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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
SAINT PETER'S UNIVERSITY HOSPITAL

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
NEW BRUNSWICK, NJ 08901

D Employer identification number
22-1487330

E Telephone number
(732) 745-8600

G Gross receipts $ 403,103,034

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

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

H(b) Are all subordinates 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 1907

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	3,314
6	Total number of volunteers (estimate if necessary)	**6**	565
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,585,368	5,000,022
9	Program service revenue (Part VIII, line 2g)	379,381,852	383,725,295
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,074,781	9,689,698
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,522,735	4,688,019
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	396,564,736	403,103,034
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	79,882	122,255
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)	244,881,527	241,984,051
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,852,655	163,710,875
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	401,814,064	405,817,181
19	Revenue less expenses Subtract line 18 from line 12	-5,249,328	-2,714,147

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	388,779,133	379,552,679
21	Total liabilities (Part X, line 26)	357,756,322	309,808,335
22	Net assets or fund balances Subtract line 21 from line 20	31,022,811	69,744,344

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

****** | 2014-11-11
Signature of officer | Date

GARRICK J STOLDT CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Anthony J Panico				P00365556
Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
Firm's address ▶ 465 South St Ste 200 Morristown, NJ 079606497			Phone no (973) 898-9494	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED BY THE BISHOP OF METUCHEN, SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES WE MINISTER TO THE WHOLE PERSON, BODY AND SPIRIT, PRESERVING THE DIGNITY AND SACREDNESS OF EACH LIFE WE ARE PLEDGED TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG OUR EMPLOYEES, PHYSICIANS AND VOLUNTEERS AND TO THE EDUCATION AND TRAINING OF HEALTHCARE PERSONNEL WE ARE WITNESSES IN OUR COMMUNITY TO THE HIGHEST ETHICAL AND MORAL PRINCIPLES IN PURSUIT OF EXCELLENCE AND PATIENT SAFETY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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 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 $ 54,206,766 including grants of $ 0) (Revenue $ 44,939,382)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY GENERAL MEDICINE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 5,376 GENERAL MEDICINE PATIENTS DURING 2013 RESULTING IN 22,458 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 25,741,412 including grants of $ 0) (Revenue $ 22,148,182)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY GENERAL SURGICAL SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PERFORMED 1,389 GENERAL SURGICAL PROCEDURES DURING 2013 RESULTING IN 8,596 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 25,699,899 including grants of $ 0) (Revenue $ 43,698,664)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY NEONATOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 1,844 NEONATOLOGY PATIENTS DURING 2013 RESULTING IN 16,865 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O)

(Expenses $ 259,599,609 including grants of $ 122,255) (Revenue $ 272,939,067)

4e **Total program service expenses** ▶ 365,247,686

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	322		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,314		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ GARRICK J STOLDT FHFMA CP 254 EASTON AVENUE
NEW BRUNSWICK, NJ 08901 (732) 745-8600

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or 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 (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,431,267	6,355,967	864,439

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 ▶ 358

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
APG SECURITY SERVICES, 116 NORTH BROADWAY 2ND FLOOR SOUTH AMBOY NJ 08879	SECURITY	3,301,218
PATIENT FINANCIAL CONCEPTS, PO BOX 3081 CLIFTON NJ 07012	COLLECTION/CONSULT	1,185,934
PRICEWATERHOUSE COOPERS LLP, 300 ATRIUM DRIVE FOURTH FLOOR SOMERSET NJ 08873	CONSULTING	1,067,473
EXECUTIVE HEALTH RESOURCES, PO BOX 822688 PHILADELPHIA PA 191822688	CONSULTING/ADVISORY	951,609
FOREST ELECTRIC CORPORATION, 206 MCGAW DRIVE EDISON NJ 08837	CONSTRUCTION	931,706

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 65

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	2,464,027			
	e	Government grants (contributions)	1e	2,504,775			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	31,220			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,000,022			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	374,257,854	374,257,854		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	9,467,441	9,467,441		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		383,725,295			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,591,231			9,591,231
	4	Income from investment of tax-exempt bond proceeds . . ▶		98,467			98,467
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	1,751,270				
	b	Less rental expenses					
	c	Rental income or (loss)	1,751,270	0			
	d	Net rental income or (loss) . . . . . ▶			1,751,270		1,751,270
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶			0		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶			0		
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶			0		
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA/RESTAURANT	900099	1,804,627			1,804,627
	b	PARKING REVENUE	812930	715,620			715,620
	c	GIFT SHOP	453220	247,594			247,594
	d	All other revenue		168,908			168,908
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,936,749			
	12	**Total revenue.** See Instructions . . . . . ▶		403,103,034	383,725,295		14,377,717

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

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	50,642	50,642		
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	71,613	71,613		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,889,023	2,600,120	288,903	
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	191,414,905	172,273,415	19,141,490	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,691,447	9,622,302	1,069,145	
9 Other employee benefits	22,552,927	20,297,634	2,255,293	
10 Payroll taxes	14,435,749	12,992,174	1,443,575	
11 Fees for services (non-employees)				
a Management	2,554,962	2,299,466	255,496	
b Legal	878,482	790,634	87,848	
c Accounting	256,468	230,821	25,647	
d Lobbying	279,201	251,281	27,920	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,178,657	5,560,791	617,866	
12 Advertising and promotion	3,432,857	3,089,571	343,286	
13 Office expenses	10,137,899	9,124,109	1,013,790	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	8,855,229	7,969,706	885,523	
17 Travel	103,041	92,737	10,304	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	75,696	68,126	7,570	
20 Interest	9,237,496	8,313,746	923,750	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,023,848	17,121,463	1,902,385	
23 Insurance	11,564	10,408	1,156	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	47,298,790	42,568,911	4,729,879	0
b CONTRACTED SERVICES	16,312,356	14,681,120	1,631,236	
c REPAIRS & MAINTENANCE	12,349,017	11,114,115	1,234,902	
d RESIDENT AND PHYSICIAN FEES	6,689,472	6,020,525	668,947	
e All other expenses	20,035,840	18,032,256	2,003,584	
25 **Total functional expenses.** Add lines 1 through 24e	405,817,181	365,247,686	40,569,495	0
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,225	1	8,000
	2	Savings and temporary cash investments		133,636	2	452,657
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		51,464,675	4	46,203,815
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,700,333	8	5,492,768
	9	Prepaid expenses and deferred charges		2,476,386	9	2,435,223
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 505,800,091			
	b	Less accumulated depreciation	10b 323,105,256	178,515,194	10c	182,694,835
	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		115,591,087	13	106,905,663
	14	Intangible assets		2,783,745	14	2,575,357
	15	Other assets See Part IV, line 11		32,106,852	15	32,784,361
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		388,779,133	16	379,552,679
Liabilities	17	Accounts payable and accrued expenses		46,982,755	17	44,018,434
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		170,624,087	20	168,677,850
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		140,149,480	25	97,112,051
	26	**Total liabilities.** Add lines 17 through 25		357,756,322	26	309,808,335
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,112,811	27	59,179,344
	28	Temporarily restricted net assets		9,810,000	28	10,465,000
	29	Permanently restricted net assets		100,000	29	100,000
		Organizations that do not follow SFAS 117 (ASC 958), 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		31,022,811	33	69,744,344
	34	Total liabilities and net assets/fund balances		388,779,133	34	379,552,679

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	403,103,034
2	Total expenses (must equal Part IX, column (A), line 25)	2	405,817,181
3	Revenue less expenses Subtract line 2 from line 1	3	-2,714,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,022,811
5	Net unrealized gains (losses) on investments	5	367,680
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	41,068,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,744,344

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

Software ID:
Software Version:
EIN: 22-1487330
Name: SAINT PETER'S UNIVERSITY HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
DONALD M DANIELS CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
VINCENT J DICKS VICE CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
JUDITH T CARUSO TRUSTEE	1 0	X						0	0	0
MICHAEL P COYLE JR MD TRUSTEE	1 0	X						0	0	0
REVEREND MONSIGNOR JOHN FELL TRUSTEE	1 0	X						0	0	0
ALFRED G GABURO JR TRUSTEE	1 0	X						0	0	0
HONORABLE FRANK GAMBATESE TRUSTEE	1 0	X						0	0	0
KAREN LICITRA TRUSTEE	1 0	X						0	0	0
VAUGHN MCKOY JD TRUSTEE	1 0	X						0	0	0
KEVIN NINI MD TRUSTEE	1 0	X						0	0	0
CAROL A PURCELL TRUSTEE	1 0	X						0	0	0
RONALD C RAK JD TRUSTEE - PRESIDENT/CEO	55 0	X		X				0	745,702	36,956
NIRANJAN V RAO MD TRUSTEE	1 0	X						0	0	0
TIM SCHMID TRUSTEE	1 0	X						0	0	0
DINESH SINGAL MD TRUSTEE	55 0	X						215,667	151,667	0
SALVATORE FALGIANO TRUSTEE (1/1/13 - 7/24/13)	1 0	X						0	0	0
BRIAN FORD SR TRUSTEE (1/1/13 - 7/24/13)	1 0	X						0	0	0
CLIFFORD E HOLLAND TRUSTEE (1/1/13 - 7/24/13)	1 0	X						0	0	0
SANDY NEWMAN TRUSTEE (1/1/13 - 7/24/13)	1 0	X						0	0	0
ANTHONY D SCHOBERL TRUSTEE (1/1/13 - 7/24/13)	1 0	X						0	0	0
PETER G SCHOBERL TRUSTEE (1/1/13 - 7/15/13)	1 0	X						0	0	0
JOSEPH TABAK TRUSTEE (1/1/13 - 7/24/13)	1 0	X						0	0	0
STEFANIE R MCNAMARA ESQ SECRETARY - GENERAL COUNSEL	55 0			X				0	262,687	41,805
GARRICK J STOLDT FHFMA CPA TREASURER - CFO	55 0			X				0	309,430	63,815
KENNETH SABLE MD EVP/COO (EFF 3/2013)	55 0			X				0	528,788	45,227

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
PETER CONNOLLY EVP, CHIEF MARKETING OFFICER	55 0			X				0	501,410	54,994
STEVEN S RADIN ESQ EXECUTIVE VICE PRESIDENT LEGAL	55 0			X				0	412,204	30,490
FRANK J DISANZO CHIEF INFORMATION OFFICER	55 0			X				0	500,995	36,613
ANTHONY J PASSANNANTE MD CHIEF MEDICAL OFFICER	55 0			X				0	417,605	45,206
MATTHEW WIECZKOWSKITERM 313 CHIEF ADMINistrative OFFICER	55 0			X				0	305,867	6,046
ELIZABETH WYKPISZ RN MSN MBA CNO/VP, PATIENT CARE	55 0			X				273,615	0	15,962
WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	55 0			X				0	185,091	49,881
BARBARA J WELSH CHIEF COMPLIANCE OFFICER	55 0			X				0	126,835	20,218
SUSAN M BALLESTERO VP, CHIEF HR OFFICER	55 0			X				0	305,375	44,818
ROBERT J MULCAHY VP, FACILITY SAFETY	55 0			X				0	255,550	22,272
JOSE A JIMENEZ JR VP, GOVERNMENTAL AFFAIRS	55 0			X				0	246,357	46,260
DAVID OVIEDO VP, SUPPLY CHAIN MANAGEMENT	55 0			X				0	188,474	34,611
EDWIN R GUZMAN CHAIRMAN OB/GYN (EFF 2/2013)	55 0				X			714,025	0	34,490
JOHN A CARLSON JR MD CHAIRMAN OB/GYN (TERM 2/2013)	55 0				X			590,119	0	12,036
JAMES E GERVASONI MD CHAIRMAN SURGERY	55 0				X			535,963	0	34,748
BIPIN N PATEL MD CHAIRMAN PEDIATRICS	55 0				X			441,813	0	20,585
NAYAN K KOTHARI MD CHAIRMAN MEDICINE	55 0				X			0	440,423	22,344
JOHN G GALLUCCI MD PHYSICIAN	55 0					X		619,895	0	34,006
STEVEN B PALDER MD PHYSICIAN	55 0					X		621,007	0	36,506
CHRISTOPHER M HOULIHAN MD PHYSICIAN	55 0					X		495,100	0	34,006
SUSAN A MCMANUS DIRECTOR - BREAST SURGERY	55 0					X		472,851	0	11,697
ANGELA C RANZINI MD PHYSICIAN	55 0					X		451,212	0	28,847
PATRICIA CARROLL FORMER OFFICER	0 0						X	0	471,507	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

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

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

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

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

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	279,201	279,201
b Total lobbying expenditures to influence a legislative body (direct lobbying)	279,201	279,201
c Total lobbying expenditures (add lines 1a and 1b)	558,402	558,402
d Other exempt purpose expenditures	405,330,392	405,258,598
e Total exempt purpose expenditures (add lines 1c and 1d)	405,888,794	405,817,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	29,201	29,201
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	367,475	386,071	285,819	279,201	1,318,566
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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 XIII, 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 XIII, 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 ▶ $ _____

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	9,910,000	7,935,000	10,173,000	10,054,000	10,660,000
b	Contributions	92,000	469,000	28,000	206,000	690,000
c	Net investment earnings, gains, and losses	616,000	1,727,000	-1,210,000	283,000	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	53,000	221,000	1,056,000	370,000	1,296,000
f	Administrative expenses					
g	End of year balance	10,565,000	9,910,000	7,935,000	10,173,000	10,054,000

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 ▶ 0 950 %
- c Temporarily restricted endowment ▶ 99 050 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		5,156,054		5,156,054
b Buildings		277,318,547	153,689,120	123,629,427
c Leasehold improvements		5,172,781	4,507,943	664,838
d Equipment		213,916,689	164,908,193	49,008,496
e Other		4,236,020		4,236,020
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				182,694,835

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) EQUITIES, LIMITED USE	6,840,542	F
(2) SECURITIES, LIMITED USE	90,256,094	F
(3) TAX-EXEMPT ORGANIZATION	9,809,027	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	106,905,663	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	15,437,793
(2) THIRD-PARTY PAYORS	6,488,295
(3) RECEIVABLE	9,725,150
(4) CURRENT	1,133,123
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	32,784,361

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ACCRUED INTEREST	4,576,816
ACCRUED PENSION LIABILITY	53,792,289
ACCRUED MEDICAL MALPRACTICE	1,983,313
DUE TO RELATED PARTY, CURRENT	11,047,416
OTHER LIABILITIES	15,987,067
MALPRACTICE INSURANCE PAYABLE	9,725,150
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	97,112,051

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	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 XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	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 XIII **Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART V	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean		1	Program Services	FINANCIAL VEHICLE	6,280,116
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			6,280,116
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		1			6,280,116

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Caribbean	HLTH CENTERS	71,613				
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

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

Additional Data

Software ID:
Software Version:
EIN: 22-1487330
Name: SAINT PETER'S UNIVERSITY HOSPITAL

Part V **Supplemental Information**

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		169,637	23,258,726	5,910,982	17,347,744	4 270 %
b Medicaid (from Worksheet 3, column a)		11,769	26,107,116	19,184,157	6,922,959	1 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		181,406	49,365,842	25,095,139	24,270,703	5 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	47	69,685	4,815,927	2,047,196	2,768,731	0 680 %
f Health professions education (from Worksheet 5)	13		12,435,634	6,765,541	5,670,093	1 400 %
g Subsidized health services (from Worksheet 6)	7	110,090	7,225,189	4,526,412	2,698,777	0 660 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		169,769		169,769	0 040 %
j **Total.** Other Benefits	68	179,775	24,646,519	13,339,149	11,307,370	2 780 %
k **Total.** Add lines 7d and 7j	68	361,181	74,012,361	38,434,288	35,578,073	8 760 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 13,510,837		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	80,069,818
6	Enter Medicare allowable costs of care relating to payments on line 5	6	84,396,974
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,327,156
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 12

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW SAINTPETERSHCS COM			
b	☑ Other website (list url) WWW RWJUH EDU			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 1J, 5D, 6I & 7	NOT APPLICABLE
Schedule h, part v, section b, questionS 3 & 4	Where and how we live, work, play, and learn affects our health Understanding how these factors influence health is critical for developing the best strategies to address them To accomplish these goals, Saint Peter's University Hospital and Robert Wood Johnson University Hospital, along with local health departments, federally qualified health centers, government agencies, and numerous community and non-profit organizations serving Middlesex and Somerset counties, led a comprehensive regional health planning effort comprised of two phases 1 A community health needs assessment (CHNA) to identify the health-related needs and strengths of Middlesex and Somerset counties 2 A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Middlesex and Somerset counties In addition to guiding future services, programs, and policies for these agencies and the area overall, the CHNA and CHIP are also required prerequisites for the health department to earn accreditation, and for hospitals to maintain their not-for-profit status The 2013 Saint Peter's University Hospital and Robert Wood Johnson University Hospital CHIP was developed over the period of April 2013 - August 2013, using the key findings from the CHNA, which included qualitative data from focus groups and key informant interviews that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas The CHNA was developed by Rutgers University Center for State Health Policy (CSHP) and the University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School (UMDNJ-RWJMS) Department of Family Medicine and Community Health, Research Division To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Middlesex and Somerset planning process engaged community members and Local Public Health System (LPHS) Partners through different avenues a the Steering Committee was responsible for overseeing the community health NEEDS assessment, identifying the health priorities, and overseeing the development of the community health improvement plan, and b the CHIP Workgroups, which represented broad and diverse sectors of the community, were formed around each priority area to develop the goals, objectives, strategies, action steps, and potential partners for the CHIP The CHIP Workgroup members developed a compelling and inspirational vision that would support the planning process and the CHIP itself Vision Working together to create a healthy, safe and supportive community for all The results of CHNA research were reviewed by the Steering Committee and, from this review and group discussion, three key priority areas were selected for planning at the county level An additional priority area was identified during the review process to ensure ongoing coordination and collaboration with local public health system partners The final four priority areas are Priority Area 1 Coordination and Communication Goal 1 Strengthen coordination and communication among community health partners Priority Area 2 Access to Care and Health Information Goal 2 To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties Priority Area 3 Promoting Healthy Behaviors Goal 3 To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset counties Priority Area 4 Disease Specific Issues with a focus on Obesity, Diabetes, and Mental Health Goal 4 To achieve physically and mentally healthy communities by addressing obesity, diabetes, and mental health in Middlesex and Somerset counties Health improvement plans were then developed for each of these areas by the community
Schedule h,part v,section b, questions 10,11,14G,16E,17E,18E,19C,19D,21&22	NOT APPLICABLE
Schedule h, part v, section b, question 12I	THE ELIGIBILITY CRITERIA FOR DISCOUNTED CARE UNDER OUR "COMPASSIONATE CARE PROGRAM" ("FINANCIAL ASSISTANCE PROGRAM") ARE SOLELY BASED ON THE INSURANCE STATUS OF THE PATIENT AND/OR GUARANTOR PATIENT'S AND/OR GUARANTOR'S WITHOUT COMMERCIAL OR GOVERNMENTAL HEALTH CARE INSURANCE OR INELIGIBILITY FOR HEALTH CARE RELATED GOVERNMENTAL PROGRAM ARE ELIGIBLE FOR OUR "FINANCIAL ASSISTANCE PROGRAM (FAP)"
SCHEDULE H, PART V, SECTION B, QUESTION 20D	THE MAXIMUM AMOUNTS THAT ARE CHARGED TO FAP-ELIGIBLE INDIVIDUALS OR MEDICALLY NECESSARY CARE IS AS FOLLOWS - EMERGENCY SERVICES, 100% OF THE AMERIGROUP RATE - INPATIENT/OUTPATIENT SERVICES AT 115% OF THE NJ HEALTH CONTRACTED RATE WITH THE EXCEPTION OF SELECTED OUTPATIENT SERVICES AT A PERCENT OF CHARGES, RANGING FROM 32%-50%

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

	Name and address	Type of Facility (describe)
1	SPUH CENTER FOR ADULT HEALTH CARE 300 OVERLOOK DRIVE MONROE TOWNSHIP, NJ 08831	PRIMARY CARE SERVICES
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2011 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7G	NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS
SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS THE SAINT PETER'S HEALTHCARE SYSTEM, INC ("SYSTEM"), INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE SAINT PETER'S HEALTHCARE SYSTEM, INC CHARITY CARE THE SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES ("DOHSS") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE SYSTEM'S RECORDS IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES AND INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED DOHSS ALLOWS RETROACTIVE APPLICATION FOR CHARITY CARE UP TO TWO YEARS FROM THE DATE OF SERVICE IN ACCORDANCE WITH ITS MISSION AND PHILOSOPHY, THE SYSTEM COMMITS SUBSTANTIAL RESOURCES TO SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE INDIGENT AS WELL AS THE BROADER COMMUNITY COMMUNITY BENEFITS PROVIDED TO THE INDIGENT INCLUDE THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT AFFORD HEALTHCARE DUE TO INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF TRADITIONAL CHARITY CARE, UNPAID COSTS OF CARE PROVIDED TO BENEFICIARIES OF MEDICAID AND OTHER INDIGENT PUBLIC PROGRAMS, SERVICES SUCH AS FREE CLINICS AND MEAL PROGRAMS FOR WHICH A PATIENT IS NOT BILLED OR FOR WHICH A NOMINAL FEE HAS BEEN ASSESSED, AND CASH AND IN-KIND DONATIONS OF EQUIPMENT, SUPPLIES OR STAFF TIME VOLUNTEERED ON BEHALF OF THE COMMUNITY COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY INCLUDE THE COSTS OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY NOT QUALIFY AS INDIGENT BUT MAY NEED SPECIAL SERVICES AND SUPPORT THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF SERVICES SUCH AS HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, ALL OF WHICH ARE NOT BILLED OR CAN BE OPERATED ONLY ON A DEFICIT BASIS, UNPAID PORTIONS OF TRAINING HEALTH PROFESSIONAL SUCH AS MEDICAL RESIDENTS, NURSING STUDENTS AND STUDENTS IN ALLIED HEALTH PROFESSIONS, AND THE UNPAID PORTIONS OF TESTING MEDICAL EQUIPMENT AND CONTROLLED STUDIES OF THERAPEUTIC PROTOCOLS A SUMMARY OF THE ESTIMATED COST OF COMMUNITY BENEFITS PROVIDED TO BOTH THE INDIGENT AND THE BROADER COMMUNITY FOLLOWS 2013 2012 COMMUNITY BENEFITS PROVIDED TO THE INDIGENT CHARITY CARE PROVIDED $ 17,348 $ 17,271 UNPAID COST OF PUBLIC PROGRAMS, MEDICAID AND OTHER INDIGENT CARE PROGRAMS 6 923 7,063 COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY NON-BILLED SERVICES FOR THE COMMUNITY 5,637 5,871 EDUCATION AND RESEARCH PROVIDED FOR THE COMMUNITY 5,670 6,082 -------- -------- ESTIMATED COST OF COMMUNITY BENEFITS $ 35,578 $ 36,287 ======== ======== THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE HOSPITAL'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS THE ESTIMATED COST OF COMMUNITY BENEFIT WAS 6 9% AND 9 0% OF TOTAL OPERATING EXPENSES IN 2013 AND 2012, RESPECTIVELY THE SYSTEM RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY $5,911,000 AND $5,857,000 FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, RESPECTIVELY

