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Form **990****AMENDED**

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 PETERS HEALTHCARE SYSTEM, INC.

Doing Business As

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

254 EASTON AVENUE

Room/suite

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

NEW BRUNSWICK, NJ 08901

F Name and address of principal officer

RONALD C. RAK, JD

254 EASTON AVENUE NEW BRUNSWICK, NJ 08901

D Employer identification number

26-2019056

E Telephone number

(732) 745-8600

G Gross receipts \$ 31,053,334.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.SAINTPETERSHCS.COM

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 2007 M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities.

THE ORGANIZATION IS THE PARENT ENTITY OF THE SAINT PETER'S HEALTHCARE SYSTEM AND ITS AFFILIATES; A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	162.
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	27,299,990.	31,051,582.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	1,752.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,299,990.	31,053,334.
13	Grants and similar amounts paid (Part IX, column (A), lines 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	119,303.	219,915.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,550,336.	16,935,563.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,630,351.	13,897,856.
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	27,299,990.	31,053,334.
19	Revenue less expenses - Subtract line 18 from line 12	0	0
20	Total assets (Part X, line 16)	2,883,023.	4,325,578.
21	Total liabilities (Part X, line 26)	2,883,023.	4,325,578.
22	Net assets or fund balances - Subtract line 21 from line 20	0	0

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	Date	1-2-2015
	Type or print name and title	Chief Financial Officer		
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	
	Firm's address			
	465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497			

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 Accomplishments

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

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 27,969,992. including grants of \$ 219,915.) (Revenue \$ 31,051,582.)

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

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

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 27,969,992.

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	

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?		
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?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 62		
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 162		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

Check if Schedule O contains a response to any question in this Part VI. ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.		
1b Enter the number of voting members included in line 1a, above, who are independent.		
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?	☒ 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?		☒ X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒ X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒ X
6 Did the organization have members or stockholders?	☒ 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?	☒ X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	☒ X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	☒ X	
b Each committee with authority to act on behalf of the governing body?	☒ 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.		☒ 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?		☒ 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	☒ 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.	☒ X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	☒ 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.	☒ X	
13 Did the organization have a written whistleblower policy?	☒ X	
14 Did the organization have a written document retention and destruction policy?	☒ 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	☒ X	
b Other officers or key employees of the organization	☒ 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?		☒ 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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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, FHFA, 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 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				744,316.	0	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						0	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 MD TRUSTEE	1.00	X						0	0	0
21) KATHLEEN KILLION SECRETARY	55.00			X				94,609.	0	4,207.
22) GARRICK J STOLDT FHFMA CPA TREASURER - CFO	55.00			X				300,379.	0	60,636.
23) STEVEN S RADIN ESQ PRES/CEO SPHMSC/EVP LEGAL	55.00			X				402,315.	0	34,638.
24) ANTHONY J PASSANNANTE CHIEF MEDICAL OFFICER	55.00			X				365,430.	0	32,391.
25) FRANK J DISANZO CHIEF INFORMATION OFFICER	55.00			X				329,268.	0	40,353.
1b Sub-total								744,316.	0	43,806.
c Total from continuation sheets to Part VII, Section A								5,603,113.	182,482.	714,188.
d Total (add lines 1b and 1c)								6,347,429.	182,482.	757,994.

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 **42**

	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			
26) STEFANIE R MCNAMARA GENERAL COUNSEL	55.00			X				224,944.	0	16,722.
27) ANGELA M MELILLO CHIEF COMPLIANCE OFFICER	55.00			X				196,665.	0	51,005.
28) WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	55.00			X				176,301.	0	27,045.
29) PETER CONNOLLY EVP; CHIEF MARKETING OFFICER	55.00			X				470,794.	0	52,418.
30) PATRICIA CARROLL SVP/CHIEF OPERATING OFFICER	55.00			X				459,999.	0	3,574.
31) SUSAN M BALLESTERO VP; HUMAN RESOURCES	55.00			X				297,831.	0	47,575.
32) MARIA D IRIZARRY VP; AMBULATORY SERVICES	55.00			X				248,901.	0	3,092.
33) ROBERT J MULCAHY VP; FACILITY SAFETY	55.00			X				247,884.	0	178.
34) FRED K NAKHJAVAN VP; CHIEF QUALITY OFFICER	55.00			X				245,417.	0	30,215.
35) JOSE A JIMENEZ JR VP; GOVERNMENTAL AFFAIRS	55.00			X				237,047.	0	48,034.
36) DAVID OVIEDO VP; SUPPLY CHAIN MANAGEMENT	55.00			X				0	182,482.	30,820.
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 **42**

