYS. SVCS.	NJ	501 (C) (3)	509 (A) (3)	SPHCS		X
(3) ST. PETER'S FOUNDATION 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. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SUPPORT SPUH	NJ	501 (C) (3)	509 (A) (3)	SPHCS		X
(5) ST. PETER'S HEALTHCARE SYSTEM, INC. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOLDING CO.	NJ	501 (C) (3)	509 (A) (3)	N/A		X
(6) ST. PETER'S PROPERTIES CORPORATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REAL ESTATE	NJ	501 (C) (2)	N/A	SPHCS		X
(7) SPORTS PHYSICAL THERAPY INST. OF NB 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REHAB. SVCS.	NJ	501 (C) (3)	509 (A) (3)	SPHCS		X

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

Schedule R (Form 990) 2011

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

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

2011

**Open to Public
Inspection**

Employer identification number

22-1487330

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

Schedule R (Form 990) 2011

JSA

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) SAINT PETERS SOLAR ENERGY SOLUTIONS, INC 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOME CARE SVCS.	NJ	N/A	C CORP.			
(2) PARK AVENUE COLLECTIONS CORP. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	SPUH	C CORP.	0	0	100.0000
(3) RISK ASSURANCE CO. OF SPUH 720 WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS CJ	FINANCIAL VEHICLE	CJ	SPUH	FOREIGN CORP.	4,732,722.	42,199,112.	100.0000
(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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to related organization(s)		1b X
c Gift, grant, or capital contribution from related organization(s)		1c X
d Loans or loan guarantees to or for related organization(s)		1d X
e Loans or loan guarantees by related organization(s)		1e X
f Sale of assets to related organization(s)		1f X
g Purchase of assets from related organization(s)		1g X
h Exchange of assets with related organization(s)		1h X
i Lease of facilities, equipment, or other assets to related organization(s)		1i X
j Lease of facilities, equipment, or other assets from related organization(s)		1j X
k Performance of services or membership or fundraising solicitations for related organization(s)		1k X
l Performance of services or membership or fundraising solicitations by related organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1m X
n Sharing of paid employees with related organization(s)		1n X
o Reimbursement paid to related organization(s) for expenses		1o X
p Reimbursement paid by related organization(s) for expenses		1p X
q Other transfer of cash or property to related organization(s)		1q X
r Other transfer of cash or property from related organization(s)		1r X

2	(a) Name of other organization	(b) Transaction type (a-i)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	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).

Taxpayer's Name SAINT PETER'S UNIVERSITY HOSPITAL							Identifying Number 22-1487330		
DESCRIPTION OF PROPERTY RENTAL INCOME									
Yes		No		Did you actively participate in the operation of the activity during the tax year?					
TYPE OF PROPERTY:									
REAL RENTAL INCOME									
OTHER INCOME: RENTAL INCOME							1,716,706.		
TOTAL GROSS INCOME									1,716,706.
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
MORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									
NET RENT OR ROYALTY INCOME (LOSS)									1,716,706.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)									1,716,706.
Deductible Rental Loss (if Applicable)									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

1,716,706.
1,716,706.

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL INCOME	1,716,706.			1,716,706.
TOTALS	<u>1,716,706.</u>			<u>1,716,706.</u>