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE 2012 MEDICARE COST REPORT THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE [D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 85 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' B
SCHEDULE H, PART III, SECTION B, QUESTION 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF THE SAINT PETER'S UNIVERSITY HOSPITAL'S BUSINESS OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE 'SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE COMPASSIONATE CARE PAYMENT ASSISTANCE PROGRAM, AND, - FINANCIAL ARRANGEMENTS INCLUDING 1 CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), 2 FLEXIBLE PAYMENT PLANS IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM THE SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE REIMBURSEMENT, AS REFERRED BY THE STATE OF NEW JERSEY

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, SECTION B, QUESTIONS 1-8 AND SECTION C, THIS ORGANIZATION CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUALLY WHICH INCLUDES A REVIEW OF KEY FACTOR INFORMATION ANNUALLY WHICH INCLUDES A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS, HEALTHCARE SERVICE ESTIMATES AND FORECASTS (BOTH INPATIENT AND OUTPATIENT), ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION, AND, A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES (HEALTH RESEARCH AND EDUCATION TRUST OF RUTGERS) THIS ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS SPECIFIC SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE THESE REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE RESPONSIVENESS TO IDENTIFIED COMMUNITY NEEDS IN ADDITION, THIS ORGANIZATION WORKS WITH LOCAL PROVIDERS TO PLAN AND DISCUSS HEALTH NEEDS OF THE POPULATION ONE FORUM IS A PERINATAL CONSORTIUM FOR THE GREATER MIDDLESEX AREA WITH REPRESENTATION FROM LOCAL COMMUNITY HEALTH CENTERS, OTHER HEALTH PROVIDERS AND OTHER COMMUNITY HEALTH LEADERS
SCHEDULE H, PART VI, QUESTION 3	CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	THIS ORGANIZATION IS IN A DIVERSE SUBURBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN NEW BRUNSWICK TO MORE AFFLUENT SUBURBAN AREAS THIS ORGANIZATION IS LOCATED IN NEW BRUNSWICK, IN MIDDLESEX COUNTY MIDDLESEX COUNTY IS THE SECOND MOST POPULOUS COUNTY IN THE STATE WITH 25 MUNICIPALITIES THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS ABOUT 50% OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY IN ADDITION, APPROXIMATELY 23% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES
SCHEDULE H, PART VI, QUESTION 5	THIS ORGANIZATION HOLDS AN ANNUAL COMMUNITY PUBLIC MEETING WHERE THE BOARD MEMBERS ARE INVITED AS WELL AS SENIOR MANAGEMENT TEAM AND STAFF MEMBERS THE MAJORITY OF THE BOARD OF TRUSTEES ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHOM RESIDE IN THE COMMUNITY HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS AND PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION) ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES BY THEIR RESPECTIVE DEPARTMENTS UNDER THE DIRECTIVE OF THE ORGANIZATION'S CORPORATE FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES OR PURCHASE EQUIPMENT WHICH IN TURN, BENEFIT THE COMMUNITY PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES WHICH COMPRISE THE SAINT PETER'S HEALTHCARE SYSTEM

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES NOT FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES ENTITIES SAINT PETER'S HEALTHCARE SYSTEM, INC SAINT PETER'S HEALTHCARE SYSTEM, INC ("SPUH SYSTEM") IS THE TAX-EXEMPT PARENT OF THE SAINT PETER'S HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER SPUH SYSTEM OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY SPUH SYSTEM THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY SAINT PETER'S HEALTHCARE SYSTEM, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) SAINT PETER'S UNIVERSITY HOSPITAL SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS A 478 BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY SPUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF- PAY, MEDICARE AND MEDICAID PATIENTS, 2 SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 SPUH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS, MEMBERS OF THE COMMUNITY AND MEDICAL STAFF REPRESENTATION, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES MARGARET MCLAUGHLIN MCCARRICK CARE CENTER MARGARET MCLAUGHLIN MCCARRICK CARE CENTER IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) SPORTS PHYSICAL THERAPY INSTITUTE OF NEW BRUNSWICK SPORTS PHYSICAL THERAPY INSTITUTE OF NEW BRUNSWICK IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION ALSO SUPPORTS SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION, A RELATED TAX-EXEMPT ORGANIZATION ST PETER'S FACULTY FOUNDATION, P C ST PETER'S FACULTY FOUNDATION, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY ST PETER'S FOUNDATION ST PETER'S FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SPUH, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY ST PETER'S PROPERTIES CORPORATION ST PETER'S PROPERTIES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2) NEW BRUNSWICK AFFILIATED HOSPITALS, INC NEW BRUNSWICK AFFILIATED HOSPITALS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) GIANNA PHYSICIAN PRACTICE OF NEW YORK, P C GIANNA PHYSICIAN PRACTICE OF NEW YORK, P C IS A PROFESSIONAL CORPORATION WITH AN APPLICATION FOR TAX-EXEMPTION CURRENTLY PENDING WITH THE INTERNAL REVENUE SERVICE TO BE RECOGNIZED AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S UNIVERSITY HOSPITAL SAINT PETER'S HEALTHCARE SYSTEM PHYSICIAN ASSOCIATES, P C SAINT PETER'S HEALTHCARE SYSTEM PHYSICIAN ASSOCIATES, P C IS A PROFESSIONAL CORPORATION WITH AN APPLICATION FOR TAX-EXEMPTION CURRENTLY PENDING WITH THE INTERNAL REVENUE SERVICE TO BE RECOGNIZED AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S UNIVERSITY HOSPITAL THE NATIONAL GIANNA CENTER FOR WOMEN'S HEALTH AND FERTILITY, INC THE NATIONAL GIANNA CENTER FOR WOMEN'S HEALTH AND FERTILITY, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES ENTITIES SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS SPUH SYSTEM THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES HOME CARE SERVICES TO INDIVIDUALS PARK AVENUE COLLECTIONS CORPORATION AN INACTIVE FOR-PROFIT ORGANIZATION RISK ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL A CONTROLLED FOREIGN CORPORATION BY SPUH THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN THE CAYMAN ISLANDS SAINT PETER'S SPECIALTY PHYSICIANS, P C AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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, but 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	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) 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 and Title	**(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2013 THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUALS' 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PATRICIA CARROLL, $471,507 AND MATTHEW WIECZKOWSKI, CPA, $173,074
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 2012 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2012 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

Additional Data

Software ID:
Software Version:
EIN: 22-1487330
Name: SAINT PETER'S UNIVERSITY HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD C RAK JD TRUSTEE - PRESIDENT/CEO	(I) (II)	0 741,700	0 0	0 4,002	0 24,225	0 12,731	0 782,658	0 0
DINESH SINGAL MD TRUSTEE	(I) (II)	0 0	0 0	215,667 151,667	0 0	0 0	215,667 151,667	0 0
STEFANIE R MCNAMARA ESQ SECRETARY - GENERAL COUNSEL	(I) (II)	0 262,009	0 0	0 678	0 2,550	0 39,255	0 304,492	0 0
GARRICK J STOLDT FHFMA CPA TREASURER - CFO	(I) (II)	0 305,635	0 0	0 3,795	0 26,775	0 37,040	0 373,245	0 0
KENNETH SABLE MD EVP/COO (EFF 3/2013)	(I) (II)	0 514,772	0 12,500	0 1,516	0 0	0 45,227	0 574,015	0 0
PETER CONNOLLY EVP, CHIEF MARKETING OFFICER	(I) (II)	0 495,229	0 0	0 6,181	0 26,775	0 28,219	0 556,404	0 0
STEVEN S RADIN ESQ EXECUTIVE VICE PRESIDENT LEGAL	(I) (II)	0 404,677	0 0	0 7,527	0 29,325	0 1,165	0 442,694	0 0
FRANK J DISANZO CHIEF INFORMATION OFFICER	(I) (II)	0 497,711	0 0	0 3,284	0 24,225	0 12,388	0 537,608	0 0
ANTHONY J PASSANNANTE MD CHIEF MEDICAL OFFICER	(I) (II)	0 412,443	0 0	0 5,162	0 2,550	0 42,656	0 462,811	0 0
MATTHEW WIECZKOWSKITERM 313 CHIEF ADMINistrative OFFICER	(I) (II)	0 114,234	0 0	0 191,633	0 0	0 6,046	0 311,913	0 0
ELIZABETH WYKPISZ RN MSN MBA CNO/VP, PATIENT CARE	(I) (II)	272,468 0	0 0	1,147 0	2,550 0	13,412 0	289,577 0	0 0
WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	(I) (II)	0 184,477	0 0	0 614	0 13,511	0 36,370	0 234,972	0 0
SUSAN M BALLESTERO VP, CHIEF HR OFFICER	(I) (II)	0 303,392	0 0	0 1,983	0 24,225	0 20,593	0 350,193	0 0
ROBERT J MULCAHY VP, FACILITY SAFETY	(I) (II)	0 252,502	0 0	0 3,048	0 2,550	0 19,722	0 277,822	0 0
JOSE A JIMENEZ JR VP, GOVERNMENTAL AFFAIRS	(I) (II)	0 243,423	0 0	0 2,934	0 25,992	0 20,268	0 292,617	0 0
DAVID OVIEDO VP, SUPPLY CHAIN MANAGEMENT	(I) (II)	0 186,767	0 0	0 1,707	0 18,051	0 16,560	0 223,085	0 0
EDWIN R GUZMAN CHAIRMAN OB/GYN (EFF 2/2013)	(I) (II)	708,481 0	0 0	5,544 0	0 0	34,490 0	748,515 0	0 0
JOHN A CARLSON JR MD CHAIRMAN OB/GYN (TERM 2/2013)	(I) (II)	569,865 0	0 0	20,254 0	0 0	12,036 0	602,155 0	0 0
JAMES E GERVASONI MD CHAIRMAN SURGERY	(I) (II)	529,575 0	0 0	6,388 0	0 0	34,748 0	570,711 0	0 0
BIPIN N PATEL MD CHAIRMAN PEDIATRICS	(I) (II)	434,020 0	0 0	7,793 0	0 0	20,585 0	462,398 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
NAYAN K KOTHARI MD CHAIRMAN MEDICINE	(I) (II)	0 429,373	0 0	0 11,050	0 0	0 22,344	0 462,767	0 0
JOHN G GALLUCCI MD PHYSICIAN	(I) (II)	617,963 0	0 0	1,932 0	0 0	34,006 0	653,901 0	0 0
STEVEN B PALDER MD PHYSICIAN	(I) (II)	615,463 0	0 0	5,544 0	0 0	36,506 0	657,513 0	0 0
CHRISTOPHER M HOULIHAN MD PHYSICIAN	(I) (II)	493,168 0	0 0	1,932 0	0 0	34,006 0	529,106 0	0 0
SUSAN A MCMANUS DIRECTOR - BREAST SURGERY	(I) (II)	442,827 0	25,000 0	5,024 0	0 0	11,697 0	484,548 0	0 0
ANGELA C RANZINI MD PHYSICIAN	(I) (II)	448,275 0	0 0	2,937 0	0 0	28,847 0	480,059 0	0 0
PATRICIA CARROLL FORMER OFFICER	(I) (II)	0 0	0 0	0 471,507	0 0	0 0	0 471,507	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579fsm6	12-18-2007	65,617,402	CONSTRUCTION/EQUIPMENT/REFINANCING		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579fsm6	08-09-2011	100,866,053	REVENUE AND REFUNDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	84,163,069		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	67,469,850	100,604,659		
4	Gross proceeds in reserve funds	6,577,756	9,120,626		
5	Capitalized interest from proceeds	2,839,321	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	1,284,750	2,063,899		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	56,768,021	5,257,065		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	2	0		
13	Year of substantial completion	2013	2011		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		1 690 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		1 690 %					
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?								
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III, QUESTION 9	PLEASE NOTE THAT, FOR THE 2013 YEAR, THE ORGANIZATION DID NOT ADOPT ANY WRITTEN PROCEDURES WITH RESPECT TO ENSURING THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 HOWEVER, SUCH WRITTEN PROCEDURES ARE BEING ADDRESSED FOR ADOPTION IN THE 2014 YEAR
SCHEDULE K, PART IV, LINE 2C	THE LAST REBATE COMPUTATION FOR THIS TAX-EXEMPT BOND ISSUE WAS PERFORMED ON MARCH 4, 2013

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $				0						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHNSON AND JOHNSON	TRUSTEE - LICITRA/HOLLAND	1,490,331	MEDICAL PRODUCTS/SUPPLIES		No
(2) IMPORTICO INC	TRUSTEE - FALGIANO	125,351	SOLID WASTE SERVICES		No
(3) JERSEY PAPER PLUS	TRUSTEE - FAMILY OWNED	565,883	PRODUCT/SUPPLIES		No
(4) COMMUNITY FIRST BANK	TRUSTEE - SCHOBERL	163,437	FINANCIAL SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV	KAREN LICITRA IS A CURRENT TRUSTEE OF THE ORGANIZATION AND CLIFFORD E HOLLAND WAS A TRUSTEE OF THE ORGANIZATION FOR THE PERIOD JANUARY 1, 2013 THROUGH JULY 24, 2013 THE ORGANIZATION UTILIZED THE SERVICES OF THEIR COMPANY, JOHNSON & JOHNSON, DURING 2013 MS LICITRA IS A SENIOR EXECUTIVE OF AND MR HOLLAND IS A CORPORATE VICE PRESIDENT OF JOHNSON & JOHNSON TOTAL FEES PAID TO JOHNSON & JOHNSON DURING 2013 WERE $1,490,331 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS SALVATORE FALGIANO WAS A TRUSTEE OF THE ORGANIZATION FOR THE PERIOD JANUARY 1, 2013 THROUGH JULY 24, 2013 THE ORGANIZATION UTILIZED THE SERVICES OF HIS COMPANY, IMPORTICO, INC , DURING 2013 TOTAL FEES PAID TO IMPORTICO, INC DURING 2013 WERE $125,351 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS JOSEPH TABAK WAS A TRUSTEE OF THE ORGANIZATION FOR THE PERIOD JANUARY 1, 2013 THROUGH JULY 24, 2013 THE ORGANIZATION UTILIZED THE SERVICES OF HIS FAMILY'S COMPANY, JERSEY PAPER PLUS, DURING 2013 TOTAL FEES PAID TO JERSEY PAPER PLUS DURING 2013 WERE $565,883 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS PETER G SCHOBERL WAS A TRUSTEE OF THE ORGANIZATION FOR THE PERIOD JANUARY 1, 2013 THROUGH JULY 15, 2013 THE ORGANIZATION UTILIZED THE SERVICES OF COMMUNITY FIRST BANK DURING 2013 PETER G SCHOBERL IS THE PRESIDENT OF COMMUNITY FIRST BANK TOTAL FEES PAID TO COMMUNITY FIRST BANK DURING 2013 WERE $163,437 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BACKGROUND ========== SAINT PETER'S UNIVERSITY HOSPITAL (''SPUH'') IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHA RITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WH ICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 SPUH MAINTAINS AN OPEN ME DICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF SPUH REST S WITH ITS BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PR OMINENT 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 ACTIVI TIES THE OPERATIONS OF SPUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORM ATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SPUH IS FOR THE BE NEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INU RES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHE R THAN INCIDENTALLY SAINT PETER'S UNIVERSITY HOSPITAL, 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, A MEMBER OF THE SAINT PETER'S HEALTHCA RE SYSTEM, IS A REGIONAL MEDICAL CAMPUS AND ACADEMIC AFFILIATE OF THE DREXEL UNIVERSITY CO LLEGE OF MEDICINE AND SPONSORS ITS OWN FREESTANDING RESIDENCY PROGRAMS IN OBSTETRICS AND G YNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE THE HOSPITAL IS FULLY ACCREDITED BY THE JOIN T 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 A REGIONAL PERINATAL CENTER AND IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADEL PHIA SAINT PETER'S WAS THE FIRST HOSPITAL IN MIDDLESEX COUNTY AND HAS SERVED THE HEALTHCA RE NEEDS OF CENTRAL NEW JERSEY CONTINUOUSLY SINCE 1908 PROVIDING SUBSTANTIAL COMMUNITY BEN EFIT FOR OVER A CENTURY, SAINT PETER'S HAS BEEN SERVING THE HEALTHCARE NEEDS OF CENTRAL N EW JERSEY FROM ITS SIMPLE BEGINNINGS IN 1908, SAINT PETER'S HAS GROWN TO BECOME A TECHNOL OGICALLY-ADVANCED, 478-BED TEACHING HOSPITAL THAT PROVIDES A BROAD ARRAY OF SERVICES TO TH E COMMUNITY - FROM SOPHISTICATED CARE OF PREMATURE BABIES TO SPECIALIZED GERIATRIC MEDICIN E SAINT PETER'S BRINGS THE LATEST MEDICAL PRACTICES AND HIGHLY SKILLED PROFESSIONALS TO T HE BEDSIDE HOSPITAL STAFF TREATS APPROXIMATELY 27,000 INPATIENTS AND 190,000 OUTPATIENTS ANNUALLY SAINT PETER'S EMPLOYS 2,400 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND MORE THAN 1,100 PHYSICIANS AND DENTISTS HAVE PRIVILEGES AT ITS FACILITY AS A STATE-DESIGN ATED ACUTE CARE CHILDREN'S HOSPITAL, SAINT PETER'S OFFERS A FULL RANGE OF SPECIALIZED PEDI ATRIC HEALTHCARE SERVICES SAINT PETER'S ALSO OFFERS ONE OF THE MOST SOPHISTICATED MATERNI TY PROGRAMS AND OPERATES ONE OF THE LARGEST, MOST ADVANCED NEONATAL INTENSIVE CARE UNITS I N THE COUNTRY AS A STATE-DESIGNATED REGIONAL PERINATAL CENTER SAINT PETER'S IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION AND IS ALSO A REG IONAL PROVIDER OF RADIATION AND ONCOLOGY SERVICES WHILE MEDICAL ADVANCES HELP TO PROVIDE BETTER PATIENT CARE THAN EVER BEFORE, SAINT PETER'S HEALING MISSION WOULD BE INCOMPLETE WI THOUT 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, SAI NT PETER'S UNIVERSITY HOSPITAL IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES WE MINISTER TO THE WHOLE PERSO N, BODY AND SPIRIT, PRESERVING THE DIGNITY AND SACREDNESS OF EACH LIFE WE ARE PLEDGED TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG OUR EMPLOYEES, PHYSICIANS AND VOLUN TEERS AND TO THE EDUCATION AND TRAINING OF HEALTHCARE PERSONNEL WE ARE WITNESSES IN OUR C OMMUNITY 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 A NNUALLY ADMITS APPROXIMATELY 1,000 NEWBORNS TO THE 54-BASSINETT NEONATAL INTENSIVE CARE U NIT, WHICH IS ONE OF THE LARGEST ON THE EAST COAST

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- RENOWNED FOR ITS PRACTICE OF OBSTETRICS, ESPECIALLY IN THE AREA OF HIGH-RISK PREGNANCI ES SERVICES INCLUDE MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE) ANTENATAL TESTI NG UNIT (ADVANCED ULTRASOUND TESTING) APPROXIMATELY 16,000 ULTRASOUNDS PERFORMED ANNUALLY DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE (GENETIC COUNSELING, TESTING AND TRE ATMENT) PERINATAL EVALUATION AND TREATMENT (PERINATAL EMERGENCY TRIAGE AND TREATMENT) HIGH -RISK ANTEPARTUM UNIT (HOSPITAL INPATIENT CARE FOR PREGNANT WOMEN EXPERIENCING COMPLICATIO NS OR HIGH-RISK PREGNANCIES) INFANT AND PERINATAL LOSS EVALUATION PROGRAM (DIAGNOSTIC AND TREATMENT CENTER FOR REPEATED MISCARRIAGE/PREGNANCY LOSS) OBSTETRICAL MEDICINE (TREATS MED ICAL 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 CAR E CHILDREN'S HOSPITAL SERVICES INCLUDE AN EIGHT-BED PEDIATRIC INTENSIVE CARE UNIT (PICU) STAFFED BY PEDIATRIC INTENSIVISTS AND SPECIALLY TRAINED PEDIATRIC NURSES A DEDICATED PED IATRIC EMERGENCY DEPARTMENT THAT TREATS MORE THAN 22,000 CHILDREN ANNUALLY (NEWLY RE-CONST RUCTED FACILITY OPENED IN APRIL 2013) COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALL Y INVASIVE SERVICES THE LARGEST GROUP OF SPECIALLY TRAINED PEDIATRIC ANESTHESIOLOGISTS IN THE AREA, AVAILABLE 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK A DIVISION OF PEDIATRIC HEMATOLOGY -ONCOLOGY THAT INCLUDES INFUSION SERVICES AND A VASCULAR CLINIC A REGIONAL CRANIOFACIAL-N EUROSURGICAL CENTER SPECIALIZING IN THE CORRECTION OF CLEFT LIP AND CLEFT PALATE (UNIQUE T O THE REGION) PEDIATRIC ENDOCRINOLOGY, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL SEVEN AREAS OF DIABETES EDUCATION (WHICH INCLUDES ADULT ENDOCRINOLOGY) - FOR MORE TH AN 40 YEARS, A REGIONAL PROVIDER OF COMPREHENSIVE CANCER SERVICES INCLUDING RADIATION ONCO LOGY, OUTPATIENT CHEMOTHERAPY, THE HEAD AND NECK CLINIC, PROSTATE SEED IMPLANTATION, A NAT IONALLY ACCREDITED BREAST CENTER, BREAST CANCER TREATMENT, GYNECOLOGIC ONCOLOGY, MINIMALLY INVASIVE SURGERY, CYBERKNIFE ROBOTIC RADIOSURGERY, DA VINCI ROBOTICALLY ASSISTED SURGERY, AND SUPPORT GROUPS - SPECIALIZES IN INTEGRATED GERIATRIC MEDICINE, OFFERING SERVICES AND SATELLITE CENTERS THAT INCLUDE GERIATRIC EVALUATION AND MANAGEMENT SERVICE (INTENSIVE OUT PATIENT PROGRAM FOR FRAIL SENIORS), THE MARGARET MCLAUGHLIN MCCARRICK CARE CENTER, COMPREH ENSIVE CARE GROUP WITH LOCATIONS IN MONROE TOWNSHIP, NEW BRUNSWICK AND PISCATAWAY, ADULT D AY CARE CENTER IN MONROE TOWNSHIP, AND NURSING CARE AT SEVEN RETIREMENT COMMUNITIES IN MON ROE TOWNSHIP - THE THYROID AND DIABETES CENTER, RECOGNIZED BY THE AMERICAN DIABETES ASSOC IATION IN ALL AREAS OF DIABETES EDUCATION - THE DEPARTMENT OF MEDICAL GENETICS AND GENOMI C 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 CH ROMOSOME ABNORMALITIES, BIRTH DEFECTS, SKELETAL DYSPLASIAS, CANCER SYNDROMES AND OTHER TYP ES OF INHERITED DISORDERS - WOMEN'S HEALTH SERVICES, INCLUDING IMAGING SERVICES AND UROGY NECOLOGY