	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 **4**

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) PHILIP J HARTMAN VP; COMMUNICATIONS	55.00			X				167,554.	0	18,378.
38) ANTONIO D PILGRIM VP; INTERNAL AUDIT	55.00			X				107,137.	0	3,472.
39) TERRY HARGADON DIRECTOR; MANAGED CARE NETWORK	55.00					X		191,090.	0	55,882.
40) ROBERT J BABIN SR DIR.; STRATEGIC INITIATIVES	55.00					X		162,368.	0	49,419.
41) ROBERT C PUGLISI DIRECTOR; PHYSICIAN CONTRACTS	55.00					X		156,626.	0	24,371.
42) CINDY T KOTTLER DIR.; CLINICAL BUS. SYSTEMS	55.00					X		156,227.	0	36,879.
43) NICHOLAS J LACERENZA CONTROLLER	55.00					X		155,076.	0	42,884.
44) VERONICA ZEICHNER FORMER CFO	55.00						X	209,251.	0	0
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 **42**

	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 **4**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a	PROGRAM RELATED REVENUE	Business Code 900099	31,051,582.	31,051,582.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		31,051,582.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		1,752.			1,752.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		31,053,334.	31,051,582.		1,752.	

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.	219,915.	219,915.		
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.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	5,834,528.	5,251,077.	583,451.	
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.	8,498,502.	7,648,652.	849,850.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	920,339.	828,305.	92,034.	
9 Other employee benefits.	986,518.	887,865.	98,653.	
10 Payroll taxes.	695,676.	626,108.	69,568.	
11 Fees for services (non-employees).	0			
a Management.	495,841.	446,257.	49,584.	
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other.	3,985,897.	3,587,307.	398,590.	
12 Advertising and promotion.	4,236,479.	3,812,831.	423,648.	
13 Office expenses.	736,163.	662,547.	73,616.	
14 Information technology.	238,779.	214,901.	23,878.	
15 Royalties.	0			
16 Occupancy.	0			
17 Travel.	30,648.	27,583.	3,065.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	24,860.	22,374.	2,486.	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0			
23 Insurance.	26,640.	23,976.	2,664.	
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 REPAIRS AND MAINTENANCE	3,743,422.	3,369,080.	374,342.	
b DUES AND SUBSCRIPTIONS	182,813.	164,532.	18,281.	
c EDUCATION AND TRAINING	145,327.	130,794.	14,533.	
d OTHER EXPENSES	50,987.	45,888.	5,099.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	31,053,334.	27,969,992.	3,083,342.	
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	758,528.	1	1,138,817.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	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	401,752.
	7 Notes and loans receivable, net	1,443,102.	7	1,936,209.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	595,511.	9	841,552.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		
	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	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	85,882.	15	7,248.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,883,023.	16	4,325,578.	
Liabilities	17 Accounts payable and accrued expenses	2,883,023.	17	4,316,403.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	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	0	25	9,175.
	26 Total liabilities. Add lines 17 through 25	2,883,023.	26	4,325,578.
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	0	27	0
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	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	0	33	0
34 Total liabilities and net assets/fund balances.	2,883,023.	34	4,325,578.	

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,053,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,053,334.
3	Revenue less expenses. Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	0

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☒

		☒	Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			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			

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 PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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

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

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

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
- (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).

(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) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									0

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).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

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

Employer identification number

26-2019056

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES; CURRENT	9,175.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	9,175.

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.