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AFFILIATIONS ========== SAINT PETER'S UNIVERSITY HOSPITAL IS AFFILIATED WITH THE CHILDRE N'S HOSPITAL OF PHILADELPHIA (CHOP) TOGETHER, WE'VE ESTABLISHED THE CHOP CARDIAC CENTER A T SAINT PETER'S UNIVERSITY HOSPITAL THAT SPECIALIZES IN MONITORING AND TREATING CARDIAC AB NORMALITIES 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 MEDI CINE, THE LARGEST PRIVATE MEDICAL SCHOOL IN THE NATION AND A LEADER IN HEALTH SCIENCE EDUC ATION AND RESEARCH, IN 2005 TODAY, SAINT PETER'S UNIVERSITY HOSPITAL IS A REGIONAL MEDICI NE CAMPUS OF DREXEL UNIVERSITY COLLEGE OF MEDICINE. 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 HOSP ITAL WAS THE FIRST REGIONAL PERINATAL CENTER IN NEW JERSEY AND SPECIALIZES IN HIGH-RISK PR EGNANCY THE ANTENATAL TESTING UNIT IS ONE OF THE LARGEST UNITS OF ITS KIND AND FEATURES 3 D AND 4D ULTRASOUND TESTING SPECIALTY MATERNAL FETAL MEDICINE PROGRAMS INCLUDE THE INFANT AND PERINATAL LOSS EVALUATION PROGRAM AND THE INFANT PREMATURITY ASSESSMENT AND PREVENTIO N 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 NEONAT AL RETINA CENTER PROVIDING LASER SURGERY FOR RETINOPATHY OF PREMATURITY AND OUTPATIENT OPH THALMOLOGY SERVICES, AND THE INFANT APNEA CENTER SPECIAL TRAINING IN CARING FOR THESE FRA GILE BABIES IS PROVIDED TO PARENTS, AND SUPPORT GROUPS ARE OFFERED CANCER PROGRAM INCLUD ES A 24-BED INPATIENT UNIT AND OUTPATIENT SERVICES INCLUDING RADIATION AND INFUSION THERAP IES, SURGERY AND THE HEAD AND NECK CLINIC THE PROGRAM PROVIDES STATE-OF-THE-ART TREATMENT S, SUCH AS IMRT AND BREAST CANCER SERVICES THE HOSPITAL IS ACCREDITED BY THE AMERICAN COL LEGE OF SURGEONS' COMMISSION ON CANCER AS A TEACHING HOSPITAL CANCER PROGRAM AND IS THE RE CIPIENT OF THE 2012 COMMISSION ON CANCER OUTSTANDING ACHIEVEMENT AWARD SAINT PETER'S BREA ST CENTER IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS GERIATRIC SERVICES A COMPLETE AND MULTIDISCIPLINARY PROGRAM OF GERIATRIC MEDICINE, WITH AN OUTPATIENT GERIATRIC EVALUAT ION AND MANAGEMENT SERVICE FOR THE FRAIL ELDERLY, ESPECIALLY THOSE WITH ALZHEIMER'S DISEAS E. OUTPATIENT SERVICES ARE AVAILABLE THROUGH THE COMPREHENSIVE CARE GROUP WITH LOCATIONS I N MONROE TOWNSHIP, NEW BRUNSWICK, AND PISCATAWAY SAINT PETER'S ADULT DAY CENTER IN MONROE TOWNSHIP OFFERS MEDICAL AND SOCIAL DAY PROGRAMS THE THYROID AND DIABETES CENTER RECOGNI ZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF PATIENT DIABETES EDUCATION, THE C ENTER DIAGNOSES, TREATS, EDUCATES AND HELPS PATIENTS MANAGE THIS CHRONIC DISEASE. CERTIFIE D DIABETES EDUCATORS SERVE ALL INPATIENTS THROUGHOUT SAINT PETER'S, AND THE HOSPITAL HAS A DEDICATED METABOLIC UNIT FOR INPATIENTS WITH DIABETES THE CENTER PROVIDES EXTENSIVE INPA TIENT AND OUTPATIENT EDUCATION AND THE MOST CURRENT DIAGNOSTICS AND TREATMENTS, INCLUDING PUMP THERAPY SURGERY ORTHOPEDIC PROCEDURES, INCLUDING HIPS, KNEES AND SPINES GENERAL, V ASCULAR AND OTHER SURGICAL PROCEDURES ARE ALSO AVAILABLE. SAME-DAY PROCEDURES ARE PERFORME D IN THE CARES SURGICENTER GENERAL AND SPECIALTY PEDIATRIC SURGERIES ARE PERFORMED SUPPOR TED BY THE LARGEST GROUP OF PEDIATRIC ANESTHESIOLOGISTS IN THE AREA WOMEN'S SERVICES INC LUDES UROGYNECOLOGY, BREAST HEALTH AND GENERAL OB/GYN 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. DEPARTMENT OF MEDICAL GENE TICS AND GENOMIC MEDICINE COUNSELS, DIAGNOSES AND TREATS INDIVIDUALS AND FAMILIES WITH A HISTORY OF INHERITED DISEASES, INCLUDING PRENATAL THROUGH ADULT SERVICES THE DEPARTMENT S ERVES AS BOTH A REGIONAL CENTER FOR INHERITED METABOLIC DISORDERS AND A REGIONAL CENTER FO R MEDICAL GENETIC SERVICES FOR CENTRAL NEW JERSEY IT PROVIDES COMPREHENSIVE TESTING, TREA TMENT AND LIFETIME MANAGEMENT FOR INFANTS FOUND TO HAVE AN INHERITED METABOLIC DISORDER P RENATAL SERVICES ARE ALSO PROVIDED THE TEAM INCLUDES GENETICISTS, GENETIC COUNSELORS, END OCRINOLOGISTS, NUTRITIONISTS AND A PATHOLOGIST WOUND CARE CENTER AND HY PERBARIC OXY GEN SE RVICES PROVIDES TREATMENT FOR NON-HEALING WOUNDS CAUSED BY DIABETES, RADIATION THERAPY, E TC , INCLUDING HY PERBARIC OXY GEN THERAPY CHAMBERS, IN BOTH NEW BRUNSWICK AND MONROE TOWNSH IP THE CENTER FOR SLEEP AND BREATHING DISORDERS DIAGNOSES AND TREATS BOTH ADULTS AND CHI LDREN 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 FO R UNDERSERVED ADULTS AND CHILDREN ENDOSCOPY OFFE

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	RS STATE-OF-THE-ART DIAGNOSTIC SERVICES AND TREATMENTS FOR DISEASES OF THE GASTROINTESTINA L TRACT 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 WITH STAFF PROVIDING HEALTH SCREENINGS, VACCINATION S AND WELLNESS EDUCATION TO BUSINESSES, SENIOR CENTERS, SOUP KITCHENS AND OTHERS REFERRAL S ARE PROVIDED THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL A STATE-DESI GNATED ACUTE CARE SPECIALTY HOSPITAL, THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL OFFERS SERVICES THAT INCLUDE THE CHOP CARDIAC CENTER, A PEDIATRIC EMERGENCY DEPAR TMENT, INPATIENT ACUTE CARE, INTENSIVE CARE, A PEDIATRIC TRANSPORT TEAM, ADOLESCENT MEDICI NE, AUTISM, EPILEPSY, HEMATOLOGY-ONCOLOGY, RADIOLOGY, NEPHROLOGY, SURGERY, ANESTHESIOLOGY, SLEEP AND BREATHING DISORDERS, INFECTIOUS DISEASE MEDICINE, OTOLARYNGOLOGY, PHYSICAL THER APY, AUDIOLOGY AND MORE OTHER SERVICES ========== THE CENTER FOR DIABETES SELF-MANAGE MENT 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 SURG ERY, MULTIDISCIPLINARY SUPPORT AND FOLLOW-UP SERVICES AND SUPPORT GROUPS FOR CHILDREN BORN WITH CLEFT LIP, CLEFT PALATE AND OTHER FACIAL DEFORMITIES MEMBERS OF THE MULTIDISCIPLINA RY MEDICAL TEAM ARE ACTIVE WITH OPERATION SMILE AND HEAL THE CHILDREN DOROTHY B HERSH RE GIONAL CHILD PROTECTION CENTER A STATE-DESIGNATED REGIONAL DIAGNOSTIC AND TREATMENT CENTE R FOR CHILD ABUSE PREVENTION THE CENTER IDENTIFIES ABUSE, PROVIDES MEDICAL AND PSY CHOLOGI CAL EVALUATION AND REFERRALS TO VICTIMS AND FAMILIES, SERVES AS EXPERT WITNESSES AND EDUCA TES CHILD CARE AND LAW ENFORCEMENT PROFESSIONALS SERVES MIDDLESEX, SOMERSET, MERCER, HUNT ERDON, MONMOUTH, OCEAN AND UNION COUNTIES FOR KEEPS - KIDS EMBRACED AND EMPOWERED THROUGH PSY CHOLOGICAL SERVICES PROVIDES MENTAL HEALTH DIAGNOSES AND INTENSIVE TREATMENT FOR AREA CHILDREN, AGES 5 THROUGH 17, WHO SUFFER FROM EMOTIONAL OR BEHAVIORAL DIFFICULTIES THAT NE GATIVELY 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 BEHA VIORAL AND PSY CHOLOGICAL TREATMENTS THROUGH COLLABORATION AMONG DOCTORS, NURSES, SOCIAL WO RKERS AND COUNSELORS ALSO, MEETING THE NEEDS OF THE POOR AND UNDERSERVED, SAINT PETER'S U NIVERSITY HOSPITAL TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY THIS IS EVIDEN T BY, BUT NOT LIMITED TO, THE FOLLOWING - ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS OPERA TING 24-HOURS-A-DAY, 365-DAYS-A-YEAR - OPERATING OVER 50 CLINICS AND OVER 117,000 VISITS IN PEDIATRIC AND PEDIATRIC SUBSPECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S HEAL TH AND SUBSPECIALTIES AND GERIATRIC MEDICINE AND SUBSPECIALTIES

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS ADULT COMMUNITIES CONCORDIA, CLEAR BROOK, THE PONDS, GREENBRIAR AT WHITTINGHAM, ROSSMOOR, STONEBRIDGE, REGENCY COMMUNITY MOBILE HEALTH SERVICES MOBILE HEALTH VAN PEDIATRIC CALL CENTER ADULT DAY CENTER FAMILY HEALTH CENTER - ADULTS AND CHILDREN AND WOMEN'S AMBULATORY SERVICES THYROID AND DIABETES CENTER GERIATRICS CHILD PROTECTION CENTER INFECTION CONTROL MARKETING AND MEDIA RELATIONS LAUNDRY FOR HOMELESS MEN'S SHELTER PHARMACY EMPLOYEE HEALTH SERVICES MAIN KITCHEN FOOD SERVICES PERINATAL SERVICES COMMUNITY OUTREACH PASTORAL CARE VOLUNTEER SERVICES MEDICAL LIBRARY CRANIOFACIAL-NEUROSURGICAL CENTER ABSTINENCE EDUCATION FERTILITY AWARENESS SOUP KITCHEN ELIJAH'S PROMISE 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 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 SKIN CANCER SCREENINGS BREAST HEALTH INFORMATION AND SELF-EXAM INSTRUCTION PARENT EDUCATION BABY CARE BREASTFEEDING BREASTFEEDING SUPPORT GROUP NEW DADDY CLASS NEW FAMILY SUPPORT GROUP PRENATAL NUTRITION CLASS SIBLING CLASS TINY TOTS CYBERKNIFE ROBOTIC RADIOSURGERY BREAST CENTER PLEASE NOTE THAT THIS IS NOT AN ALL-INCLUSIVE LIST

Return Reference	Explanation
CORE FORM, PART III, LINE 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	ANTHONY D SCHOBERL AND PETER G SCHOBERL - FAMILY RELATIONSHIP

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	SAINT PETER'S HEALTHCARE SYSTEM, INC ("SYSTEM") IS THE SOLE MEMBER OF THIS ORGANIZATION SYSTEM HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") SAINT PETER'S HEALTHCARE SYSTEM, INC IS THE TAX-EXEMPT PARENT OF THE SYSTEM THIS 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") THE SAINT PETER'S HEALTH CARE SYSTEM, INC AUDIT COMMITTEE 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 AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE, FOR THEIR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS APPROVAL, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM (''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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'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 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, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER 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

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

Return Reference	Explanation
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 OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

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

Return Reference	Explanation
CORE FORM, PART IX	The System and affiliates paid $557,156 in legal fees to Sills Cummis & Gross P C ("Sills") during fiscal year 2013 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

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS, $39,443,000 - NET CHANGE IN BENEFICIAL INTEREST IN ST PETER'S FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, $615,000 - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION, ($53,000) - DONATED EQUIPMENT AND OTHER INCREASES IN NET ASSETS, $1,063,000

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS SAINT PETER'S HEALTHCARE SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT PETER'S HEALTHCARE SYSTEM, INC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS EACH YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CARES SURGICENTER LLC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3557777	HLTHCARE SVCS	NJ										
(2) NEW BRUNSWICK CARDIAC CATH LAB LLC 240 EASTON AVENUE NEW BRUNSWICK, NJ 08901 20-2419783	HLTHCARE SVCS	NJ										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) SAINT PETERS SOLAR ENERGY SOLUTIONS INC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3351339	HOME CARE SVCS	NJ	NA	C CORP					No
(2) PARK AVENUE COLLECTIONS CORP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 20-8498534	INACTIVE	NJ	SPUH	C CORP	0	0	100 000 %	Yes	
(3) RISK ASSURANCE CO OF SPUH 94 SOLARIS AVENUE 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0417672	FINANCIAL VEHICLE	CJ	SPUH	FOREIGN CORP	5,141,596	29,253,423	100 000 %	Yes	
(4) SAINT PETER'S SPECIALTY PHYSYCIANS PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 36-4761935	INACTIVE	NJ	NA	C CORP					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST PETER'S FOUNDATION	C	1,516,000	COST
(2) ST PETER'S FOUNDATION	Q	761,000	COST
(3) RISK ASSURANCE CO OF SPUH	R	4,185,247	COST

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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") SAINT PETER'S UNIVERSITY HOSPITAL ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 22-1487330
Name: SAINT PETER'S UNIVERSITY HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARGARET MCLAUGHLIN MCCARRICK CARE CNTR 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2577732	NURSING CARE	NJ	501(C)(3)	509(A)(1)	SPUH	Yes	
(1) ST PETER'S FACULTY FOUNDATION PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 11-3674491	PHYS SVCS	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(2) ST PETER'S FOUNDATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2329197	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	SPHCS		No
(3) SAINT PETER'S HEALTH & MGMT SVCS CORP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 27-0045088	SUPPORT SPUH	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(4) ST PETER'S HEALTHCARE SYSTEM INC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 26-2019056	HOLDING CO	NJ	501(C)(3)	509(A)(3)	N/A		No
(5) ST PETER'S PROPERTIES CORPORATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2428823	REAL ESTATE	NJ	501(C)(3)	N/A	SPHCS		No
(6) SPORTS PHYSICAL THERAPY INST OF NB 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3664897	REHAB SVCS	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(7) NEW BRUNSWICK AFFILIATED HOSPITALS INC 120 ALBANY STREET SUITE 750 NEW BRUNSWICK, NJ 08901 22-1946837	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
(8) GIANNA PHYSICIAN PRACTICE OF NEW YORK PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 45-2043596	HLTHCARE SVCS	NY	501(C)(3)	509(A)(2)	SPHCS		No
(9) SAINT PETER'S HEALTHCARE SYST PHYS ASSOC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 27-4645523	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(10) THE NTNL GIANNA CTR FOR WOMEN'S HEALTH 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 32-0410270	HLTHCARE SVCS	NJ	501(C)(3)		N/A		No

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TY 2013 Itemized Other Current Assets Schedule

Name: SAINT PETER'S UNIVERSITY HOSPITAL

EIN: 22-1487330

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		INTEREST RECEIVABLE & PREPAID EXPS	140,802	80,636

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TY 2013 Other Deductions Schedule

Name: SAINT PETER'S UNIVERSITY HOSPITAL

EIN: 22-1487330

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MANAGEMENT FEES		81,032
PROFESSIONAL FEES		47,575
ACTUARIAL FEES		39,000
INVESTMENT MANAGEMENT FEES		117,410
GOVERNMENT FEES		14,055
MISCELLANEOUS EXPENSES		37,194
LOSSES AND LOSS EXPENSES PAID		3,635,549
MOVEMENT IN REINSURANCE RECOVERABLE		1,831,849
MOVEMENT IN PROVISION FOR		
OUTSTANDING LOSSES		-7,104,156
RISK MANAGEMENT GRANTS		103,000
TRAVEL AND MEETING FEES		6,368

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TY 2013 Itemized Other Investments Schedule

Name: SAINT PETER'S UNIVERSITY HOSPITAL

EIN: 22-1487330

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		US GOVERNMENT DEBT SECURITIES	5,364,820	3,211,621
		US CORPORATE BONDS	18,789,369	8,691,567
		EQUITIES	3,172,949	8,481,679
		INTERNATIONAL DEVELOPED BONDS	825,833	249,288
		NON-EXHCHANGE TRADED FUNDS	0	4,112,972

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TY 2013 Itemized Other Liabilities Schedule

Name: SAINT PETER'S UNIVERSITY HOSPITAL

EIN: 22-1487330

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		PROVISION FOR OUTSTANDING LOSSES	16,686,083	9,581,927
		LOSSES PAYABLE	4,752	143,223

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TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: SAINT PETER'S UNIVERSITY HOSPITAL

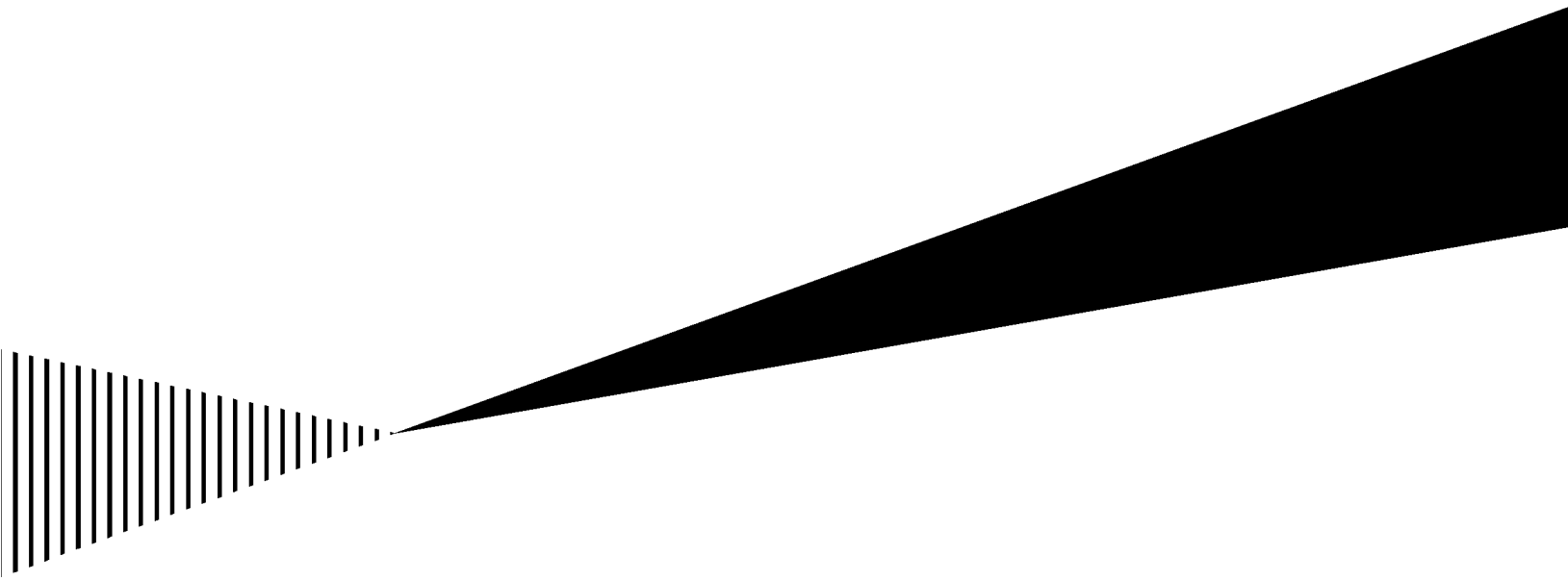
EIN: 22-1487330

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID-IN CAPITAL	5,780,002	5,780,002

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Saint Peter's Healthcare System, Inc
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Building a better working world

Saint Peter's Healthcare System, Inc.

Consolidated Financial Statements
and Supplementary Information

Years Ended December 31, 2013 and 2012

Contents

EY
Building a better working world

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Report of Independent Auditors

The Board of Trustees
Saint Peter's Healthcare System, Inc

We have audited the accompanying consolidated financial statements of Saint Peter's Healthcare System, Inc , which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We did not audit the financial statements of Risk Assurance Company of Saint Peter's University Hospital (RAC), a wholly-owned subsidiary, which statements reflect total assets of $29,254,000 and $36,992,000 as of December 31, 2013 and 2012, respectively Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for RAC, is based solely on the report of the other auditors We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, based on our audits and the report of the other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Saint Peter's Healthcare System, Inc at December 31, 2013 and 2012, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets and Obligated Group combining balance sheet and Obligated Group combining statement of operations and changes in net assets as of and for the year ended December 31, 2013 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, based on our audits and the report of other auditors, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

April 25, 2014

Saint Peter's Healthcare System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31 2013	2012
Assets		
Current assets		
Cash and cash equivalents	**$ 2,280**	$ 1,362
Patient accounts receivable, less allowances for doubtful accounts of $17,478 in 2013 and $16,987 in 2012	**48,088**	53,317
Assets whose use is limited, current portion	**16,088**	18,347
Supplies	**5,493**	5,700
Estimated third-party payor settlements, current portion	**4,626**	665
Other current assets	**13,164**	18,105
Total current assets	**89,739**	97,496
Assets whose use is limited, less current portion	**124,749**	138,426
Deferred financing costs, net of accumulated amortization of $3,327 in 2013 and $3,118 in 2012	**2,575**	2,784
Property, plant, equipment and construction, net	**194,310**	190,712
Estimated third-party payor settlements, less current portion	**1,862**	5,916
Investments in joint ventures and other assets	**5,590**	3,898
	$ 418,825	$ 439,232
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	**$ 10,539**	$ 11,806
Accounts payable	**16,772**	23,554
Accrued expenses and other liabilities	**33,396**	29,669
Accrued interest	**4,652**	4,751
Estimated third-party payor settlements, current portion	**5,590**	7,298
Total current liabilities	**70,949**	77,078
Long-term debt, less current portion	**165,755**	170,226
Estimated third-party payor settlements, less current portion	**2,567**	4,291
Accrued pension liability	**55,967**	97,132
Accrued medical malpractice and other liabilities	**19,551**	25,071
Total liabilities	**314,789**	373,798
Commitments and contingencies		
Net assets		
Unrestricted	**94,770**	56,178
Temporarily restricted	**8,926**	8,923
Permanently restricted	**340**	333
Total net assets	**104,036**	65,434
	$ 418,825	$ 439,232

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Operations and Changes in Net Assets

(In Thousands)

	Year Ended December 31	
	2013	**2012**
Revenue, gains and other support		
Net patient service revenue	**$ 406,565**	$ 396,910
Provision for bad debts	**(13,771)**	(14,850)
Net patient service revenue less provision for bad debts	**392,794**	382,060
Other operating revenue, net	**26,030**	27,202
Net assets released from restriction	**2,456**	1,585
Total revenue, gains and other support	**421,280**	410,847
Expenses		
Salaries and wages	**206,450**	202,961
Resident and physician fees	**8,431**	7,350
Employee benefits	**50,801**	50,952
Supplies and other	**130,493**	125,075
Interest	**10,035**	9,283
Depreciation and amortization	**19,765**	18,468
Total expenses	**425,975**	414,089
Loss from operations	**(4,695)**	(3,242)
Costs related to clinical system interruption	**–**	(333)
Equity in net earnings of joint ventures	**1,319**	1,162
Deficiency of revenue over expenses	**(3,376)**	(2,413)
Net change in unrealized gains and losses on investments	**1,462**	2,374
Change in pension liability to be recognized in future periods	**39,443**	771
Donated equipment and other	**1,063**	730
Increase in unrestricted net assets	**38,592**	1,462

Continued on next page.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

	Year Ended December 31	
	2013	**2012**
Increase in unrestricted net assets	**$ 38,592**	$ 1,462
Temporarily restricted		
Restricted gifts and contributions	**2,452**	2,696
Net change in unrealized gains and losses on investments	**7**	–
Net assets released from restriction	**(2,456)**	(1,585)
Increase in temporarily restricted net assets	**3**	1,111
Permanently restricted net assets		
Restricted gifts and contributions	**7**	233
Increase in net assets	**38,602**	2,806
Net assets at beginning of year	**65,434**	62,628
Net assets at end of year	**$ 104,036**	$ 65,434

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31 2013	2012
Cash flows from operating activities		
Increase in net assets	**$ 38,602**	$ 2,806
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	**19,765**	18,468
Net change in unrealized gains and losses on investments	**(1,469)**	(2,374)
Equity in net earnings of joint ventures	**(1,319)**	(1,162)
Donated equipment	**(1,063)**	(730)
Changes in operating assets and liabilities		
Patient accounts receivable, net	**5,229**	(2,071)
Supplies and other assets	**3,555**	(471)
Accounts payable, accrued expenses and other liabilities	**(8,674)**	(4,174)
Estimated third-party payor settlements, net	**(3,339)**	7,079
Accrued pension liability	**(41,165)**	(2,202)
Net cash provided by operating activities	**10,122**	15,169
Cash flows from investing activities		
Cash received from joint ventures	**1,220**	877
Net sales (purchases) of assets whose use is limited	**17,405**	(252)
Purchases of property, plant, equipment and construction, net	**(20,648)**	(28,673)
Net cash used in investing activities	**(2,023)**	(28,048)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	**–**	18,764
Draw on line of credit	**8,900**	–
Payments on long-term debt and capital lease obligations	**(16,081)**	(9,077)
Net cash (used in) provided by financing activities	**(7,181)**	9,687
Net increase (decrease) in cash and cash equivalents	**918**	(3,192)
Cash and cash equivalents, beginning of year	**1,362**	4,554
Cash and cash equivalents, end of year	**$ 2,280**	$ 1,362
Supplemental disclosure of noncash investing and financing activities and cash flow information		
Assets acquired under capitalized lease obligations	**$ 1,402**	$ 1,601
Cash paid for interest, net of amounts capitalized	**$ 10,123**	$ 8,658

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements

December 31, 2013
(Dollars In Thousands)

1. Organization and Summary of Significant Accounting Policies

Saint Peter's Healthcare System, Inc (the System) is a nonprofit corporation The Diocese of Metuchen of the State of New Jersey (the Diocese) is the sponsor of the System and, as provided in the System's bylaws, certain powers are reserved to the Bishop of the Diocese The System's consolidated financial statements include the following entities Saint Peter's University Hospital (the Hospital), an acute care 478 licensed bed teaching hospital located in New Brunswick, New Jersey, Saint Peter's Health & Management Services Corporation (Management Services), Saint Peter's Foundation (the Foundation), Margaret McLaughlin McCarrick Care Center (the Care Center), Saint Peter's Properties Corporation (Properties), Risk Assurance Company of Saint Peter's University Hospital (RAC), Saint Peter's Solar Energy Solutions, Inc (Solar Energy Solutions), Sports Physical Therapy Institute of New Brunswick, Inc (Sports Physical Therapy), Saint Peter's Faculty Foundation PC (SPFF), Gianna Physician Practice of New York, P C (Gianna NY PC), Saint Peter's Healthcare System Physician Associates, P C (Physician Associates PC), The National Gianna Center for Women's Health and Fertility, Inc (National Gianna) and Park Avenue Collections Corporation (Park Avenue) (Park Avenue had no operations during 2013 or 2012) All intercompany balances and transactions have been eliminated in consolidation Although these entities have been consolidated for financial statement reporting purposes, there may be limitations on the use of an entity's funds by another member of the group resulting from the charitable nature of some of the entities or other factors

Other unconsolidated entities, for which the System records its interest or investment, include CARES Surgicenter, LLC (CARES), New Brunswick Cardiac Cath Lab, LLC (Cardiac Cath), New Brunswick CK Leasing, LLC (Cyber Knife joint venture) and New Brunswick Affiliated Hospitals (NBAH) During 2013, the System invested in Sovereign Oncology of New Brunswick, LLC (Sovereign Oncology) Sovereign Oncology had no operations in 2013 The System accounts for its investments in CARES, Cardiac Cath and Sovereign Oncology on the equity method of accounting (see Note 5), because the System does not control the operations of the investees The System accounts for its investment in Cyber Knife joint venture and NBAH, a not-for-profit corporation specializing in imaging and blood collection, on the cost basis of accounting The investment in NBAH is fully reserved

A summary of the significant accounting policies follows

Use of Estimates The preparation of financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes, such as estimated uncollectibles for accounts receivable for services to patients, estimated

1. Organization and Summary of Significant Accounting Policies (continued)

settlements with third-party payors, medical malpractice insurance liabilities and pension benefit liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements Estimates also affect the amounts of revenue and expenses reported during the period There is at least a reasonable possibility that certain estimates will change by material amounts in the near term Actual results could differ from those estimates and assumptions

Cash and Cash Equivalents The System considers all highly-liquid investments with a maturity of three months or less at date of purchase, other than amounts held in the assets whose use is limited investment portfolio, to be cash equivalents The carrying amount of cash and cash equivalents reported in the consolidated balance sheets approximates fair value

Receivables for Patient Care: Patient accounts receivable for which the System receives payment under cost reimbursement, prospective payment formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amounts receivable from payors, which are generally less than the established billing rates of the System

The amount of the allowance for doubtful accounts is based on management's assessment of historical and expected collections, business economic conditions, trends in health care coverage, and other collection indicators Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts

Assets Whose Use is Limited Assets whose use is limited represent assets whose use is restricted for specific purposes through internal designation, by donors or under terms of bond indenture agreements or trust agreements, as well as investments held by RAC (see Note 4) Assets whose use is limited are recorded at fair value as determined by reference to quoted market prices

All assets whose use is limited investments are classified as other than trading securities Unrealized gains and losses on assets whose use is limited, except for those unrealized losses which are deemed to be other than temporary impairments, are excluded from the deficiency of revenue over expenses in the accompanying consolidated statements of operations and changes in net assets Investment income and realized gains and losses on unrestricted net

1. Organization and Summary of Significant Accounting Policies (continued)

assets are recorded as other operating revenue Investment income derived from temporarily restricted investments is also recorded as other operating revenue unless the income or gain or loss is restricted by donor or law

Supplies Supplies are carried at the lower of cost or market determined using the first-in, first-out method, or market method Supplies are used in the provision of patient care and are not held for sale

Deferred Financing Costs Deferred financing costs were incurred to obtain financing for various construction and renovation projects Amortization of these costs is provided on the effective interest method extending over the remaining term of the applicable indebtedness

Property, Plant, Equipment and Construction Property, plant, equipment and construction are carried at cost Assets acquired under capitalized leases are recorded at the present value of the lease payments at the inception of the lease Donated assets are recorded at fair market value at the date of donation Annual provisions for depreciation and amortization of property, plant and equipment are computed using the straight-line method over the lesser of the estimated useful lives of the assets or the term of the related lease for equipment held under capital lease obligations

Impairment of Long-Lived Assets and Long-Lived Assets to Be Disposed of: The System reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized in the amount by which the carrying amount of the asset exceeds the fair value of the asset Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell

Classification of Net Assets The System separately accounts for and reports donor restricted and unrestricted net assets Unrestricted net assets are not externally restricted for identified purposes by donors or grantors Resources arising from the results of operations or assets set aside by the Board of Trustees are not considered to be donor restricted Temporarily restricted net assets are those whose use is temporarily limited by the donor

1. Organization and Summary of Significant Accounting Policies (continued)

Permanently restricted net assets have been restricted by donors to be maintained in perpetuity The System follows the requirements of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as it relates to its permanently restricted contributions and net assets, as enacted by the State of New Jersey in 2009 The System annually expends the income distributed from the related assets according to donor stipulations

Net Patient Service Revenue Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive adjustments due to ongoing and future audits, reviews and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations (see Note 3)

Deficiency of Revenue Over Expenses The consolidated statements of operations and changes in net assets include deficiency of revenue over expenses as the performance indicator Changes in unrestricted net assets which are excluded from the deficiency of revenue over expenses include the net change in unrealized gains and losses on investments, unless the unrealized losses are deemed to be other than temporary, donated equipment and other and change in pension liability to be recognized in future periods Transactions deemed by management to be ongoing, major or central to the provision of health care services are reported within loss from operations

Income Taxes The System parent entity, the Hospital, the Care Center, Management Services, Sports Physical Therapy, SPFF, the Foundation and National Gianna are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code Properties is a not-for-profit corporation as described in Section 501(c)(2) of the Code and is also exempt from federal income taxes pursuant to Section 501(a) of the Code These entities are also exempt from state and local taxes RAC is not subject to taxes on income or gains under the Cayman Islands tax concessions law

1. Organization and Summary of Significant Accounting Policies (continued)

Solar Energy Solutions, Gianna NY PC, Physician Associates PC and Park Avenue are for-profit entities and, as such, are subject to federal, state and local income taxes Gianna NY PC and Physician Associates PC are in the process of filing for tax exemption The provision for income taxes is not material to the System's consolidated results of operations and is included in supplies and other expenses in the consolidated statements of operations and changes in net assets Solar Energy Solutions has federal and state net operating loss carryforwards of approximately $7,500 and $12,300 at December 31, 2013 and 2012 respectively, which begin to expire in 2023

Related Party Transactions: The entities comprising the System provide various inter-entity services to their affiliated entities and the System parent company The services consist of certain financial planning, information systems and telecommunications, general accounting, and other services Charges for such services are based on the approximate cost to provide the services and are allocated between the entities based on an agreed-upon method which reflects the approximate level of usage by each entity Such inter-entity charges eliminate in consolidation At December 31, 2013 and 2012, the System has a secured loan with a related party which totals approximately $431 and $416, respectively, with quarterly payments at an interest rate of 3 5% maturing in October 2026 The System has entered into an agreement to become a major clinical affiliate of Rutgers University through its Rutgers Biomedical and Health Sciences division The agreement is effective July 1, 2014

2. Charity Care and Community Benefits

The System provides care to patients who meet certain criteria defined by the New Jersey Department of Health (DOH) without charge or at amounts less than established rates Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue The System's records identify and monitor the level of charity care it provides and include the amount of charges forgone for services and supplies furnished DOH allows retroactive application for charity care up to two years from the date of service

In accordance with its mission and philosophy, the System commits substantial resources to sponsor a broad range of services to both the indigent as well as the broader community Community benefits provided to the indigent include the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or

(Dollars In Thousands)

2. Charity Care and Community Benefits (continued)

underinsured This type of community benefit includes the costs of traditional charity care, unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs, services such as free clinics and meal programs for which a patient is not billed or for which a nominal fee has been assessed, and cash and in-kind donations of equipment, supplies or staff time volunteered on behalf of the community

Community benefits provided to the broader community include the costs of providing services to other populations who may not qualify as indigent but may need special services and support This type of community benefit includes the costs of services such as health promotion and education, health clinics and screenings, all of which are not billed or can be operated only on a deficit basis, unpaid portions of training health professional such as medical residents, nursing students and students in allied health professions, and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols

A summary of the estimated cost of community benefits provided to both the indigent and the broader community follows

	2013	2012
Community benefits provided to the indigent		
Charity care provided	**$ 17,348**	$ 17,271
Unpaid cost of public programs, Medicaid and other indigent care programs	**6,923**	7,063
Community benefits provided to the broader community		
Non-billed services for the community	**5,637**	5,871
Education and research provided for the community	**5,670**	6,082
Estimated cost of community benefits	**$ 35,578**	$ 36,287

The costs of charity care and other community benefit activities are derived from both estimated and actual data The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing the Hospital's ratio of cost to gross charges, which is then multiplied by the gross uncompensated charges associated with providing care to charity patients

(Dollars In Thousands)

2. Charity Care and Community Benefits (continued)

The estimated cost of community benefit was 6 9% and 9 0% of total operating expenses in 2013 and 2012, respectively

The System receives payments from the New Jersey Health Care Subsidy Funds for charity care and such amounts totaled approximately $5,911 and $5,857 for the years ended December 31, 2013 and 2012, respectively

3. Net Patient Service Revenue

Accounts Receivable and Net Patient Service Revenue

The System recognizes accounts receivable and patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered (see description of third-party payor payment programs below) For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of discounted rates under the System's self-pay patient policy Under the policy for self-pay patients, a patient who has no insurance and is ineligible for any government assistance program has his or her bill reduced to the amount which would be billed to a commercially insured patient Previously, uncollectible amounts for such patients were recorded as bad debt expense The impact of this policy on the consolidated financial statements is lower net patient service revenue, as the discount is considered a revenue allowance, and a lower provision for bad debt

Patient service revenue for the years ended December 31, 2013 and 2012, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources based on primary insurance designation, is as follows

	2013	2012
Third party payors	**$ 395,692**	$ 387,195
Self-pay	**10,873**	9,715
Total payors	**$ 406,565**	$ 396,910

Deductibles and copayments under third-party payment programs within the third-party payor amounts above are the patients responsibility and the System considers these amounts in its determination of the provision for bad debts based on collection experience

3. Net Patient Service Revenue (continued)

Accounts receivable are also reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The System's allowance for doubtful accounts totaled $17,478 and $16,987 at December 31, 2013 and 2012, respectively The allowance for doubtful accounts for self-pay patients was approximately 98% and 97% of self-pay accounts receivable as of December 31, 2013 and 2012, respectively Overall, the total of self-pay discounts and write-offs did not change significantly for the years ended December 31, 2013 and 2012 The System has not experienced significant changes in write-off trends and has not changed its charity care policy in the years ended December 31, 2013 and 2012

3. Net Patient Service Revenue (continued)

Third Party Payment Programs

The System has agreements with third-party payors that provide for payment for services rendered at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

Medicare: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data Medicare cost reports of the System have been audited and settled for years through 2007, except for 2005, at December 31, 2013

Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge Outpatient services rendered to Medicaid program beneficiaries are reimbursed under cost-based and fee schedule methodologies The System is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary The Medicaid cost reports of the System for years through 2009 have been audited and settled

Other Third Party Payors The System also has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations The basis for payment to the System under these agreements includes prospectively determined rates per discharge or days of hospitalization and discounts from established charges

The net impact from cost report settlements and other adjustments was not significant in 2013 and 2012

The System has provided for certain amounts which are expected to be repaid in relation to a Medicare supplemental payment referred to as disproportionate share, under which the System is paid additional funds based on the number of Medicaid and similar patients it serves The disproportionate share formula and the requirements for inclusion of certain types of patient days are extremely complex The underlying data for the formula has been subject to state-wide

3. Net Patient Service Revenue (continued)

evaluations by the national and regional administrators of the federal Medicare and New Jersey Medicaid programs in recent years In 2009, amounts related to cost report years 2001 through 2004 were settled by Medicare Beginning in August 2010, certain data related to cost report years 2005 through 2007 was required to be resubmitted by hospitals state-wide As part of this resubmission process in 2010, the System reviewed and revised the applicable data to be in conformity with management's interpretation of the disproportionate share formula requirements Data for cost report years 2005 through 2007 and analysis for similar revisions for cost report years through 2013, and the impact on the estimated disproportionate share calculations from any resulting data revisions, are reviewed regularly by management of the System In 2013, Medicare settled cost reports for years 2006 and 2007 The System believes that adequate provision has been made for this issue, however, the resubmitted data and subsequent years' information may be subject to review in the future by the national and regional administrators of the Medicare and Medicaid programs

The System has appealed certain items in audited cost reports The outcome of these appeals is uncertain and, therefore, potential revenue associated with these appeals is not included within the accompanying consolidated statements of operations and changes in net assets

Revenue from the Medicare and Medicaid programs accounted for approximately 25% of the System's net patient service revenue for the years ended December 31, 2013 and 2012 There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that has been enacted by the federal government, cannot presently be determined Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the System

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material adverse effect on the accompanying consolidated financial statements Noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs

(Dollars In Thousands)

3. Net Patient Service Revenue (continued)

State Subsidy Funds

The New Jersey Health Care Subsidy Funds were established for various purposes including the distribution of charity care payments to hospitals statewide The following subsidy amounts have been included in the System's net patient service revenue

	Year Ended December 31	
	2013	**2012**
Hospital Relief	**$ 4,599**	$ 4,616
Charity Care *(Note 2)*	**5,911**	5,857
	$ 10,510	$ 10,473

The System expects to receive approximately $2,964 in Charity Care subsidies for distributions scheduled through June 30, 2014 Charity Care subsidies subsequent to June 30, 2014 are presently unknown Effective January 1, 2014, the State of New Jersey replaced the Hospital Relief Subsidy Fund with a new payment mechanism referred to as the Delivery System Reform Incentive Payment Pool (the Pool) The Pool is available to certain hospitals that are able to establish performance improvement activities in one of eight specified clinical improvement areas The System's application with the State of New Jersey to participate in the Pool has been approved Management anticipates it will receive approximately the same level of funding from the Pool in 2014 as compared to Hospital Relief subsidies in 2013

(Dollars In Thousands)

4. Assets Whose Use is Limited

Assets whose use is limited, at fair value, are maintained for the following purposes (see Note 12 for the composition by asset type)

	December 31	
	2013	**2012**
Assets held as designated by Board of Trustees of the Care Center	**$ 15,694**	$ 16,130
Assets held as designated by Board of Trustees of the Hospital	**68,185**	72,609
Assets held as designated by donors	**8,083**	8,034
Assets held under bond indenture	**22,438**	27,802
Assets held by RAC *(Note 10)*	**26,437**	32,198
Total assets whose use is limited	**140,837**	156,773
Less current portion	**16,088**	18,347
Noncurrent portion	**$ 124,749**	$ 138,426

Assets held by a trustee under bond indenture agreements are maintained for the following purposes

	December 31	
	2013	**2012**
Debt service interest fund	**$ 4,655**	$ 4,793
Debt service principal fund	**2,059**	1,860
Debt service reserve fund	**15,724**	15,647
Construction fund	**–**	5,502
	$ 22,438	$ 27,802

(Dollars In Thousands)

4. Assets Whose Use is Limited (continued)

Investment income, included in other operating revenue, consists of the following

	Year Ended December 31	
	2013	**2012**
Interest and dividend income	**$ 10,246**	$ 4,450
Realized gains and losses	**767**	794
Total investment income reported in other revenue	**$ 11,013**	$ 5,244

The System's gross unrealized losses and fair value of individual securities, aggregated by investment category, which have been in a continuous unrealized loss position less than 12 months and greater than 12 months at December 31, 2013 are as follows

	December 31, 2013					
	Less than Twelve Months		Twelve Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U S government obligations (8 securities)	**$ 2,154**	**$ (22)**	**$ 516**	**$ (14)**	**$ 2,670**	**$ (36)**
Corporate bonds fixed income (134 securities)	**16,646**	**(403)**	**5,035**	**(271)**	**21,681**	**(674)**
Mortgage and asset-backed securities (100 securities)	**13,604**	**(267)**	**12,717**	**(581)**	**26,321**	**(848)**
Mutual funds – equities (103 securities)	**2,664**	**(130)**	**12,281**	**(2,199)**	**14,945**	**(2,329)**
Total	**$ 35,068**	**$ (822)**	**$ 30,549**	**$ (3,065)**	**$ 65,617**	**$ (3,887)**

Gross unrealized losses at December 31, 2012 were as follows

	December 31, 2012					
	Less than Twelve Months		Twelve Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U S government obligations (5 securities)	$ 1,683	$ (6)	$ 60	$ (1)	$ 1,743	$ (7)
Corporate bonds (83 securities)	9,154	(64)	8,420	(367)	17,574	(431)
Mortgage and asset-backed securities (69 securities)	6,893	(106)	6,933	(235)	13,826	(341)
Mutual funds – equities (71 funds)	1,768	(60)	12,185	(3,280)	13,953	(3,340)
Total	$ 19,498	$ (236)	$ 27,598	$ (3,883)	$ 47,096	$ (4,119)

(Dollars In Thousands)

4. Assets Whose Use is Limited (continued)

At December 31, 2013 and 2012, management determined that the unrealized losses were temporary based on the extent and length of time the securities' fair value was below cost

5. Other Assets

Included within investment in joint ventures and other assets in the accompanying consolidated balance sheets is an investment of $1,229 and $1,290 at December 31, 2013 and 2012, respectively, in CARES CARES leases and operates an ambulatory surgery center located in a building owned by the Hospital In 2013 and 2012, the System collected distributions of $762 and $411, respectively, and recorded gains of $755 and $708, respectively, which represents the System's share of gains accumulated by CARES Additionally, during 2013, the System reduced its ownership interest in CARES by $54 In January 2014, the System sold 25% of its equity interest in CARES for a fair market value of $790 The amount is payable over 5 years at an interest rate of 3% per annum plus LIBOR

The following is a condensed summary of financial information of CARES as of December 31, 2013 and 2012

	December 31	
	2013	**2012**
Total assets	**$ 3,491**	$ 2,994
Total liabilities	**1,029**	948
Total equity	**2,462**	2,046

Also included within investments in joint ventures and other assets in the accompanying consolidated balance sheets is an investment of $999 and $893 at December 31, 2013 and 2012, respectively, in Cardiac Cath Cardiac Cath leases a portion of the CARES building to construct and operate a low-risk outpatient cardiac catherization laboratory In 2013 and 2012, the System collected distributions of $458 and $466 and recorded gains of $564 and $454, respectively, which represents the System's share of gains accumulated by Cardiac Cath

(Dollars In Thousands)

5. Other Assets (continued)

The following is a condensed summary of financial information of Cardiac Cath as of December 31, 2013 and 2012

	December 31 2013	2012
Total assets	**$ 1,682**	$ 1,585
Total liabilities	**30**	139
Total equity	**1,652**	1,446

6. Property, Plant, Equipment and Construction

Property, plant, equipment and construction consist of the following

	December 31 2013	2012
Land	**$ 10,137**	$ 9,366
Buildings, building service equipment and improvements	**290,172**	272,888
Fixed equipment	**10,343**	10,315
Major movable equipment	**216,916**	205,177
	527,568	497,746
Less accumulated depreciation and amortization	**336,730**	317,299
	190,838	180,447
Construction in progress	**3,472**	10,265
	$ 194,310	$ 190,712