Part XIV Supplemental Informatio. *Continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐
Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. PETER'S FOUNDATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	22-2329197	501(C)(3)	37,895.				PROGRAM SUPPORT
(2)	AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501(C)(3)	25,000.				SPONSORSHIP
(3)	SETON HALL UNIVERSITY 400 SOUTH ORANGE AVENUE	22-1500645	501(C)(3)	8,000.				SPONSORSHIP
(4)	PCORE 3836 QUAKERBRIDGE ROAD, SUITE 108	22-3699313	501(C)(3)	10,000.				SPONSORSHIP
(5)	MEDICAL SOCIETY OF NEW JERSEY 2 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	21-0601684	501(C)(3)	15,000.				SPONSORSHIP
(6)	DIOCESE OF METUCHEN 146 METIARS LANE PISCATAWAY, NJ 08854	22-2385423	501(C)(3)	5,400.				SPONSORSHIP
(7)	DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	30,000.				SPONSORSHIP
(8)	AMERICAN DIABETES ASSOCIATION INC 1701 N BEAUREGARD STREET	13-1623888	501(C)(3)	10,000.				SPONSORSHIP
(9)	CENTRAL JERSEY COMMUNITY		501(C)(3)	10,000.				SPONSORSHIP
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐ 9
- 3 Enter total number of other organizations listed in the line 1 table ☐
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

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

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

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

GRANT FUND MONITORING

SCHEDULE I, PART I; QUESTION 2

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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? **4a** ☒ Yes ☐ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** ☒ Yes ☐ No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** ☐ Yes ☒ No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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) 0	(ii) 100,000. (iii) 0	(iii) 2,612. (iv) 0	(C) 40,073. (iv) 0	(D) 3,733. (iv) 0	(E) 788,122. (iv) 0	(F) 0 (iv) 0
2 GARRICK J STOLDT FHFMA	(i) 297,364. (ii) 0	(ii) 0 (iii) 0	(iii) 3,015. (iv) 0	(C) 48,747. (iv) 0	(D) 11,889. (iv) 0	(E) 361,015. (iv) 0	(F) 0 (iv) 0
3 STEVEN S RADIN ESQ	(i) 376,611. (ii) 0	(ii) 18,750. (iii) 0	(iii) 6,954. (iv) 0	(C) 29,801. (iv) 0	(D) 4,837. (iv) 0	(E) 436,953. (iv) 0	(F) 0 (iv) 0
4 ANTHONY J PASSANNANTE	(i) 365,430. (ii) 0	(ii) 0 (iii) 0	(iii) 0 (iv) 0	(C) 23,629. (iv) 0	(D) 8,762. (iv) 0	(E) 397,821. (iv) 0	(F) 0 (iv) 0
5 FRANK J DISANZO	(i) 311,808. (ii) 0	(ii) 15,500. (iii) 0	(iii) 1,960. (iv) 0	(C) 35,839. (iv) 0	(D) 4,514. (iv) 0	(E) 369,621. (iv) 0	(F) 0 (iv) 0
6 STEFANIE R MCNAMARA	(i) 224,350. (ii) 0	(ii) 0 (iii) 0	(iii) 594. (iv) 0	(C) 0 (iv) 0	(D) 16,722. (iv) 0	(E) 241,666. (iv) 0	(F) 0 (iv) 0
7 ANGELA M MELILLO	(i) 195,459. (ii) 0	(ii) 0 (iii) 0	(iii) 1,206. (iv) 0	(C) 47,977. (iv) 0	(D) 3,028. (iv) 0	(E) 247,670. (iv) 0	(F) 0 (iv) 0
8 WILLIAM J REARS	(i) 175,809. (ii) 0	(ii) 0 (iii) 0	(iii) 492. (iv) 0	(C) 16,577. (iv) 0	(D) 10,468. (iv) 0	(E) 203,346. (iv) 0	(F) 0 (iv) 0
9 PETER CONNOLLY	(i) 444,359. (ii) 0	(ii) 22,500. (iii) 0	(iii) 3,935. (iv) 0	(C) 43,226. (iv) 0	(D) 9,192. (iv) 0	(E) 523,212. (iv) 0	(F) 0 (iv) 0
10 PATRICIA CARROLL	(i) 457,859. (ii) 0	(ii) 0 (iii) 0	(iii) 2,140. (iv) 0	(C) 0 (iv) 0	(D) 3,574. (iv) 0	(E) 463,573. (iv) 0	(F) 0 (iv) 0
11 SUSAN M BALLESTERO	(i) 296,147. (ii) 0	(ii) 0 (iii) 0	(iii) 1,684. (iv) 0	(C) 42,064. (iv) 0	(D) 5,511. (iv) 0	(E) 345,406. (iv) 0	(F) 0 (iv) 0
12 MARIA D IRIZARRY	(i) 247,979. (ii) 0	(ii) 0 (iii) 0	(iii) 922. (iv) 0	(C) 0 (iv) 0	(D) 3,092. (iv) 0	(E) 251,993. (iv) 0	(F) 0 (iv) 0
13 ROBERT J MULCAHY	(i) 246,496. (ii) 0	(ii) 0 (iii) 0	(iii) 1,388. (iv) 0	(C) 0 (iv) 0	(D) 178. (iv) 0	(E) 248,062. (iv) 0	(F) 0 (iv) 0
14 FRED K NAKHJAVAN	(i) 235,984. (ii) 0	(ii) 0 (iii) 0	(iii) 9,433. (iv) 0	(C) 25,409. (iv) 0	(D) 4,806. (iv) 0	(E) 275,632. (iv) 0	(F) 0 (iv) 0
15 JOSE A JIMENEZ JR	(i) 234,538. (ii) 0	(ii) 0 (iii) 0	(iii) 2,509. (iv) 0	(C) 43,165. (iv) 0	(D) 4,869. (iv) 0	(E) 285,081. (iv) 0	(F) 0 (iv) 0
16 DAVID OVIEDO	(i) 181,597. (ii) 0	(ii) 0 (iii) 0	(iii) 885. (iv) 0	(C) 26,659. (iv) 0	(D) 4,161. (iv) 0	(E) 213,302. (iv) 0	(F) 0 (iv) 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 PHILIP J HARTMAN	167,030.	0	524.	17,600.	778.	185,932.	0
2 TERRY HARGADON	188,453.	0	2,637.	51,241.	4,641.	246,972.	0
3 ROBERT J BABIN SR	159,613.	0	2,755.	43,110.	6,309.	211,787.	0
4 ROBERT C PUGLISI	156,354.	0	272.	16,172.	8,199.	180,997.	0
5 CINDY T KOTTLER	155,510.	0	717.	30,611.	6,268.	193,106.	0
6 NICHOLAS J LACERENZA	154,572.	0	504.	30,639.	12,245.	197,960.	0
7 VERONICA ZEICHNER	196,151.	0	13,100.	0	0	209,251.	0
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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

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

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING 2011. THE AMOUNTS LISTED HEREIN WERE INCLUDED IN THE INDIVIDUAL'S 2011 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: 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 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 PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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) RONALD C. RAK, JD SEE PART V		X	400,000.	401,752.		X	X		X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$				401,752.						

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)					
(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)

LOAN TO INTERESTED PERSON

SCHEDULE L, PART II

ON NOVEMBER 14, 2011, THE COMPENSATION COMMITTEE OF THE BOARD OF GOVERNORS APPROVED A LOAN FROM THE SYSTEM TO RONALD C. RAK, THE SYSTEM'S CHIEF EXECUTIVE OFFICER, IN THE PRINCIPAL AMOUNT OF \$400,000.00. THE PURPOSE OF THE LOAN WAS TO FACILITATE THE SYSTEM'S BUSINESS OBJECTIVE OF DEVELOPING AN ENHANCED ACADEMIC RELATIONSHIP BETWEEN THE SYSTEM AND DREXEL UNIVERSITY [COLLEGE OF MEDICINE] ("DREXEL") (LOCATED IN PHILADELPHIA), TO DEVELOP A NATIONAL GIANNA CENTER FOR WOMEN (A FERTILITY SERVICE IN KEEPING WITH CATHOLIC TEACHINGS) IN THE CITY OF PHILADELPHIA, AND TO PLAN FOR AND LAUNCH A COLLABORATIVE EFFORT AMONG DREXEL, THE SYSTEM AND THE ARCHDIOCESE OF PHILADELPHIA TO EXPLORE THE CREATION OF ENHANCED CLINICAL CARE FACILITIES TO ADDRESS INFANT MORTALITY WITHIN THE CITY - BY PROVIDING A SOURCE OF FINANCING TO MR. RAK FOR THE PURCHASE OF A RESIDENCE IN PHILADELPHIA, PENNSYLVANIA. THE PARTIES DOCUMENTED THE LOAN IN THE FORM OF A PROMISSORY NOTE FROM MR. RAK TO THE SYSTEM DATED NOVEMBER 16, 2011. IN ADDITION TO CONTAINING STANDARD LOAN PROVISIONS SUCH AS INTEREST RATE (3.5% PER ANNUM) AND PAYMENT SCHEDULE (MONTHLY OR

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)

QUARTERLY PAYMENTS COMMENCING IN 2015), THE PROMISSORY NOTE CONTAINED

INFORMATION REGARDING THE COLLATERAL USED AS SECURITY FOR THE LOAN (MR.