The System capitalized $266 and $582 of interest costs, net of earnings, during 2013 and 2012, respectively During 2013, the System recorded $1,402 of equipment acquired through capitalized lease obligations

Depreciation expense was $19,515 and $18,200 in 2013 and 2012, respectively Useful lives of depreciable assets range from 3 to 40 years

(Dollars In Thousands)

7. Long-Term Debt and Line of Credit

Long-term debt consists of the following

	December 31	
	2013	**2012**
New Jersey Health Care Facilities Financing Authority (NJHCFFA) Series 2011 Revenue and Refunding Bonds, which bear interest at rates between 5 00% and 6 25% due in varying maturities from July 1, 2014 through July 1, 2035 (a)	**$ 97,486**	$ 100,640
NJHCFFA Series 2007 Revenue Bonds, which bear interest at rates between 5 25% and 5 75% due in varying maturities from July 1, 2014 through July 1, 2037 (a)	**64,404**	65,175
Line of credit and other (b)	**7,722**	9,655
Mortgages payable with interest between 5 00% and 6 00% payable in monthly installments of principal and interest through December 1, 2031	**5,163**	5,779
Capital lease obligations, with interest rates ranging from 1 95% to 6 00% and payments through 2018	**2,296**	1,601
	177,071	182,850
Less unamortized original issue discount	**777**	818
Less current portion	**10,539**	11,806
	$ 165,755	$ 170,226

(a) In August 2011, the Hospital and the Care Center, collectively the Saint Peter's University Hospital Obligated Group (the Obligated Group), closed on the Series 2011 Revenue and Refunding Bonds (the Series 2011 Bonds) in the amount of $100,640 issued by the NJHCFFA on behalf of the Obligated Group The proceeds of the Series 2011 Bonds were used for (i) the current refunding of all of the outstanding Series F Revenue Bonds, Series 2000A Revenue Bonds, and Series 2000B Bonds, (ii) the payment or reimbursement of the costs of certain capital expenditures relating to the renovation of portions of the Hospital's facilities and the acquisition and installation of various equipment to be used by the Hospital at its facilities (approximately $5,500), (iii) the funding of the Debt Service Reserve Fund relating to the Series 2011 Bonds, and (iv) the payment of the costs of issuance of the Series 2011 Bonds

7. Long-Term Debt and Line of Credit (continued)

In December 2007, the Obligated Group closed on the Series 2007 Revenue Bonds (the Series 2007 Bonds) with the NJHCFFA in the amount of $65,175, the proceeds of which were used to (i) refund a portion of the outstanding principal amount of the St Peter's Medical Center Issue, Series F, (ii) pay or reimburse the costs of the construction and renovation of certain portions of the Hospital's facilities and the acquisition of various capital equipment, (iii) pay capitalized interest on a portion of the Series 2007 Bonds, (iv) fund the Debt Service Reserve Fund related to the Series 2007 Bonds, and (v) pay or reimburse the costs of issuance of the Series 2007 Bonds

The Series 2011 and Series 2007 Bonds were issued in the name of the Obligated Group Each of the Series 2011 and Series 2007 Bonds is collateralized by a pledge of the revenue of the Obligated Group and the assets held under bond indenture pursuant to the Master Trust Indenture (the Indenture) Under the terms of the Indenture, the Obligated Group is required to maintain a Debt Service Reserve Fund in an amount equal to one year's principal and interest for the Series 2011 and Series 2007 At December 31, 2013 and 2012, the Obligated Group was in compliance with this requirement

Under the terms of the Indenture and other agreements with the NJHCFFA, the Obligated Group is required to maintain certain financial ratios and be in compliance with other restrictive covenants as described in the respective agreements At December 31, 2013 and 2012, the Obligated Group was in compliance with such financial covenants

(b) At December 31, 2013, the System has a $5,000 line of credit with a bank, which carries interest at LIBOR plus 2% with an unused fee of 50 basis points The line of credit expires on June 30, 2014 During 2013 and 2012 the System had total draws of $8,9001 and $7,456, respectively to fund construction activity at Solar Energy Solutions, of which $6,792 and $3,938 had been repaid at December 31, 2013 and 2012, respectively At December 31, 2013 and 2012, $2,119 and $3,518, respectively, remained outstanding The outstanding amount of the line of credit is expected to be repaid in 2014 At December 31, 2013 and 2012, the System has a loan to a utility company totaling $5,603 and $6,137, respectively, related to amounts borrowed for the installation of solar panels by Solar Energy Solutions

(Dollars In Thousands)

7. Long-Term Debt and Line of Credit (continued)

Scheduled principal payments on long-term debt and capital lease obligations, net of interest, for the next five years and thereafter are as follows

	Series 2011 and 2007 Bonds	Line of Credit and Other	Mortgage Payable	Capital Lease Obligations	Total
2014	$ 4,130	$ 2,454	$ 3,135	$ 820	$ 10,539
2015	4,335	559	328	729	5,951
2016	4,560	252	347	297	5,456
2017	4,785	278	367	303	5,733
2018	5,030	307	320	147	5,804
Thereafter	139,050	3,872	666	–	143,588
	$ 161,890	$ 7,722	$ 5,163	$ 2,296	$ 177,071

8. Retirement Plans

The System sponsors a noncontributory defined benefit retirement plan (the Plan) covering all eligible employees of affiliated organizations of the System Plan benefits are based on years of service and employee compensation as defined in the Plan document of affiliated organizations of the System

The Plan was amended such that effective July 1, 2010 any employee hired after June 30, 2010 is not eligible to participate in the Plan Additionally, active participation in the Plan is frozen for any employee who terminated employment before July 1, 2010 and is rehired after such date and active participation in the Plan is frozen for any employee who terminated employment on or after July 1, 2010 unless he/she is rehired before the first anniversary of their termination The System maintains a defined contribution plan for employees hired as of and subsequent to July 1, 2010 All existing eligible employees as of June 30, 2010 will remain as participants in the defined benefit plan and participate in the defined contribution plan

8. Retirement Plans (continued)

In February 2012, the System announced to participants of the Plan a Plan freeze effective December 31, 2012 Under the frozen Plan, participants will no longer accrue benefits As a result, the Plan was remeasured at March 1, 2012 to reflect the curtailment The benefit obligation was reduced by $24,314 in 2012 as a result of the curtailment Participants continued to accrue benefits during the period March 1 through December 31, 2012

The defined contribution plan established in 2011 provides for annual contributions for eligible employees of between 1% and 3% of pay based on the employee's years of service Eligible employees begin to accrue benefits six months from their date of hire The System funds the defined contribution expense on a current basis Such expense was approximately $9,754 and $435 in 2013 and 2012, respectively

The System recognizes in its consolidated balance sheets an asset for a defined benefit postretirement plan's overfunded status or a liability for a plan's underfunded status, measures the defined benefit postretirement plan's assets and obligations that determine its funded status as of the end of the System's fiscal year, and recognizes changes in the funded status of a defined benefit postretirement plan in changes in unrestricted net assets in the year in which the changes occur Amounts that are recognized as a component of changes in unrestricted net assets will be subsequently recognized as net periodic pension cost

(Dollars In Thousands)

8. Retirement Plans (continued)

The underfunded status of the Plan as recognized in the System's consolidated balance sheets is as follows

	December 31	
	2013	**2012**
Change in benefit obligation		
Benefit obligation at beginning of year	**$ 250,564**	$ 228,151
Service cost	**–**	10,446
Interest cost	**10,663**	11,090
Benefits paid	**(6,370)**	(5,737)
Administrative expenses	**–**	(300)
Actuarial (gain) loss	**(32,014)**	31,228
Curtailment	**–**	(24,314)
Benefit obligation at end of year	**222,843**	250,564
Change in plan assets		
Fair value of plan assets at beginning of year	**153,432**	128,817
Actual return on plan assets	**17,472**	16,759
Employer contributions	**3,000**	14,000
Benefits paid	**(6,370)**	(5,737)
Administrative expenses and other	**(658)**	(407)
Fair value of plan assets at end of year	**166,876**	153,432
Accrued pension liability	**$ (55,967)**	$ (97,132)

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets are as follows

	December 31	
	2013	**2012**
Projected benefit obligation	**$ 222,843**	$ 250,564
Accumulated benefit obligation	**222,843**	250,564
Fair value of plan assets	**166,876**	153,432

(Dollars In Thousands)

8. Retirement Plans (continued)

Unrecognized actuarial loss included in other changes in unrestricted net assets at December 31, 2013 and 2012 is ($29,531) and ($68,974), respectively, of which $276 is expected to be recognized in net periodic pension cost during the year ending December 31, 2014 The change in the pension liability to be recognized in future periods as reported in the accompanying consolidated statements of operations and changes in net assets totaled $39,443 in 2013 and represents the change in these amounts from December 31, 2012 to 2013

The following table provides the components of net periodic pension cost

	Year Ended December 31	
	2013	**2012**
Service cost	**$ –**	$ 10,446
Interest cost	**10,663**	11,090
Expected return on plan assets	**(11,372)**	(11,313)
Recognized actuarial loss and administrative expenses	**1,987**	2,346
Net periodic pension cost	**$ 1,278**	$ 12,569

The following assumptions were used in determining the benefit obligations and net periodic benefit costs

	December 31	
	2013	**2012**
Weighted-average assumptions used to determine benefit obligations at December 31		
Discount rate	**5.19%**	4 30%
Weighted-average assumptions used to determine net periodic benefit cost for the year ended December 31		
Discount rate	**4.30%**	5 23%*
Expected long-term rate of return on plan assets	**7.50**	8 00
Rate of compensation increase	–	3 00

* Due to the plan curtailment as previously described, a remeasurement of the plan's benefit obligation was performed as of March 1, 2012 The discount rate for the period January 1, 2012 to March 1, 2012 was 5 23% The discount rate for March 2, 2012 through December 31, 2012 was 4 84%

(Dollars In Thousands)

8. Retirement Plans (continued)

To develop the expected long-term rate of return on assets assumption, the System considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio This resulted in the selection of the 7 50% and 8 00% expected long-term rate of return on assets assumption at December 31, 2013 and 2012, respectively

The Plan's investment policy is designed to achieve return on assets to match or exceed the actuarial required rate of return The asset allocation guidelines and permissible ranges by asset category are as follows

Asset Category	Target	Permissible Range
Equities	38%	33-45%
Fixed income	15	13-17
Global asset allocation	12	9-15
Equity alternatives	12	9-15
Fixed income alternatives	23	21-25

The Plan's asset allocations by asset category are as follows

	December 31	
	2013	**2012**
Equity funds	**44%**	39%
Equity and fixed alternative investments	**32**	34
Fixed income mutual fund	**12**	14
Global allocation	**12**	13
	100%	100%

8. Retirement Plans (continued)

Assets invested in the Plan are carried at fair value Debt and equity securities with readily determinable values are carried at fair value as determined based on independent published sources Alternative investments (nontraditional, not readily marketable holdings) include hedge funds Alternative investment interests generally are structured such that the Plan holds a limited partnership interest or an interest in an investment management company The Plan's ownership structure does not provide for control over the related investees and the Plan's financial risk is limited to the carrying amount reported for each investee Fair value for alternative investments is determined by the Plan for each investment using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value

Refer to Note 12 for the composition at fair value of the defined benefit pension plan assets at December 31, 2013 and 2012

The System received a favorable ruling from the Internal Revenue Service (IRS) dated August 14, 2013 to operate the Plan as a church plan, which exempts the System from the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and its funding requirements

The accrued pension liability reported in the accompanying consolidated financial statements of $55,967 and $97,132 at December 31, 2013 and 2012, respectively, is actuarially determined in accordance with the accounting requirements for reporting in the financial statements of the plan sponsor

During 2013 and 2012, the System contributed $3,000 and $14,000, respectively, to the Plan The System plans to contribute $3,000 to the Plan in 2014

(Dollars In Thousands)

8. Retirement Plans (continued)

The following benefit payments under the Plan are expected to be paid

2014	$ 7,619
2015	8,294
2016	8,898
2017	9,607
2018	10,270
2019 – 2023	61,788

9. Leases and Other Commitments and Contingencies

At December 31, 2013, minimum payments due under noncancelable operating leases with initial or remaining terms of more than one year total approximately $2,416

Rent expense under operating leases amounted to approximately $2,450 and $1,781 in 2013 and 2012, respectively, and is reported within supplies and other expense in the accompanying consolidated statements of operations and changes in net assets

Various lawsuits and claims arising in the normal course of operations are pending or are on appeal against the System While the outcome of these lawsuits cannot be determined at this time, management believes that any loss which may arise from the System's actions will not have a material adverse effect on the System's consolidated financial position or results of operations

10. Medical Malpractice and General Liability Claims

As part of a structured and comprehensive risk management program, the System funds its risk of professional and general liability loss through RAC, a wholly-owned captive insurance company domiciled in the Cayman Islands

RAC began accepting risk on January 1, 2004 and provides professional and general liability insurance protection for all entities within the System, including the Hospital, the Care Center, employed physicians and surgeons, the paramedical staff and all affiliated corporations and

10. Medical Malpractice and General Liability Claims (continued)

divisions Professional liability insurance is written as claims-made coverage while general liability is written on an occurrence basis Prior to 2004, the Hospital purchased first-dollar primary and excess liability coverage in the commercial insurance market

Currently, RAC issues policies with a maximum retention of $2,000 for each medical incident or occurrence RAC further retains, under a first excess or buffer policy, another $2,000 for each medical incident with a $2,000 aggregate retention

In addition, RAC issues an excess liability policy which provides separate limits towers of $45,000 each The first tower applies to professional liability claims, the second, to claims for all other liability These excess limits are 100% reinsured by companies rated A or A+ by A M Best & Company

The System has made, and will continue to make, adjustments to the structure, limits and retentions of the captive program, as circumstances warrant

Reserves for loss and loss adjustment expense are set based on management's best estimate of liability and damages At December 31, 2013 and 2012, respectively, undiscounted reserve amounts were $9,725 and $16,691, respectively and are included within accrued medical malpractice and other liabilities in the accompanying consolidated balance sheets These reserves are estimates of the ultimate value of loss and loss adjustment expenses for all claims made during respective policy years, and are subject to changes in amounts of settlements, verdicts, frequency of claims or other economic or legal factors These undiscounted reserves are not offset by estimates of reinsurance claims While management believes the reserves for losses and loss adjustment expenses are adequate, it also recognizes the variability inherent in the data used in estimating these liabilities and that the ultimate value of losses and loss adjustment expense may vary significantly from the estimated amounts included in the accompanying consolidated financial statements These estimates are continually reviewed and are adjusted, as necessary Estimated receivables for reinsurance recoveries recorded by RAC total $2,817 and $4,708, at December 31, 2013 and 2012, respectively, and are included within other current assets in the accompanying consolidated balance sheets

(Dollars In Thousands)

10. Medical Malpractice and General Liability Claims (continued)

In relation to claims insured through RAC, the Hospital recorded an estimated insurance recovery receivable and medical malpractice claim liability of $9,725 and $16,691 at December 31, 2013 and 2012, respectively Such amounts are recorded within other assets and accrued medical malpractice and other liabilities within the consolidated balance sheets and eliminate in consolidation

The System has estimated its liability for losses due to claims from medical incidents that have occurred subsequent to 2004 but have not yet been reported to be approximately $1,983 and $1,986 at December 31, 2013 and 2012, respectively, with such estimated liability discounted at a rate of 4% based on expected timing of future payments These amounts are included within other liabilities in the accompanying consolidated balance sheets

During 2013 and 2012, the Hospital received premium reduction credits from RAC totaling $7,000 and $5,000, respectively, that resulted from favorable loss experience The premium reduction credits were recorded by the Hospital within other operating revenue, in the consolidated statements of operations and changes in net assets, and eliminate in consolidation

11. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements Concentration of gross accounts receivable from patients and third-party payers are as follows

	December 31	
	2013	**2012**
Medicare and Medicaid	**20%**	17%
Blue Cross	**21**	23
Patients	**8**	9
Commercial	**3**	3
Managed care	**42**	46
Other third-party payors	**6**	2
	100%	100%

12. Fair Value Measurements

The System utilizes various methods of calculating the fair value of its financial assets Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from the System's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) The fair value hierarchy is comprised of three levels based on the source of inputs as follows

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets

- Level 2 – inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument

- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement In determining fair value, the System uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value

(Dollars In Thousands)

12. Fair Value Measurements (continued)

The following table presents the financial instruments carried at fair value, excluding assets invested in the System's defined benefit plan, as of December 31, 2013 and 2012, by caption on the consolidated balance sheets based upon the fair value hierarchy defined above

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,280	$ –	$ –	$ 2,280
Assets whose use is limited				
Cash and cash equivalents	10,085	–	–	10,085
Fixed income				
U S Treasury bills	–	4,597	–	4,597
Asset backed securities	–	16,758	–	16,758
Corporate bonds	–	21,442	–	21,442
Mortgage backed securities	–	28,177	–	28,177
Mutual funds				
Fixed income	5,113	–	–	5,113
Domestic	9,240	–	–	9,240
International	867	–	–	867
Global allocation	11,736	–	–	11,736
Real estate	175	–	–	175
Commodities	73	–	–	73
Other	6,137	–	–	6,137
Assets held by RAC				
Cash and cash equivalents	1,890	–	–	1,890
Fixed asset fund	–	14,262	–	14,262
Domestic equities	–	8,895	–	8,895
Public REITs	–	1,390	–	1,390
Total assets whose use is limited	45,316	95,521	–	140,837
Total assets at fair value	$ 47,596	$ 95,521	$ –	$ 143,117

(Dollars In Thousands)

12. Fair Value Measurements (continued)

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,362	$ –	$ –	$ 1,362
Assets whose use is limited				
Cash and cash equivalents	14,357	–	–	14,357
Fixed income				
U S Treasury bills	–	5,294	–	5,294
Asset backed	–	19,179	–	19,179
Corporate bonds	–	24,758	–	24,758
Fixed asset fund	–	4,828	–	4,828
Mortgage backed	–	28,216	–	28,216
Mutual funds				
Fixed income	6,840	–	–	6,840
Domestic	8,879	–	–	8,879
International	959	–	–	959
Global allocation	10,791	–	–	10,791
Real estate	300	–	–	300
Commodities	174	–	–	174
Assets held by RAC				
Cash and cash equivalents	4,045	–	–	4,045
Fixed asset fund	–	24,980	–	24,980
Domestic equities	–	3,101	–	3,101
Public REITs	–	72	–	72
Total assets whose use is limited	46,345	110,428	–	156,773
Total assets at fair value	$ 47,707	$ 110,428	$ –	$ 158,135

(Dollars In Thousands)

12. Fair Value Measurements (continued)

The following table presents the financial instruments of the defined benefit plan (see Note 8) as of December 31, 2013 and 2012, by the valuation hierarchy defined above

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 638	$ –	$ –	$ 638
Equity funds				
Domestic	45,834	–	–	45,834
International	26,258	–	–	26,258
Equity alternatives	–	–	34,973	34,973
Commodities	38,405	–	–	38,405
Fixed income mutual fund	20,768	–	–	20,768
Total	$ 131,903	$ –	$ 34,973	$ 166,876

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 2,540	$ –	$ –	$ 2,540
Equity funds				
Domestic	36,726	–	–	36,726
International	22,462	–	–	22,462
Equity alternatives	–	–	32,689	32,689
Commodities	37,971	–	–	37,971
Fixed income mutual fund	21,044	–	–	21,044
Total	$ 120,743	$ –	$ 32,689	$ 153,432

Fair value for Level 1 assets is based upon quoted market prices Level 2 assets consist of certain fixed income securities for which the fair value at each year end is estimated based on quoted prices and other valuation considerations (e g , credit quality and prevailing interest rates)

Level 3 financial instruments represent the Plan's investment in fund of funds and are valued as described in Note 8 Financial information used to evaluate the alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee and estimates that require varying degrees of judgment The alternative investments may indirectly expose the Plan to securities lending, short

(Dollars In Thousands)

12. Fair Value Measurements (continued)

sales of securities, and trading in futures and forwards contracts, options and other derivative products Alternative investments often have liquidity restrictions under which capital may be divested only at specified times At December 31, 2013 and 2012 there were no commitments or liquidity restrictions

The following table is a rollforward of amounts for financial instruments related to the defined benefit pension plan classified by the System within Level 3 of the valuation hierarchy as defined above

	2013	2012
Fair value at beginning of year	**$ 32,689**	$ 28,616
Realized and unrealized gains and losses	**2,284**	4,073
Fair value at end of year	**$ 34,973**	$ 32,689

The System uses primarily quoted market prices and other valuation considerations in estimating fair value of its bonds payable The fair value of other long-term debt is based upon discounted cash flow analyses The fair value of the System's long-term debt, excluding capital lease obligations, at December 31, 2013 and 2012 is approximately $160,300 and $182,700, respectively Fair value of bonds payable is classified as Level 1 of the valuation hierarchy, while the fair value of other debt is classified as Level 2

13. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets are available for the following purposes

	December 31	
	2013	2012
Health care programs	**$ 3,676**	$ 3,484
Children's fund	**2,276**	2,242
Health education	**749**	583
Purchase of equipment	**2,565**	2,947
	$ 9,266	$ 9,256

(Dollars In Thousands)

14. Functional Expenses

Operating expenses, including costs related to clinical system interruption, by function related to the provision of health care services are as follows

	Year Ended December 31	
	2013	**2012**
Program expenses	**$ 284,572**	$ 275,255
General and administrative expenses	**141,403**	139,167
	$ 425,975	$ 414,422

15. Electronic Health Records

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015

The System uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments Under this accounting policy, EHR incentive payment revenue is recognized when the System is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received EHR incentive payment revenue totaling $2,127 (Medicaid) and $2,174 (Medicare) for the year ended December 31, 2013 and $3,000 (Medicaid) for the year ended December 31, 2012, is included in other revenue in the accompanying consolidated statements of operations and changes in net assets Income from Medicare incentive payments is subject to retrospective adjustment upon

15. Electronic Health Records (continued)

final settlement of the applicable cost report from which payments were calculated Additionally, the System's attestation of compliance with the meaningful use criteria is subject to audit by the federal government

16. Subsequent Events

Subsequent events have been evaluated through April 25, 2014, which is the date the financial statements were issued Except as disclosed in Note 5, no subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements

Supplementary Information

Saint Peter's Healthcare System, Inc.