RAK'S RESIDENCE IN TEWKSBURY, NEW JERSEY).

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**

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AMENDED RETURN

CORE FORM, PARTS VI & X AND SCHEDULE L

THE ORGANIZATION ORIGINALLY AMENDED ITS FEDERAL FORM 990 TO CORRECTLY REFLECT THE FACT THAT THE BISHOP OF THE DIOCESE OF METUCHEN IS THE SOLE MEMBER OF THIS ORGANIZATION AND HAS THE POWER TO APPOINT MOST GOVERNORS, TO REMOVE ALL, AND TO EXERCISE OTHER POWERS OF THE ORGANIZATION. PLEASE REFER TO THE ORGANIZATION'S RESPONSE TO CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7 BELOW FOR A MORE DETAILED EXPLANATION.

THE ORGANIZATION IS SUBSEQUENTLY AMENDING ITS FEDERAL FORM 990 FOR THE FOLLOWING REASONS:

1. TO PROPOERLY DISCLOSE IN SCHEDULE L, PART II, A LOAN MADE TO THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER. PLEASE REFER TO SCHEDULE L, PART V FOR A MORE DETAILED EXPLANATION.

2. 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.

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DISCLOSURE INFORMATION

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

THE BISHOP OF THE DIOCESE OF METUCHEN ("THE MEMBER") SHALL BE, EX-OFFICIO, THE SOLE MEMBER OF THE ORGANIZATION AND SHALL BE RESPONSIBLE FOR ENSURING THE COMPLIANCE OF THE ORGANIZATION AND ITS SUBSIDIARIES WITH THE "ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE FACILITIES." THE MEMBER SHALL HAVE THE POWERS SET FORTH IN THE ORGANIZATION'S BYLAWS. IN THE EVENT OF A VACANCY IN THE OFFICE OF THE BISHOP OF THE DIOCESE OF METUCHEN, BY RETIREMENT, DEATH, DISABILITY OR OTHERWISE, THE POWERS OF THE MEMBER SHALL VEST IN THE INDIVIDUAL APPOINTED BY THE ROMAN CATHOLIC CHURCH TO ASSUME THE POWERS OF THAT OFFICE UNTIL SUCH TIME AS A SUCCESSOR BISHOP IS APPOINTED, AND SUCH INDIVIDUAL SHALL ACT AS THE MEMBER UNTIL SUCH TIME AS A SUCCESSOR BISHOP IS APPOINTED.

POWERS OF THE MEMBER:

1. THE MEMBER SHALL HAVE THE POWER TO REMOVE ANY OR ALL OF THE GOVERNORS OF THE ORGANIZATION AND THE TRUSTEES OF THE ORGANIZATION'S SUBSIDIARIES, IN ITS SOLE DISCRETION, WITH OR WITHOUT CAUSE.

2. THE MEMBER SHALL HAVE THE POWER TO APPOINT AND REMOVE THE CHAIR OF THE BOARD, THE VICE-CHAIR OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, THE TREASURER OF THE ORGANIZATION, THE SECRETARY OF THE ORGANIZATION AND THE ASSISTANT SECRETARY OF THE

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ORGANIZATION, IN ITS SOLE DISCRETION, WITH OR WITHOUT CAUSE, AT ANY TIME.

3. THE MEMBER SHALL HAVE THE POWER TO APPOINT AND REMOVE THE EXECUTIVE DIRECTOR OF EACH OF THE ORGANIZATION'S SUBSIDIARIES, IN ITS SOLE DISCRETION, WITH OR WITHOUT CAUSE, AT ANY TIME.

4. THE MEMBER SHALL HAVE THE POWER TO EXERCISE THE POWER OF THE ORGANIZATION WITH RESPECT TO ANY OF THE ORGANIZATION'S SUBSIDIARIES.