Consolidating Balance Sheet

December 31, 2013
(In Thousands)

	Saint Peter's University Hospital and Subsidiaries						Saint Peter's Health & Management Services Corporation											
	Saint Peter's University Hospital	Saint Peter's Faculty Foundation PC	RAC	Physician Associates PC	Consolidating and Eliminating Entries	Saint Peter's University Hospital & Subs Consolidated Total	McCarrick Care Center	Saint Peter's Properties Corp	Saint Peter's Solar Energy Solutions, Inc	Saint Peter's Health & Management Services Corp	Sports Physical Therapy	Gianna Physician Practice NJ	Consolidating and Eliminating Entries	Saint Peter's Health & Management Services Consolidated Total	Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	National Gianna Center	Consolidating and Eliminating Entries	Saint Peter's Healthcare System Consolidated Total
Assets																		
Current assets																		
Cash and cash equivalents	$ 401	$ 1	$	$ 258	$ –	$ 720	$ 647	$ 328	$ 30	$ –	$ 31	$ 11	$ –	$ 1 050	$ 226	$ 224	$ 54	$ –	$ 2 280
Patient accounts receivable net	40 204	–	–	–	–	40 204	1 884	–	–	–	–	–	–	1 884	–	–	–	–	48 088
Assets whose use is limited, current portion	6 507	–	–	–	–	6 507	1 408	–	–	–	–	–	–	1 408	–	8 083	–	–	16 088
Supplies	5 493	–	–	–	–	5 493	–	–	–	–	–	–	–	–	–	–	–	–	5 493
Estimated third-party payor settlements, current portion	4 026	–	–	–	–	4 026	–	–	–	–	–	–	–	–	–	–	–	–	4 026
Due from related parties, current portion	9 138	–	–	177	(177)	9 138	–	5	1	–	–	59	(6)	59	11 524	27	3	(20 748)	–
Other current assets	6 752	–	2 817	710	–	10 288	4	3	–	–	3	23	–	33	2 027	644	172	–	13 164
Total current assets	70 271	1	2 817	1 145	(177)	83 060	3 943	336	40	–	34	93	(6)	4 453	13 777	8 978	229	(20 748)	89 730
Assets whose use is limited, less current portion	83 650	–	26 437	–	–	110 086	14 653	–	–	–	–	–	–	14 653	–	–	–	–	124 740
Deferred financing costs, net of accumulated amortization	2 575	–	–	–	–	2 575	–	–	–	–	–	–	–	–	–	–	–	–	2 575
Property, plant, equipment and construction, net	182 695	–	–	150	–	182 845	341	1 734	9 380	–	–	9	–	11 464	–	1	–	–	194 310
Estimated third-party payor settlements, less current portion	1 802	–	–	–	–	1 802	–	–	–	–	–	–	–	–	–	–	–	–	1 802
Beneficial interest in Foundation	9 809	–	–	–	–	9 809	–	–	–	–	–	–	–	–	–	–	–	(9 809)	–
Due from related parties, less current portion	2 037	–	–	–	–	2 037	–	–	–	–	–	–	–	–	–	–	–	(2 037)	–
Investments in joint ventures and other assets	17 645	–	–	–	(15 625)	2 020	–	–	–	2 720	–	–	–	2 720	–	1 343	–	(502)	5 590
	$ 370 553	$ 1	$ 29 254	$ 1 304	$ (15 802)	$ 394 310	$ 18 937	$ 2 070	$ 9 420	$ 2 720	$ 34	$ 99	$ (6)	$ 33 283	$ 13 777	$ 10 322	$ 229	$ (33 096)	$ 418 825

Note The consolidating schedules are presented for supplementary informational purposes Due to the effects of inter company transactions which are eliminated in consolidation the schedules are not intended to present the financial position or results of operations of the individual entities

Saint Peter's Healthcare System, Inc.

Consolidating Balance Sheet (continued)

December 31, 2013
(In Thousands)

	Saint Peter's University Hospital and Subsidiaries						Saint Peter's Health & Management Services Corporation											
	Saint Peter's University Hospital	Saint Peter's Faculty Foundation PC	RAC	Physician Associates PC	Consolidating and Eliminating Entries	Saint Peter's University Hospital & Subs Consolidated Total	McCarrick Care Center	Saint Peter's Properties Corp	Saint Peter's Solar Energy Solutions, Inc	Saint Peter's Health & Management Services Corp	Sports Physical Therapy	Gianna Physician Practice NJ	Consolidating and Eliminating Entries	Saint Peter's Health & Management Services Consolidated Total	Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	National Gianna Center	Consolidating and Eliminating Entries	Saint Peter's Healthcare System Consolidated Total
Liabilities and net assets																		
Current liabilities																		
Current portion of long-term debt	$ 10,457	$ –	$ –	$ –	$ –	$ 10,457	$ 82	$ –	$ –	$ –	$ –	$ –	$ –	$ 82	$ –	$ –	$ –	$ –	$ 10,539
Accounts payable	14,790	–	48	432	–	15,270	92	–	–	–	9	–	–	101	1,394	–	–	–	16,772
Accrued expenses and other liabilities	29,221	1	–	347	(1)	29,568	1,154	8	–	–	77	28	–	1,267	2,267	298	–	(4)	33,396
Accrued interest	4,577	–	–	–	–	4,577	75	–	–	–	–	–	–	75	–	–	–	–	4,652
Estimated third-party payor settlements, current portion	5,500	–	–	–	–	5,500	–	–	–	–	–	–	–	–	–	–	–	–	5,500
Due to related parties	11,047	–	–	7,151	(176)	18,022	271	15	2,124	629	133	1,364	(6)	3,930	7,946	215	–	(30,713)	–
Total current liabilities	75,080	1	48	7,930	(177)	83,491	1,674	23	2,124	629	219	1,392	(6)	5,955	11,607	513	–	(30,717)	70,949
Long-term debt, less current portion	158,221	–	–	–	–	158,221	2,405	–	5,129	–	–	–	–	7,534	–	–	–	–	165,755
Estimated third-party payor settlements less current portion	2,567	–	–	–	–	2,567	–	–	–	–	–	–	–	–	–	–	–	–	2,567
Accrued pension liability	53,702	–	–	–	–	53,702	5	–	–	–	–	–	–	5	2,170	–	–	–	55,907
Accrued medical malpractice and other liabilities	10,530	–	9,725	–	(9,725)	10,530	–	–		–	–	–	–	–	–	–	–	12	10,551
Total liabilities	300,808	1	9,773	7,930	(9,902)	317,010	4,084	23	7,253	629	219	1,392	(6)	13,594	13,777	513	–	(30,705)	314,779
Net assets																			
Unrestricted	50,180	–	19,481	(6,626)	(5,900)	56,135	14,853	2,047	2,167	2,100	(185)	(1,293)	–	19,689	–	1,503	22	7,421	84,770
Temporarily restricted	10,405	–	–	–	–	10,405	–	–	–	–	–	–	–	–	–	7,966	207	(9,712)	8,926
Permanently restricted	100	–	–	–	–	100	–	–	–	–	–	–	–	–	–	340	–	(100)	340
Total net assets	60,685	–	19,481	(6,626)	(5,900)	66,640	14,853	2,047	2,167	2,100	(185)	(1,293)	–	19,689	–	9,809	229	(2,391)	104,036
	$ 360,553	$ 1	$ 29,254	$ 1,304	$ (15,802)	$ 383,310	$ 18,937	$ 2,070	$ 9,420	$ 2,729	$ 34	$ 99	$ (6)	$ 33,283	$ 13,777	$ 10,322	$ 229	$ (33,096)	$ 418,825

Note: The consolidating schedules are presented for supplementary informational purposes. Due to the effects of inter-company transactions which are eliminated in consolidation, the schedules are not intended to present the financial position or results of operations of the individual entities.

Saint Peter's Healthcare System, Inc.

Consolidating Statement of Operations and Changes in Net Assets

December 31, 2013
(In Thousands)

	Saint Peter's University Hospital and Subsidiaries						Saint Peter's Health & Management Services Corporation											
	Saint Peter's University Hospital	Saint Peter's Faculty Foundation PC	RAC	Physician Associates PC	Consolidating and Eliminating Entries	Saint Peter's University Hospital & Subs Consolidated Total	McCarrick Care Center	Saint Peter's Properties Corp	Saint Peter's Solar Energy Solutions, Inc	Saint Peter's Health & Management Services Corp	Sports Physical Therapy	Gianna Physician Practice NY	Consolidating and Eliminating Entries	Saint Peter's Health & Management Services Consolidated Total	Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	National Gianna Center	Consolidating and Eliminating Entries	Saint Peter's Healthcare System Consolidated Total
Revenue, gains and other support																		
Net patient service revenue	$ 387,090	$ –	$ –	$ 9,437	$ –	$ 396,527	$ 12,180	$ –	$ –	$ –	$ –	$ 170	$ –	$ 12,350	$ –	$ –	$ –	$ –	$ 408,877
Provision for bad debts	(13,511)	–	–	(58)	–	(13,569)	(202)	–	–	–	–	–	–	(202)	–	–	–	–	(13,771)
Net patient service revenue less provision for bad debts	373,579	–	–	9,379	–	382,958	11,978	–	—	–	–	170	–	12,148	–	–	–	–	395,106
Other operating revenue, net	21,175	1,064	9,778	51	(12,249)	19,819	924	108	953	–	–	15	(62)	1,938	39,495	1,381	23	(39,629)	23,127
Net assets released from restriction	53	–	–	–	–	53	–	–	–	–	–	–	–	–	–	2,403	–	–	2,456
Total revenue, gains and other support	394,807	1,064	9,778	9,430	(12,249)	402,830	12,902	108	953	–	–	185	(62)	14,086	39,495	3,784	23	(39,629)	420,689
Expenses																		
Salaries and wages	194,185	918	–	5,999	(918)	199,284	9,499	3	–	–	–	499	–	9,878	18,251	287	–	(18,250)	209,450
Resident and physician fees	8,980	–	–	1,710	–	8,399	25	–	–	–	–	–	–	25	–	–	–	–	8,431
Employee benefits	47,597	131	–	9,908	(131)	48,405	2,232	1	–	–	–	72	–	2,305	4,256	99	–	(4,255)	50,801
Supplies and other	128,885	15	444	2,935	(8,175)	124,104	3,749	24	99	–	–	189	(62)	3,999	13,981	3,925	1	(14,614)	130,493
Interest	9,237	–	–	–	–	9,237	152	–	9,469	–	–	–	–	9,708	–	–	–	–	10,035
Depreciation and amortization	19,924	–	–	53	–	19,977	229	44	401	–	–	17	–	988	–	–	–	–	19,965
Total expenses	405,817	1,064	444	19,405	(9,224)	408,506	12,847	72	1,149	–	–	687	(62)	14,990	39,495	3,402	1	(37,119)	425,975
(Loss) income from operations	(11,331)	–	9,334	(9,975)	(3,025)	(11,997)	55	36	(193)	–	–	(493)	–	(905)	–	382	22	493	(11,995)
RAC premium reduction credit	–	–	(7,000)	–	7,000	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Equity transfer from (to) affiliate	250	–	–	–	–	250	–	(250)	–	(1,274)	–	–	–	(1,524)	–	–	–	1,274	–
Equity in net earnings of joint ventures	1,274	–	–	–	–	1,274	–	–	–	1,319	–	–	–	1,319	–	–	–	(1,274)	1,319
(Deficiency) excess of revenue over expenses	(9,807)	–	2,334	(9,975)	3,975	(9,473)	55	(214)	(193)	45	–	(493)	–	(800)	–	382	22	493	(9,676)
Net change in unrealized gains and losses on investments	3,038	–	(89)	–	–	2,949	713	–	–	–	–	–	–	713	–	479	–	–	4,141
Change in pension liability to be recognized in future periods	39,443	–	–	–	–	39,443	–	–	–	–	–	–	–	–	–	–	–	–	39,443
Donated equipment and other	1,063	–	–	–	–	1,063	–	–	–	–	–	–	–	–	–	–	–	–	1,063
Increase (decrease) in unrestricted net assets	33,737	–	2,245	(9,975)	3,975	29,982	768	(214)	(193)	45	–	(493)	–	(87)	–	861	22	493	30,971
Temporarily restricted																		
Restricted gifts and contributions	93	–	–	–	–	93	–	–	–	–	–	–	–	–	–	2,152	207	–	2,452
Net change in unrealized gains and losses on investments	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Net change in beneficial interest in Foundation	615	–	–	–	–	615	–	–	–	–	–	–	–	–	–	–	–	(615)	–
Net assets released from restriction	(53)	–	–	–	–	(53)	–	–	–	–	–	–	–	–	–	(2,403)	–	–	(2,456)
Increase (decrease) in temporarily restricted net assets	655	–	–	–	–	655	–	–	–	–	–	–	–	–	–	(244)	207	(615)	3
Permanently restricted																		
Restricted gifts and contributions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Increase in permanently restricted net assets	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Increase (decrease) in net assets	$ 34,392	$ –	$ 2,245	$ (9,975)[1]	$ 3,975	$ 30,637	$ 768	$ (214)	$ (193)	$ 45	$ –	$ (493)	$ –	$ (87)	$ –	$ 615	$ 229	$ (122)	$ 30,982

Note: The consolidating schedules are presented for supplementary informational purposes. Due to the effects of intercompany transactions which are eliminated in consolidation, the schedules are not intended to present the financial position or results of operations of the individual entities.

[1] *Amounts include inter-entity activity between the Hospital and Physician Associates PC which eliminates in consolidation.*

Saint Peter's University Hospital Obligated Group

Combining Balance Sheet

December 31, 2013
(In Thousands)

	Saint Peter's University Hospital	McCarrick Care Center	Consolidating and Eliminating Entries	Total
Assets				
Current assets				
Cash and cash equivalents	$ 461	$ 647	$ –	$ 1,108
Patient accounts receivable, net	46,204	1,884	–	48,088
Assets whose use is limited, current portion	6,597	1,408	–	8,005
Supplies	5,493	–	–	5,493
Estimated third-party payor settlements, current portion	4,626	–	–	4,626
Due from related parties, current portion	9,138	–	(151)	8,987
Other current assets	6,752	4	–	6,756
Total current assets	79,271	3,943	(151)	83,063
Assets whose use is limited, less current portion	83,659	14,653	–	98,312
Deferred financing costs, net of accumulated amortization	2,575	–	–	2,575
Property, plant, equipment and construction, net	182,695	341	–	183,036
Estimated third-party payor settlements less current portion	1,862	–	–	1,862
Beneficial interest in Foundation	9,809	–	–	9,809
Due from related parties, less current portion	2,037	–	–	2,037
Investments in joint ventures and other assets	17,645	–	–	17,645
	$ 379,553	$ 18,937	$ (151)	$ 398,339

Note The Saint Peter's University Hospital Obligated Group combining balance sheet excludes the subsidiaries of Saint Peter's University Hospital (Saint Peter's Faculty Foundation PC, Risk Assurance Company of Saint Peter's University Hospital and Saint Peter's Healthcare System Physician Associates, PC), which are not members of the Obligated Group pursuant to the Master Trust Indenture

Saint Peter's University Hospital Obligated Group

Combining Balance Sheet (continued)

December 31, 2013
(In Thousands)

	Saint Peter's University Hospital	McCarrick Care Center	Consolidating and Eliminating Entries	Total
Liabilities and net assets				
Current liabilities				
Current portion of long-term debt	$ 10,457	$ 82	$ –	$ 10,539
Accounts payable	14,797	92	–	14,889
Accrued expenses and other liabilities	29,221	1,154	–	30,375
Accrued interest	4,577	75	–	4,652
Estimated third-party payor settlements, current portion	5,590	–	–	5,590
Due to related parties	11,047	271	(163)	11,155
Total current liabilities	75,689	1,674	(163)	77,200
Long-term debt, less current portion	158,221	2,405	–	160,626
Estimated third-party payor settlements, less current portion	2,567	–	–	2,567
Accrued pension liability	53,792	5	–	53,797
Other liabilities	19,539	–	12	19,551
Total liabilities	309,808	4,084	(151)	313,741
Net assets				
Unrestricted	59,180	14,853	–	74,033
Temporarily restricted	10,465	–	–	10,465
Permanently restricted	100	–	–	100
Total net assets	69,745	14,853	–	84,598
	$ 379,553	$ 18,937	$ (151)	$ 398,339

Note The Saint Peter's University Hospital Obligated Group combining balance sheet excludes the subsidiaries of Saint Peter's University Hospital (Saint Peter's Faculty Foundation PC, Risk Assurance Company of Saint Peter's University Hospital and Saint Peter's Healthcare System Physician Associates, PC), which are not members of the Obligated Group pursuant to the Master Trust Indenture

Saint Peter's University Hospital Obligated Group

Combining Statement of Operations and Changes in Net Assets

Year Ended December 31, 2013

(In Thousands)

	Saint Peter's University Hospital	McCarrick Care Center	Consolidating and Eliminating Entries	Total
Revenue, gains and other support				
Net patient service revenue	$ 387,769	$ 12,180	$ –	$ 399,949
Provision for bad debts	(13,511)	(202)	–	(13,713)
Net patient service revenue less provision for bad debts	374,258	11,978		386,236
Other operating revenue, net	27,175	924	–	28,099
Net assets released from restriction	53	–	–	53
Total revenue, gains and other support	401,486	12,902	–	414,388
Expenses				
Salaries and wages	194,185	6,466	–	200,651
Resident and physician fees	6,689	25	–	6,714
Employee benefits	47,797	2,232	–	50,029
Supplies and other	128,885	3,746	–	132,631
Interest	9,237	152	–	9,389
Depreciation and amortization	19,024	226	–	19,250
Total expenses	405,817	12,847	–	418,664
(Loss) income from operations	(4,331)	55	–	(4,276)
Equity transfer from affiliate	250	–	–	250
Equity in net earnings of joint ventures	1,274	–	–	1,274
(Deficiency) excess of revenue over expenses	(2,807)	55	–	(2,752)
Net change in unrealized gains and losses on investments	368	713	–	1,081
Change in pension liability to be recognized in future periods	39,443	–	–	39,443
Donated equipment and other	1,063	–	–	1,063
Increase in unrestricted net assets	38,067	768	–	38,835
Temporarily restricted				
Restricted gifts and contributions	93	–	–	93
Net change in beneficial interest in Foundation	615	–	–	615
Net assets released from restriction	(53)	–	–	(53)
Increase in temporarily restricted net assets	655	–	–	655
Increase in net assets	38,722	768	–	39,490
Net assets at beginning of year	31,023	14,085	–	45,108
Net assets at end of year	$ 69,745	$ 14,853	$ –	$ 84,598

Note The Saint Peter's University Hospital Obligated Group combining statement of operations excludes the subsidiaries of Saint Peter's University Hospital (Saint Peter's Faculty Foundation PC, Risk Assurance Company of Saint Peter's University Hospital and Saint Peter's Healthcare System Physician Associates, PC) which are not members of the Obligated Group pursuant to the Master Trust Indenture

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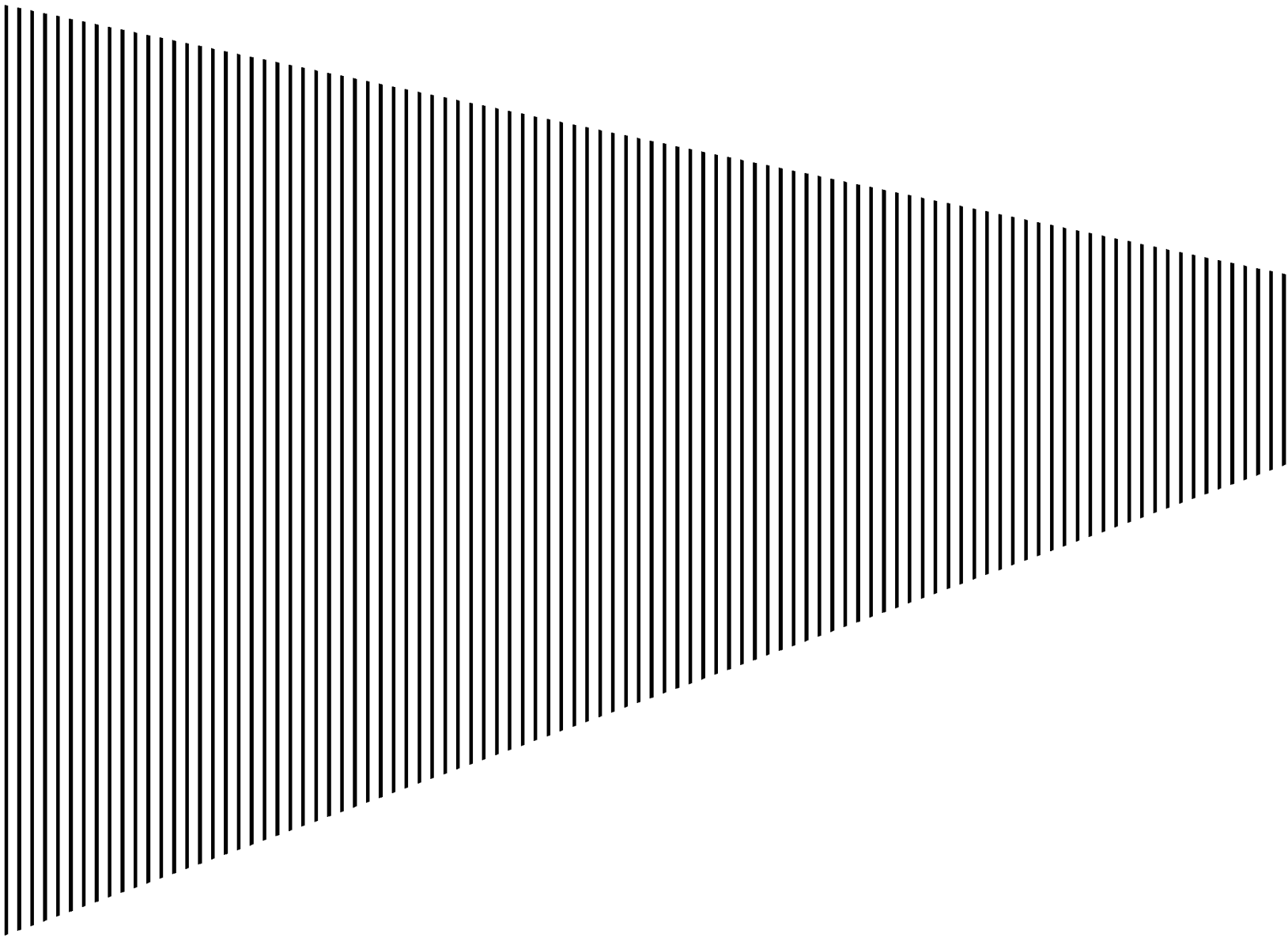

Middlesex and Somerset* Counties Community Health Improvement Plan

**southeast section*

September 2013

Submitted to:

Saint Peter's University Hospital and
Robert Wood Johnson University Hospital

SAINT PETER'S UNIVERSITY HOSPITAL
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM

RWJ ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

TABLE OF CONTENTS

This report was prepared by:

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Acknowledgements

This project was a collaboration between Saint Peter's University Hospital (SPUH) and Robert Wood Johnson University Hospital (RWJUH) and was funded through the Robert Wood Johnson Foundation's New Jersey Health Initiative Program. This community health improvement plan could not have been done without the leadership and vision of Marge Drozd, MSN, RN, APRN-BC, director of Community Mobile Health Services at SPUH, Mariam Merced, MA, director of Community Health Promotions Program at RWJUH, and Camilla Comer-Carruthers, MPH, manager of Community Health Education at RWJUH.

We also want to thank the more than 65 individuals representing numerous community organizations that came together to establish a roadmap for the future health of individuals and families in the counties of Middlesex and Somerset*. We are pleased to present this report as a strategic framework for identifying and linking community assets, leveraging expertise and resources, and enhancing initiatives already underway to create counties which are healthy, prosperous and have a clear vision for a better future.

In this document, you will learn how the process for planning was conducted and discover key recommendations for action and partnership. You will also identify ways that you and/or your organization might participate and collaborate in the effort to improve the health of those who live, work and play in Middlesex and Somerset* counties.

As we move forward to develop collaborative plans and strategies to improve the health and wellbeing of individuals and families, remember that your story builds our story. Thank you for your ongoing contributions to this important community health improvement process.

We urge you to examine the goals, objectives, strategies, and action steps outlined in this plan to determine how you may implement strategies in your own business, organization, or neighborhood to support this effort. Together, we will improve the health of individuals and families in Middlesex and Somerset*counties and lay the foundation for ongoing improvements in our region's public health outcomes.

When we refer to the Somerset County we are only referring to the southeast section of Somerset County.

Executive Summary

Where and how we live, work, play, and learn affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, Saint Peter's University Hospital and Robert Wood Johnson University Hospital, along with local health departments, federally qualified health centers, government agencies, and numerous community and non-profit organizations serving Middlesex and Somerset* counties, led a comprehensive regional health planning effort comprised of two phases:

1. A community health needs assessment (CHNA) to identify the health-related needs and strengths of Middlesex and Somerset* counties
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Middlesex and Somerset* counties

In addition to guiding future services, programs, and policies for these agencies and the area overall, the CHNA and CHIP are also required prerequisites for the health department to earn accreditation, and for hospitals to maintain their not-for-profit status.

The 2013 Saint Peter's University Hospital and Robert Wood Johnson University Hospital CHIP was developed over the period of April 2013 – August 2013, using the key findings from the CHNA, which included qualitative data from focus groups and key informant interviews that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHNA was developed by Rutgers University Center for State Health Policy (CSHP) and the University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School (UMDNJ-RWJMS) Department of Family Medicine and Community Health, Research Division.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Middlesex and Somerset*planning process engaged community members and Local Public Health System (LPHS) Partners through different avenues:

a. the Steering Committee was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan, and
b. the CHIP Workgroups, which represented broad and diverse sectors of the community, were formed around each priority area to develop the goals, objectives, strategies, action steps, and potential partners for the CHIP.

The CHIP Workgroup members developed a compelling and inspirational vision that would support the planning process and the CHIP itself.

Vision

Working together to create a healthy, safe and supportive community for all

The results of CHNA research were reviewed by the Steering Committee, and from this review and group discussion, three key priority areas were selected for planning at the county level. An additional priority area was identified during the review process to ensure ongoing coordination and collaboration with local public health system partners.

The final four priority areas are:

Priority Area 1: **Coordination and Communication**
Goal 1: Strengthen coordination and communication among community health partners.

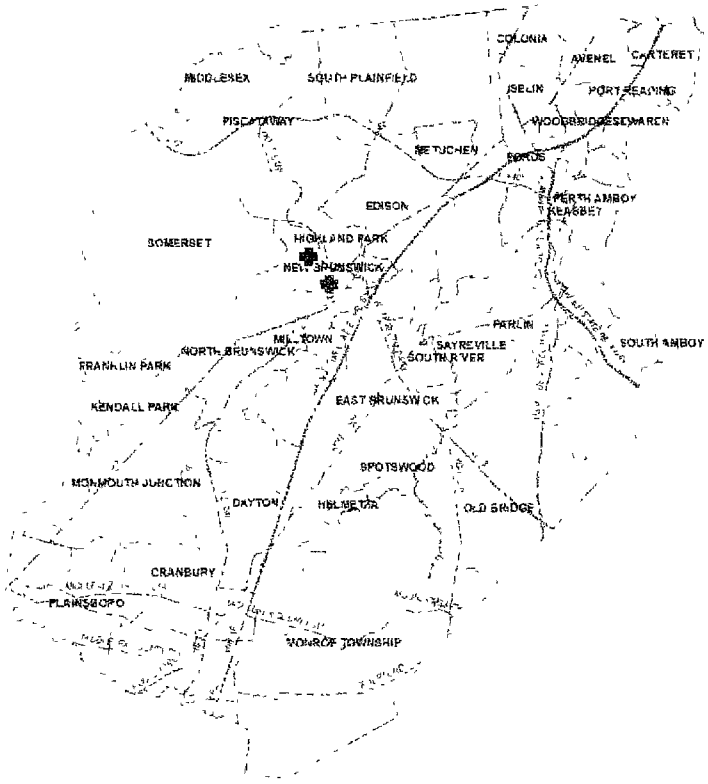
Priority Area 2: **Access to Care and Health Information**
Goal 2: To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties.

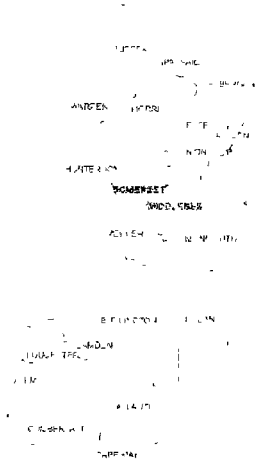
Priority Area 3: **Promoting Healthy Behaviors**
Goal 3: To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.

Priority Area 4: **Disease Specific Issues with a focus on Obesity, Diabetes, and Mental Health**
Goal 4: To achieve physically and mentally healthy communities by addressing obesity, diabetes, and mental health in Middlesex and Somerset*counties.

Health improvement plans were then developed for each of these areas by the community.

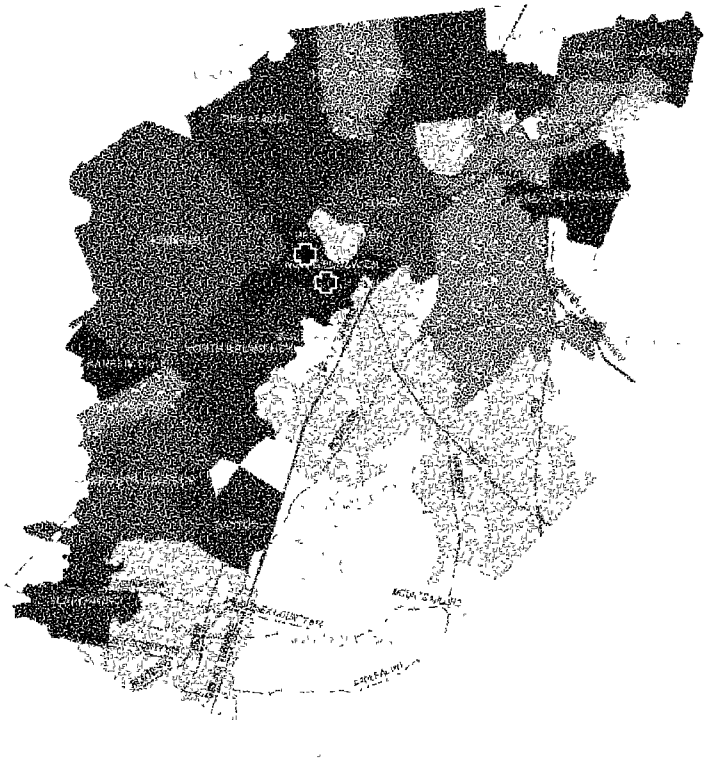
CHIP Focus Area

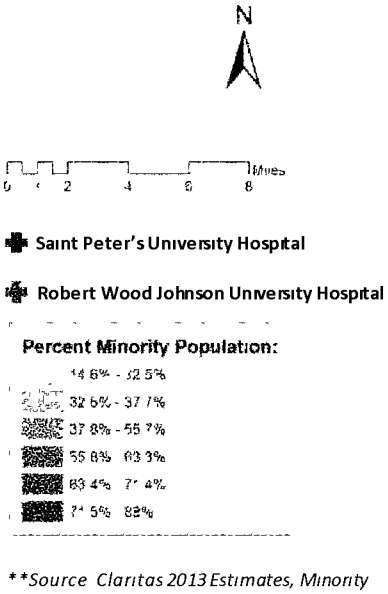




*Southeast Section

CHIP Focus Area: 2013 % Minority Population**





**Source Claritas 2013 Estimates, Minority population includes Hispanic ethnicity and non-white race

I. BACKGROUND

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build upon, and areas for further collaboration and coordination across organizations, institutions, and community groups. To this end, Saint Peter's University Hospital and Robert Wood Johnson University Hospital are leading a comprehensive health planning effort comprised of two phases:

- Community Health Needs Assessment (CHNA) – identifies the health-related needs and community strengths in Middlesex and Somerset* counties
- Community Health Improvement Plan (CHIP) – determines the key health priorities, overarching goals, and specific strategies to implement across the service area that will improve health

In addition to guiding future services, programs, and policies for these agencies and the area overall, the CHNA and CHIP are also required prerequisites for a hospital to submit to the IRS as proof of their community benefit and a health department to earn accreditation, which indicates that the agency is meeting national standards.

The 2013 Middlesex and Somerset* CHIP was developed over the period of April 2013 – August 2013, using the key findings from the CHNA, which included qualitative data from focus groups and key informant interviews that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Middlesex and Somerset*assessment and planning process engaged community members and Local Public Health System (LPHS) Partners through different avenues:

a. the Steering Committee was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan, and
b the CHIP Workgroups, which represented broad and diverse sectors of the community, were formed around each health priority area to develop the goals, objectives, strategies, and potential partners for the CHIP.

In April 2012, Saint Peter's University Hospital and Robert Wood Johnson University Hospital hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide strategic guidance and facilitation of the CHIP process and develop the report deliverables. Prior to beginning the CHIP work, a comprehensive CHNA was developed by Rutgers University Center for State Health Policy (CSHP) and the University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School (UMDNJ-RWJMS) Department of Family Medicine and Community Health, Research Division.

The results of this research were reviewed by the Steering Committee and the following four key priority areas were selected for action planning at a county level:

- Coordination and Communication
- Access to Care and Health Information
- Promoting Healthy Behaviors
- Disease Specific Issues with a focus on Obesity, Diabetes, and Mental Health

II. OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PROCESS

A. What is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan that outlines the strategic priority issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

B. How to use a CHIP

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live, work, and play in Middlesex and Somerset* counties. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort.

C. Methods

Building upon the key findings and themes identified in the Community Health Needs Assessment (CHNA), the CHIP aims to:

- Identify priority issues for action to improve community health
- Develop a health improvement plan
- Guide future community decision-making related to community health improvement

In addition to guiding future services, programs, and policies for participating agencies and the area overall, the community health improvement plan fulfills the prerequisites for a hospital to submit to the IRS as proof of their community benefit and a health department to earn accreditation, which indicates that the agency is meeting national standards.

III. PRIORITIZATION OF HEALTH ISSUES

A. Community Engagement

Saint Peter's University Hospital and Robert Wood Johnson University Hospital led the planning process for Middlesex and Somerset*counties and oversaw all aspects of the CHIP development, including the establishment of CHIP Workgroups, to develop the details for identified health priorities. The Steering Committee continued from the Assessment Phase to the Planning Phase, guiding all aspects of the planning phase and offering expert input on plan components.

CHIP Workgroup members were comprised of individuals with expertise and interest in identified priority areas who volunteered to participate and who represented broad and diverse sectors of the community. See Appendix A for workgroup participants and affiliations.

B. Strategic Components of the CHIP

Workgroup members provided initial input for the CHIP vision and core values through an online survey. During the CHIP retreat participants were presented with the core values and were asked to vote on the final language for the vision statement. The following vision and core values were developed for the CHIP:

Vision: Working together to create a healthy, safe and supportive community for all.

Core Values: Collaboration, commitment, communication, acceptance and respect of our differences, access to all, compassion, culturally competent care, equality, empowerment, integrity, maximize limited resources, passion, professionalism, proven interventions, respect, teamwork, transparency, trust, understanding, and unity.

C. Selection of Priority Areas

On January 17, 2013, a summary of the CHNA findings was presented to the Steering Committee and other key partners. Following the presentation, meeting participants identified three health priorities from the list, utilizing a computerized group meeting voting system that allowed for health organization representatives to democratically come to a consensus around key healthcare needs. The system allowed for each attendee to cast a vote that was automatically tabulated and projected for the group to view.

Of the list of issues, the following priorities areas received the highest number of votes:

- Access to Care and Health Information
- Promoting Healthy Behaviors
- Disease Specific Issues with a focus on Obesity, Diabetes, and Mental Health

A fourth priority area that focused on **communication and coordination among community health partners** was identified as the CHIP report was being written.

D. Development of the CHIP Strategic Components

Saint Peter's University Hospital and Robert Wood Johnson University Hospital convened a day-long planning session in June of 2013. Key community partners were invited to participate in work groups based on interest and expertise in the three identified priority areas. These facilitated work groups resulted in the development of goals, objectives, strategies, and potential partner organizations. The facilitators provided sample evidence-based strategies from a variety of resources including *The Community Guide to Preventive Health Services, The Clinical Guide to Preventive Health Services,* and the

CDC and Healthy People 2020 for the strategy setting session. As policy is inherently tied to sustainability and effectiveness, work groups were encouraged to identify strategies that would result in a policy change.

A core team from both hospitals and the HRiA consultants and workgroup members reviewed the draft output from the planning sessions and edited material for clarity, consistency, and evidence base. This feedback was incorporated into the version of the CHIP contained in this report.

IV. The Middlesex and Somerset* Community Health Improvement Plan

Goals, Objectives, Strategies, Key Partners, and Outcome Indicators

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of where you would like to be, and a clear evaluation of whether your efforts are making a difference. The following pages outline the goals, objectives, strategies, action steps, and performance measures for the four priority areas outlined in the Community Health Improvement Plan. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

A. PRIORITY AREA 1. Coordination and Communication among Community Health Partners

Goal 1:
To ensure that community health partners have clear methods for connecting, collaborating, coordinating, and communicating with each other.

Objective 1.1
By December 2016, a sustainable structure for local health system partner collaboration, coordination, and communication will be fully implemented.

Strategy 1.1.1
Establish a sustainable structure for community health partners to convene and collaborate on community health issues and implement the Community Health Improvement Plan (CHIP).
Source/Evidence Base: *National Public Health Performance Standards, Local Public Health System Performance Instrument, Version 2.0, Essential Public Health Service #4: Mobilizing Community Health Partnerships to Identify and Solve Health Problems*

Performance Indicator(s)
By December 2014, 30% of the CHIP strategies will have been implemented.
By December 2015, 40% of the CHIP strategies will have been implemented.
By December 2016, the remaining 30% of the CHIP strategies will have been implemented.

ACTION PLAN

Activity	Target Date	Lead Organization
Adopt a group charter and mission.	February 2014	Executive Leadership
Implement a letter of commitment or memorandum of agreement with all partners.	March 2014	Executive Leadership
Develop standard agenda template to be used for meetings that will ensure implementation and monitoring of the CHIP as well as sustainability and maintenance of the committee.	March 2014	Executive Leadership
Expand membership by inviting a broad range of local public health system partners, making sure to include underrepresented groups, groups with an inequitable burden of poor health, and groups representing social determinants of health (housing, employment, education).	April 2014	Executive Leadership & Steering Committee
Brainstorm and select a name for the committee.	April 2014	Steering Committee
Determine the leadership structure for the committee and workgroups.	May 2014	Steering Committee
Draft and adopt bylaws.	May 2014	Executive Leadership & Steering Committee
Begin discussions about how the partners can assist with increasing involvement and participation of health system partners, including partners addressing social determinants of health and health inequities, in the community.	August 2014	Executive Leadership & Steering Committee
Promote awareness of the committee through a variety of methods (media, social media, word of mouth, etc.).	August 2014	Executive Leadership & Steering Committee
Regularly evaluate and maintain structure of local public health system partner collaboration.	Ongoing	Executive Leadership
Identify funding to maintain and update current resources to support and sustain the community health partnership.	Ongoing	Executive Leadership

Goal 1:
To ensure that community health partners have clear methods for connecting, collaborating, coordinating, and communicating with each other.

Objective 1.1
By December 2016, a sustainable structure for local health system partner collaboration, coordination, and communication will be fully implemented.

Strategy 1.1.2
Develop clearinghouse, database, or guide of local community resources and organizations which support health, in an effort to increase communication and connections to local community health partners.
Source/Evidence Base:*http://www.guideline.gov/*

Performance Indicator(s)
A clearing house, database or guide of local community resources and organizations has been created and promoted throughout the community.

ACTION PLAN

Activity	Target Date	Lead Organization
Research how other communities have compiled, distributed, and promoted resource guides/clearinghouses.	June 2014	Executive Leadership
Explore possibilities of student and university involvement and resources for project.	December 2014	Executive Leadership
Identify categories of resources to include (local public health system partners, community resources, free resources, health services, events, etc.).	June 2015	Executive Leadership & Steering Committee
Identify information needed for each resource (contact info, website, Facebook, description of services, etc.)	December 2015	Executive Leadership & Steering Committee
Delegate the gathering of resource data and information for each category among committee members and workgroups.	June 2016	Steering Committee
Activity	**Long-term Target Date**	**Lead Organization**
Create a "Hub" – work with local health departments as centralized disseminators of a web-based system to cross-share health information and services (e.g., blogs, website, mass mail).	Year 4	Data Collection & Evaluation Workgroup
Input data into a spreadsheet or database.	Year 4	Data Collection & Evaluation Workgroup
Determine formats for distribution of information (electronic, print, etc.). Make list of potential methods of communication, distribution, and promotion (email, social media, physical copies, etc.).	Year 4	Data Collection & Evaluation Workgroup
Create plan for communication, distribution, and promotion to local health partners and community who may have barriers to accessing resources.	Year 4	Executive Leadership & Steering Committee
Create policy/plan for the maintenance and sustainability of the resource (making sure it is updated, etc.).	Year 4	Executive Leadership & Steering Committee
Put the guide in the formats chosen.	Year 4	Executive Leadership & Steering Committee
Implement plan for communication, distribution, and promotion.	Year 4	Executive Leadership & Steering Committee

Goal 1:
To ensure that community health partners have clear methods for connecting, collaborating, coordinating, and communicating with each other.

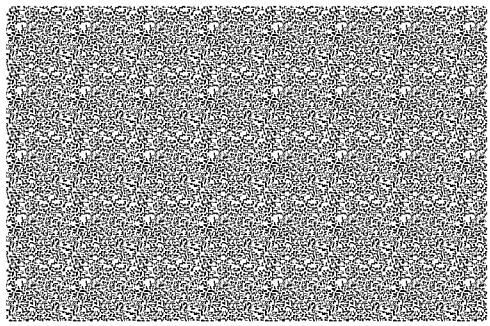
Objective 1.2
By December 2016, engage local community health partner involvement and participation in the development of three policies, programs or activities that support local health and wellness initiatives.

Strategy 1.2.1
Work in collaboration with local community health partners to implement policies, programs or activities that support local health and wellness initiatives.
Source/Evidence Base: *CDC, The Community Guide*

Performance Indicator(s)
Three policies, programs or initiatives have been successfully implemented.

ACTION PLAN

Activity	Target Date	Lead Organization
Research evidence based practices for community health and wellness policies, programs, and activities.	March 2014	Executive Leadership & Steering Committee
Start compiling ideas, examples, and resources of community health and wellness policies, programs, and activities.	March 2014	Executive Leadership & Steering Committee
Start compiling data on local health, wellness, and stress reduction resources and/or ideas.	March 2014	Workgroup
Explore funding opportunities for community wellness support.	March 2014	Workgroup
Brainstorm potential community organizations to work with, including those who work with lower-income populations who have less capacity and access to health, wellness, and stress reduction resources.	June 2014	Workgroup
Create plan to implement policies, programs, and/or activities in community.	December 2014	Workgroup
Implement plan for policies, programs, and/or activities in community.	June 2015	Workgroup
Monitor sustainability of community activities.	June 2015	Executive Leadership & Steering Committee
Identify satellite networks consisting of inter-related community organizations (e.g., senior centers, community centers).	December 2015	Workgroup
Create a mechanism to share evidence-based programs between providers.	Ongoing	Workgroup


B. PRIORITY AREA 2. Access to Care and Health Information

Increase access and improve the quality of health and wellness services and ensure that they meet the culture and language needs of our communities.

Goal 2: **To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties.**		
Objective 2.1: **By December 2016, increase the adoption of patient centered strategies within the healthcare system.**		
Strategy 2.1.1: Increase the number of healthcare providers and members of the public health community at each partner agency who are culturally and linguistically trained in the following areas: domestic violence, developmental disabilities, mental health issues, substance abuse and addiction). ***Source/Evidence Base:*** *U.S. Department of Health and Human Services, Office of Minority Health. 2000. Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. http://www.ormhrc.gov/clas/finalpo.htm*		
Performance Indicator(s) Increase number of providers trained in evidence-based cultural and linguistic competence.		
ACTION PLAN		
Activity	**Target Date**	**Lead Organization**
Research and develop a list of evidence-based culturally competent care trainings.	March 2014	Workgroup
Research and develop a list of evidence-based language service resources and trainings.	March 2014	Workgroup
Identify what cultural and linguistic competence resources may already be available in the community.	June 2014	Workgroup
Advocate for inclusion of cultural and linguistic competence trainings as a requirement/policy for all healthcare providers and staff.	September 2014	Executive Leadership
Identify organizations and individuals that could incorporate cultural and linguistic competence training activities into current services and activities.	December 2014	Workgroup
Coordinate ongoing culturally competent care training, awareness, and education to healthcare providers and staff at community health organizations and hospitals.	June 2015	Workgroup
Coordinate and host a health summit addressing cultural and linguistic competence among health care providers.	September 2015	Executive Leadership & Steering Committee
Centralize interpretation and translation services and increase the number of professional, healthcare interpreters for patients with limited English proficiencies with a goal of improving the quality of communication between providers and patients.	September 2015	Executive Leadership & Steering Committee
Ensure sustainability of activities to improve cultural and linguistic competence among healthcare providers and staff.	Ongoing	Executive Leadership
Survey trained providers to determine if they are referring patients to appropriate care.	June 2016	Workgroup

Goal 2:
To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties.

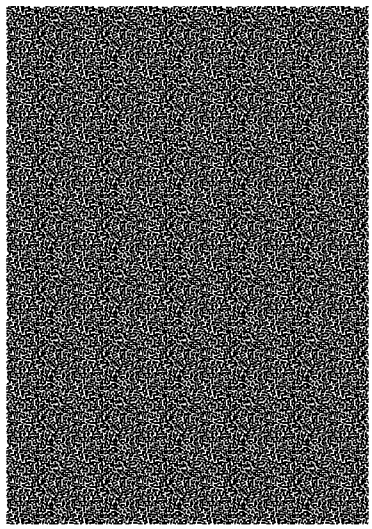
Objective 2.1:
By December 2016, increase the adoption of patient centered strategies within the healthcare system.

Strategy 2.1.2: Expand the number of providers who have locations, hours and appointment availability that meet the needs of the community.
Source/Evidence Base: *Scholls SH, Torda P, Peikes D, Han E, Genevro J. Patient-Centered Care: Engaging Patients and Families in the Medical Home. (Prepared by Mathematica Policy Research). Agency for Healthcare Research and Quality.*

Performance Indicator(s)
Patients report increased access to healthcare providers and services due to expanded hours, locations or appointments within a reasonable timeframe.