5. THE MEMBER SHALL HAVE THE POWER TO VETO ANY ACTION BY THE ORGANIZATION OR THE ORGANIZATION'S BOARD OF GOVERNORS.

THE BOARD OF GOVERNORS SHALL CONSIST OF (I) NOT MORE THAN TWENTY (20) GOVERNORS, APPOINTED BY THE MEMBER, INCLUDING THE CHAIR AND THE VICE CHAIR; (II) THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION, WHO SHALL SERVE EX-OFFICIO, WITH VOTE; (III) THE EPISCOPAL VICAR FOR THE HEALTHCARE APOSTOLATE OF THE DIOCESE OF METUCHEN, WHO SHALL SERVE EX-OFFICIO, WITH VOTE; AND (IV) THE CURRENT AND IMMEDIATE PAST PRESIDENT OF THE MEDICAL STAFF WHO SHALL SERVE EX-OFFICIO, WITH VOTE. THE EXACT NUMBER OF GOVERNORS SHALL BE THE NUMBER FIXED FROM TIME TO TIME BY THE MEMBER. EACH YEAR AT THE ANNUAL MEETING OF THE BOARD, THE BOARD SHALL, SUBJECT TO THE APPROVAL OF THE MEMBER, ELECT OR RE-ELECT THE NON-EX-OFFICIO GOVERNORS TO SERVE AS GOVERNORS AS NEEDED TO REPLACE OR EXTEND THE TERMS OF GOVERNORS WHOSE TERMS ARE EXPIRING OR AS DEEMED

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APPROPRIATE BY THE BOARD IN ACCORDANCE WITH THE BYLAWS.

COMMUNITY BENEFIT STATEMENT

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

BACKGROUND

=====

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

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

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

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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
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

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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 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

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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

=====

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

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

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

FACTS

=====

- 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)

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

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

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PERINATAL EVALUATION AND TREATMENT (PERINATAL EMERGENCY TRIAGE AND
TREATMENT)

HIGH-RISK ANTEPARTUM UNIT (HOSPITAL CARE FOR PREGNANT WOMEN EXPERIENCING
COMPLICATIONS OR HIGH-RISK PREGNANCIES)

INFANT AND PERINATAL LOSS EVALUATION PROGRAM (DIAGNOSTIC AND TREATMENT
CENTER FOR REPEATED MISCARRIAGE/PREGNANCY LOSS)

OBSTETRICAL MEDICINE (TREATS MEDICAL COMPLICATIONS IN PREGNANCY)

GENERAL OB-GYN

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

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

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

COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALLY INVASIVE SERVICES.

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

A DIVISION OF PEDIATRIC HEMATOLOGY-ONCOLOGY.

A REGIONAL CRANIOFACIAL-NEUROSURGICAL CENTER SPECIALIZING IN THE CORRECTION OF CLEFT LIP AND CLEFT PALATE (UNIQUE TO THE REGION).

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

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

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

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

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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

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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

=====

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
THE STATE, WHICH INCLUDES THE NEONATAL RETINA CENTER PROVIDING LASER
SURGERY FOR RETINOPATHY OF PREMATURETY 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.

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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 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

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

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

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

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

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

FAMILY HEALTH CENTER: LOCATED AT 123 HOW LANE IN NEW BRUNSWICK, THE CENTER OFFERS COMPLETE MEDICAL AND SUBSPECIALTY SERVICES FOR UNDERSERVED ADULTS AND CHILDREN.

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

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

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

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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
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:

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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.

OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS:

CONCORDIA

CLEAR BROOK

THE PONDS

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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

MISSION EXCELLENCE

PERINATAL SERVICES

COMMUNITY OUTREACH

PASTORAL CARE

VOLUNTEER SERVICES

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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

KIDS PUMP GROUP

TEEN PUMP GROUP

ALZHEIMER'S CAREGIVERS

BEREAVEMENT SUPPORT GROUP

CAREGIVERS SUPPORT GROUP

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HEPATITIS C SUPPORT GROUP

INTERSTITIAL SUPPORT GROUP

PREGNANCY AFTER LOSS SUPPORT GROUP

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

BLOOD PRESSURE AND BLOOD SUGAR SCREENINGS

OSTEOPOROSIS SCREENINGS

BODY MASS INDEX SKIN SCREENINGS

BREAST HEALTH INFORMATION AND SELF EXAM INSTRUCTION

BABY CARE

BREASTFEEDING

BREASTFEEDING SUPPORT GROUP

NEW DADDY CLASS

NEW FAMILY SUPPORT GROUP

PRENATAL NUTRITION CLASS

SIBLING CLASS

TINY TOTS

CYBERKNIFE

BREAST SURGERY SERVICE

PLEASE NOTE THAT THIS IS NOT AN ALL INCLUSIVE LIST.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 2

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

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DISCLOSURE INFORMATION

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

THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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

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COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. A MEETING WAS ALSO HELD TO REVIEW THE FINAL DRAFT OF THE FEDERAL FORM 990 WITH THE 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 THE PARENT ENTITY OF 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

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CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH"). THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER, KEY SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER, ARE EMPLOYED BY THE TAX-EXEMPT HOSPITAL WITHIN THE HEALTHCARE SYSTEM. HOWEVER, THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE ALSO EITHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION.

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION 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

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EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER.

TOTAL COMPENSATION IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

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

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

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

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

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

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DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION C; QUESTION 19

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

COMPENSATION INFORMATION DISCLOSURE

CORE FORM, PART VII AND SCHEDULE J

PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE 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 THE PARENT ENTITY 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

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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.

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.

AUDITED FINANCIAL STATEMENTS

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH"). AN INDEPENDENT CPA FIRM AUDITED THE

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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 CONTAINED CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. SPUH'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

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

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

Name of the organization

Employer identification number

SAINT PETERS HEALTHCARE SYSTEM, INC.

26-2019056

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	1,752.			1,752.
TOTALS	<u>1,752.</u>			<u>1,752.</u>

ATTACHMENT 3

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:

DUE FROM RELATED PARTIES

BEGINNING BALANCE DUE	1,443,102.
ENDING BALANCE DUE	<u>1,936,209.</u>
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	<u>1,443,102.</u>
TOTAL ENDING NOTES AND LOANS RECEIVABLES	<u>1,936,209.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

SAINT PETERS HEALTHCARE SYSTEM, INC.

26-2019056

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 PETERS HEALTHCARE SYSTEM, INC.

Employer identification number
26-2019056

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 22-2577732 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. 11-3674491 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	PHYS. SVCS.	NJ	501(C)(3)	509(A)(3)	SPHCS	X	
(3)	ST. PETER'S FOUNDATION 22-2329197 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	SPHCS	X	
(4)	SAINT PETER'S HEALTH & MGMT. SVCS. CORP. 27-0045088 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SUPPORT SPUH	NJ	501(C)(3)	509(A)(3)	SPHCS	X	
(5)	ST. PETERS PROPERTIES CORPORATION 22-2428823 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REAL ESTATE	NJ	501(C)(2)	N/A	SPHCS	X	
(6)	ST. PETER'S UNIVERSITY HOSPITAL 22-1487330 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	SPHCS	X	
(7)	SPORTS PHYSICAL THERAPY INST. OF NB 22-3664897 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REHAB SVCS.	NJ	501(C)(3)	509(A)(3)	SPHCS	X	

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

Schedule R (Form 990) 2011

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

▶ 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 PETERS HEALTHCARE SYSTEM, INC.

Employer identification number 26-2019056

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	HEALTH SVCS	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

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			
(1) CARES SURGICENTER, LLC 22-3557 254 EASTON AVENUE	HLTHCARE SVCS	NJ	N/A								
(2) NEW BRUNSWICK CARDIAC CATH LAB 240 EASTON AVENUE	HLTHCARE SVCS	NJ	N/A								
(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 PETER'S SOLAR ENERGY SOLUTIONS, INC. 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOME CARE SVCS.	NJ	SPHCS	C CORP.	18,251.	4,272,378.	100.0000
(2) PARK AVENUE COLLECTIONS CORP. 20-8498534 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	N/A	C CORP.			
(3) RISK ASSURANCE CO. OF SPUR 98-0417672 720 WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS CJ	FINANCIAL VEHICLE	CJ	N/A	FOREIGN CORP.			
(4) -----							
(5) -----							
(6) -----							
(7) -----							

SAINT PETERS HEALTHCARE SYSTEM, INC. 26-2019056

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	SAINT PETER'S UNIVERSITY HOSPITAL	D	627,872.	COST
(2)	SAINT PETER'S UNIVERSITY HOSPITAL	R	30,058,220.	COST
(3)	ST. PETER'S FOUNDATION	R	91,842.	COST
(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).