ACTION PLAN

Activity	Target Date	Lead Organization
Conduct a survey to ascertain current list of providers that offer expanded hours, are located in underserved areas of the community and who have available appointments.	March 2014	Workgroup
Assess and estimate the number of people in the intervention area that do not have access to health care due to location, hours or appointment availability.	April 2014	Workgroup
Determine barriers to establishing new locations, expanding hours and increasing appointments.	June 2014	Workgroup
Brainstorm and research solutions to those barriers.	December 2014	Workgroup
Work with key community health partners to explore addressing identified barriers.	March 2015	Executive Leadership Steering Committee & Workgroup
Create a plan to address barriers and implement changes.	September 2015	Steering Committee & Workgroup
Ensure sustainability of interventions to reduce barriers to connect people to healthcare services.	Ongoing	Workgroup
Maintain and distribute a master list of healthcare providers accepting new patients, and/or who have expanded hours, and/or are located in underserved communities.	Ongoing	Workgroup



Goal 2: **To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties.**		
Objective 2.1: **By December 2016, increase the adoption of patient centered strategies within the healthcare system.**		
Strategy 2.1.3: Implement activities to increase the health literacy of patients and improve communication between patients and healthcare providers. ***Source/Evidence Base:*** *Health Literacy: A Prescription to End Confusion. Lynn Nielson-Bohlman, Allison M. Panzer, David A. Kindig, Editors, Institute of Medicine, Committee on Health Literacy.*		
Performance Indicator(s) Increase in health literacy resources.		
Action Steps/Activity	**Target Date**	**Lead Organization**
Invite the Library to participate in the workgroup.	January2014	Executive Leadership & Steering Committee
Research health literacy and healthcare communication interventions.	March 2014	Workgroup
Identify what health literacy resources may already be available through the Library and in the community.	June 2014	Workgroup
Identify organizations and individuals that could incorporate health literacy activities into current services and activities.	October 2014	Workgroup
Identify local populations at higher risk for low health literacy.	January 2015	Workgroup
Work with local providers (i.e., adult learning centers) to implement activities to improve health literacy among patients and communication between healthcare providers and patients.	March 2015	Workgroup
Promote use of library programs (e.g., "Just for the Health of It" website).	Ongoing	Workgroup
Leverage the accessibility, infrastructure and social networks of public libraries to cross-share health information and resources.	Ongoing	Workgroup
Ensure sustainability of activities to improve health literacy among patients and communication between healthcare providers and patients.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 2:
To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties.

Objective 2.2
By December 2016, increase promotional and educational efforts of key support services necessary to access health care.

Strategy 2.2.1: Implement educational and promotional activities about existing health and wellness services in our diverse communities and develop mechanisms to link individuals with these services.
Source/Evidence Base: *National Public Health Standards, LPHS Performance Instrument, Version 2.10, Essential Public Health Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable.*

Performance Indicator(s)
Increase in number of programs offered and resources to educate people about accessing existing healthcare services.

ACTION PLAN

Activity	Target Date	Lead Organization
Invite representatives from education and wellness services to participate on the workgroup.	January 2014	Workgroup
Research best practices for conducting effective promotion and education of healthcare resources and services.	March 2014	Workgroup
Brainstorm a list of key educational resources for accessing health care (2-1-1 resource line, etc.)	June 2014	Workgroup
Make sure community resources are correct for 2-1-1 and other resources.	June 2014	Workgroup
Create a plan to distribute information about accessing health and wellness services at health fairs, resource fairs, health literacy workshops, libraries, schools, community centers, etc.	December 2014	Workgroup
Collaborate with NJ 2-1-1 and promote NJ 2-1-1 among clients.	Ongoing	Executive Leadership & Steering Committee
Start discussions of current promotion being done and how the workgroup can expand upon local promotional efforts.	Januayr 2015	Workgroup
Develop and implement social media tools/forums/mediums that promote health and wellness services.	June 2015	Executive Leadership & Steering Committee
Develop a list of culturally sensitive health education materials and identify gaps in available materials.	June 2015	Workgroup
Encourage and advocate for health provider to translate and distribute health education information/materials in major languages.	Ongoing	Workgroup
Outreach to faith-based and ethnic organizations.	Ongoing	Workgroup
Identify best practices for social marketing within the community.	December 2013	Workgroup
Identify multiple tools to address solutions to link individuals with health and wellness services.	December 2015	Workgroup
Identify funding to maintain and update current resources.	Ongoing	Executive Leadership & Steering Committee
Sustain ongoing activities which increase promotion of these resources.	Ongoing	Executive Leadership & Steering Committee

Goal 2:
To ensure that every person has access to health and wellness services that meet the culture and language needs of Middlesex and Somerset*counties.

Objective 2.2
By December 2016, increase promotional and educational efforts of key support services necessary to access health care.

Strategy 2.2.2: Implement activities to connect patients with medical homes (and the supportive services that they need).
Source/Evidence Base: *Peiks D, Genevro J, Scholler SH, primary care settings and patients. Publication No. 11-0029. Rockville, MD: Agency for Healthcare Research and Quality. February 2011.*

Performance Indicator(s)
Increase in number of patients who report having a medical home. (Will need to conduct local provider survey.)

ACTION PLAN

Activity	Target Date	Lead Organization
Ensure that representatives from the FQHCs, hospitals, and other providers are represented on the workgroup.	January 2014	Executive Leadership & Steering Committee
Understand and report on how healthcare reform and the affordable care act will affect medical homes.	March 2014	Executive Leadership
Work with newly formed organizations to assist people in enrolling in plans based on healthcare reform guidelines.	Ongoing	Outreach Workgroup
Research medical home interventions (connecting people with medical homes).	March 2014	Executive Leadership
Assess and estimate the number of people in Middlesex and Somerset*counties who do not have a medical home.	September 2014	Executive Leadership & Steering Committee
Determine current capacity of local medical providers to accept new patients who don't currently have a medical home.	September 2014	Executive Leadership & Steering Committee
Determine local barriers to establishing a medical home and populations most affected by lack of a medical home.	September 2014	Workgroup
Brainstorm and research solutions to those barriers.	January 2015	Workgroup
Work with the clinics on strategies to reduce barriers to connecting patients with a medical home.	June 2015	Workgroup
Work with FQHCs to explore reducing barriers to accessing the federally qualified health center.	December 2015	Workgroup
Create a plan for reducing barriers to medical homes and implementing strategies to connect people with medical homes who aren't already established.	March 2016	Workgroup
Implement the plan for reducing barriers to medical homes and implementing strategies to connect people with medical homes.	June 2016	Workgroup
Re-examine the allocation of funding for current mental health consumer resources such as PACT/ICMS.	December 2016	Workgroup
Reassess current exclusionary criteria for mental health, consumer access to treatment and case management/support services (group home, PACT services)	December 2016	Workgroup
Ensure sustainability of interventions to reduce barriers and connect people to medical homes.	Ongoing	Workgroup
Maintain and distribute master list of healthcare providers accepting new patients.	Ongoing	Executive Leadership

C. PRIORITY AREA 3. Healthy Behaviors

Support healthy behaviors and increase utilization of and access to preventive care.

Goal 3: **To build a community that promotes, supports, and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.**		
Objective 3.1: **By December 2016, increase the number of adults and children who meet or exceed physical activity guidelines for health by 5%.**		
Strategy 3.1.1: Increase access and enhance quality of existing programs that promote physical activity among youth. ***Source/Evidence Base:*** *Centers for Disease Control and Prevention Guide to Strategies for Increasing Physical Activity in the Community. Studies demonstrate that a broad range of effective physical activity promotion strategies appropriate for public health agencies and their partners that include: Community wide campaigns, Increased access, enhanced playgrounds and playground amenities are positively related to increasing physical activity among children and adolescents. (Sallis et al., Ridgers et al., 2007; Stratton & Mullan, 2005). Active Living Research: Promoting physical activity through shared use of school and community recreational resources. www.rwjf.org*		
Performance Indicator(s) Increase in number of youth who engage in physical activity for at least 60 minutes/day on 5 or more days/week. (YRBS) Decrease in number of overweight and obese elementary and middle school children as reported by the school nurses. Decrease in number of overweight and obese high school children. (school nurses/YRBS)		
ACTION PLAN		
Action Steps	**Target Date**	**Lead Organization**
Invite representatives from schools to participate on the workgroup.	January 2014	Executive Leadership & Steering Committee
Assess school base physical activity policies and programs and develop a plan for improvement as needed.	March 2014	Workgroup
Strengthen physical activity policies (implement policies that require schools to require a minimum of 150 minutes per week of PE in public elementary schools and a minimum of 225 minutes per week of PE in public middle and high schools throughout the school year).	September 2014	Workgroup
Address physical activity through a Coordinated School Health Program (CSHP) that includes (health education, physical education, health services, nutrition services, counseling, and psychological services, health promotion for staff, and parent involvement).	September 2014	Workgroup
Support schools in implementing quality evidence-based physical activity programs that assist students in achieving the national standards for K-12 physical education.	September 2014	Workgroup
Support schools in implementing or expanding Safe Routes to Schools.	September 2015	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 3:
To build a community that promotes, supports, and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.

Objective 3.1:
By December 2016, increase the number of adults and children who meet or exceed physical activity guidelines for health by 5%.

Strategy 3.1.2: Enhance the built environment in multiple settings (including worksites, places of worship, schools, parks, neighborhoods) to create opportunities for physical activity.
Source/Evidence Base: *Centers for Disease Control and Prevention Guide to Strategies for Increasing Physical Activity in the Community.*

Performance Indicator(s)
Increase in number of youth who engage in physical activity for at least 60 minutes/day on 5 or more days/week. (YRBS)
Increase in number of adults that engage in aerobic physical activity for 30 minutes/week most of the week. (BRFSS)
Decrease in number of overweight and obese adults. (BRFSS)

ACTION PLAN

Activity	Target Date	Lead Organization
Invite representatives from city government (Planning, Public Works, Parks and Recreation), transportation, land use, and community design to participate on the workgroup.	January 2014	Executive Leadership & Steering Committee
Evaluate the possibilities for enhancing current infrastructure supporting bicycling by creating bike lanes, shared-use paths, and routes on existing or new roads; providing bike racks in vicinity of commercial and other public space.	March 2014	Workgroups
Work with partners to implement improved bicycling infrastructure.	December 2014	Workgroups
Evaluate the possibilities of enhancing infrastructure that supports walking that include sidewalks, footpaths, walking trails, and pedestrian crossings including the implementation of Complete Streets policy.	December 2014	Workgroups
Work with partners to implement improved pedestrian infrastructure.	December 2015	Workgroups
Work with schools and local city and county partners to implement joint use agreements that allow the use of athletic facilities and outdoor recreational facilities by the public on a regular basis (school gyms, parks and green space, outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds).	June 2016	Workgroups
Support existing Shaping NJ Obesity Prevention Strategies and Mayor's Wellness Campaign and Municipal Alliance. • Provide safe/convenient opportunities for daily physical activity in all neighborhoods.	Ongoing	Workgroups
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 3:
To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.

Objective 3.2:
By December 2016, increase the number of adults and children who consume five or more servings of fruits and vegetables per day by 5%.

Strategy 3.2.1: Implement a wide variety of strategies that increase access to fruits and vegetables among children in the school setting.
Source/Evidence Base: *CDC Team Nutrition Program.*

Performance Indicator(s)
Increase in the number of adults and children who consume five or more servings of fruits and vegetables per day. (YRBS and BRFSS)
Increase in the number of childcare centers that have implemented nutrition policies.
Increase in number of new community gardens or farmers' markets implemented in the region. (local survey)

ACTION PLAN

Activity	Target Date	Lead Organization
Invite representatives from schools to participate on the workgroup.	March 2014	Executive Leadership & Steering Committee
Work with schools to assess school nutrition policies and programs and develop a plan for improvement.	March 2014	Workgroups
Work with schools and childcare centers to strengthen fruit and vegetable policies.	June 2014	Workgroups
Work with schools to implement a policy that requires all school districts to serve at least one serving of fresh fruits and vegetables at each meal served in the school cafeteria.	September 2014	Workgroups
Work with schools to implement high quality health promotion program for staff that focuses on nutrition and weight management (worksite wellness initiative).	September 2015	Workgroups
Provide healthy cooking curriculum in senior centers.	September 2015	Workgroups
Implement nutrition lectures through worksite wellness programs.	September 2015	Workgroups
Establish community gardens and or farmers markets in food deserts.	December 2015	Workgroups
Support existing Shaping NJ Obesity Prevention Strategies and Mayor's Wellness Campaign, Municipal Alliance, Food Banks. • Shaping NJ: Put fruits/vegetables and other healthy foods/beverages within easy reach for all residents in all neighborhoods.	Ongoing	Workgroups
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 3: **To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.**
Objective 3.3: **By December 2016, increase by 5% the number of people screened each year using age and gender appropriate preventive health screenings in high risk communities to identify those at risk for a wide range of preventable health conditions.**
Strategy 3.3.1: Organize and conduct health screening events that are well publicized and geographically widespread to ensure easy accessibility to community members. ***Source/Evidence Base:*** *http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm*
Performance Indicator(s) Increase number of individuals getting preventive health screenings at community health fairs. (Glucose, BMI, depression, BP, PSA, Breast Exam, Colon Exam, etc.). (BRFSS/local survey)
ACTION PLAN

Action Steps	Target Date	Lead Organization
Organize quarterly screening calendar with events sponsored by this partnership.	December 2014	Workgroup
Distribute screening calendar at health fairs and other health-related community events.	December 2014	Workgroup
Develop a referral sheet with the following: 1. Identifies concrete options for follow up care 2. Interprets each individual participant's screening results 3. Guides participant to appropriate printed information 4. Provides a postage-paid response card/stub to provide feedback on follow-up actions taken	July 2015	Workgroup
Advertise events and calendar via all communication channels.	Ongoing	Workgroup

Goal 3:
To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.

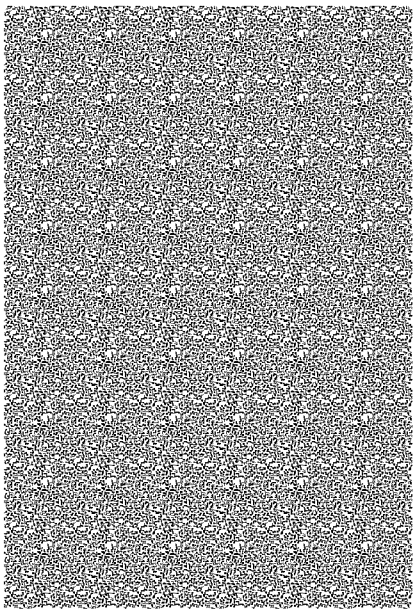
Objective 3.3:
By December 2016, increase by 5% the number of people screened each year using age and gender appropriate preventive health screenings in high risk communities to identify those at risk for a wide range of preventable health conditions.

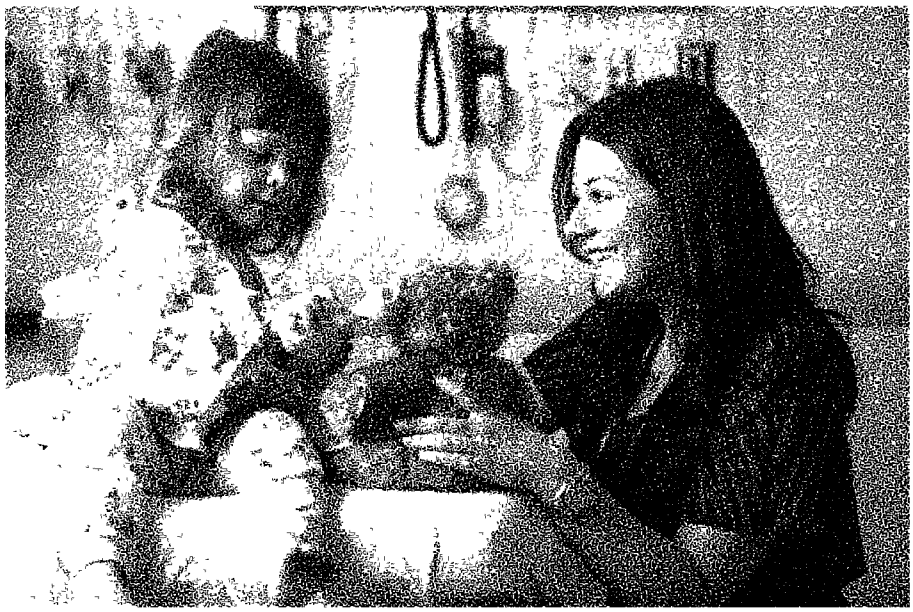
Strategy 3.3.2: Train/equip screeners with information/resources to refer upon diagnosis and to provide immediate/appropriate follow up.
Source/Evidence Base: *http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm*

Performance Indicator(s)
Increase in number of adequately trained screeners.

ACTION PLAN

Activity	Target Date	Lead Organization
Establish standard protocol for each screening and recommendations for referral and next steps.	January 2014	Workgroup
Coordinate the set of established protocols amongst community.	June 2014	Workgroup
Identify and standardize the list of written resources.	June 2014	Workgroup
Make the information linguistically/culturally appropriate.	September 2014	Workgroup
Insure that all materials are utilizing health literacy principles.	September 2014	Workgroup
Create a network of clinical partners available as referral sources.	December 2014	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup





Goal 3:
To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.

Objective 3.4:
By December 2016, decrease prescription drug use among youths and adults by 5%.

Strategy 3.4.1: Enhance or establish a community-wide comprehensive prescription drug abuse prevention program to decrease inappropriate use of prescription drugs.
Source/Evidence Base: *http://www.cadca.org/resources/detail/rx-abuse-prevention-toolkit*

Performance Indicator(s)
Decrease in the number of admissions for prescription drug overdose. (hospital discharge data)

ACTION PLAN

Activity	Target Date	Lead Organization
Invite representatives from key stakeholder groups (e.g., parents, law enforcement, pharmacies, and schools) groups to participate on the Workgroup to ensure coordination.	March2014	Workgroup
Partner with the National Council on Alcohol and Drug Dependence (NCADD) to increase the number of Medicine Drug Boxes in catchment area by 100%.	December 2014	Workgroup
Partner with NCADD to increase community awareness of the availability of drop box locations through distribution of educational material at outreach events (safe, anonymous, etc.), press releases, and social media.	December 2014	Workgroup
Provide prescription drug education regarding prescribing practices for physicians, dentist, and other healthcare providers.	December 2014	Workgroup
Provide community education about safe medicine disposal and storage.	December 2014	Workgroup
Provide training for parents/caregivers about the dangers of prescription medicine abuse.	December 2014	Workgroup
Advocate for policy change to increase use of Prescription Monitoring Program.	December 2015	Workgroup
Implement evidence-based prevention education programs in schools and outside of schools that teach critical personal and social skills that promote health and wellbeing among youths and help them avoid substance abuse (including prescription drug abuse).	March 2015	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 3:
To build a community that promotes, supports and fosters healthy behaviors and preventive care services across Middlesex and Somerset*counties.

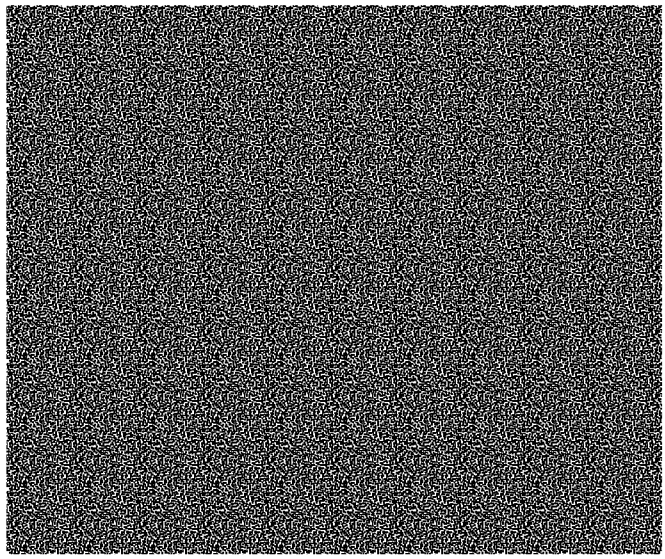
Objective 3.5
By December 2016, identify and implement two policy changes that have a positive impact on the community by encouraging/promoting healthy behaviors.

Strategy 3.5.1: Implement a comprehensive smoke-free park policy resulting in an increased number of smoke-free municipal parks in Middlesex and Somerset*counties.
Source/Evidence Base: *http://www.tobaccofreeparks.org/materials.html*

Performance Indicator(s)
Increase the number of towns with smoke-free policies covering buildings and grounds (parks) in Middlesex and Somerset*counties.

ACTION PLAN

Activity	Target Date	Lead Organization
Invite representatives from parks department and city government to participate in the workgroup.	January 2014	Executive Leadership
Learn about current policies and laws related to smoking outdoors.	January 2014	Workgroup
Review model policies.	March 2014	Workgroup
Assess potential barriers/challenges to implementing policy.	March 2014	Workgroup
Develop educational material to inform public and gain community support.	June 2014	Workgroup
Conduct survey to assess number of parks that will be impacted.	September 2014	Workgroup
Develop presentation to go before decision makers.	September 2014	Workgroup
Present policy request to decision makers.	January 2015	Executive Leadership
Celebrate successful implementation of smoke-free park policy.	To be determined	All



D. PRIORITY AREA 4. Disease Specific Issues with a Focus on Obesity, Diabetes and Mental Health

Goal 4:
To achieve physically and mentally healthy communities by addressing obesity, diabetes, and mental health in Middlesex and Somerset* counties. (Obesity prevention is addressed under Goal 3)

Objective 4.1 (Diabetes)
By December 2016, increase awareness of current diabetes guidelines (standards of care and evidence-based practices) to improve management of diabetes and associated complications.

Strategy 4.1.1: Implement education and training programs for healthcare providers, healthcare professionals (Certified Diabetes Educators) and persons with diabetes.
Source/Evidence Base: *http://patienteducation.stanford.edu/programs/diabeteseng.html*

Performance Indicator(s)
Delineation of educational needs of healthcare providers and professionals regarding diabetes management.
Increase in the number of evidence-based programs held and number and types of participants.
Improved diabetes self-care management among persons with diabetes.

ACTION PLAN

Action Steps	Target Date	Lead Organization
Identify the educational needs of healthcare providers, health care professionals and ancillary personnel.	January 2014	Executive Leadership
Implement health education and diabetes self-management programs for persons with diabetes to assure access to quality care.	June 2014	Workgroup
Identify, develop, implement, and promote evidence-based diabetes education programs.	June 2014	Workgroup
Identify best practices for increasing awareness for critical care issues related to diabetes.	September 2014	Workgroup
Increase referrals to diabetes self-management education.	January 2015	Workgroup
Promote disease management programs for diabetes control in multiple languages.	Ongoing	Workgroup
Work to increase utilization of self-management programs in community settings.	Ongoing	Workgroup

Strategy 4.1.2: Increase coordination of care resources for persons with diabetes.
Source/Evidence Base: *http://patienteducation.stanford.edu/programs/diabeteseng.html*

Performance Indicator(s)
Increased resources available in the community on coordination of care for persons with diabetes.

ACTION PLAN

Activity	Target Date	Lead Organization
Create a "Hub" – work with local health departments as centralized disseminators of a web-based system to cross-share health information and services (e.g., blogs, website, mass mail)	January 2014	Workgroup
Leverage the accessibility, infrastructure and social networks of public libraries to cross-share health information and resources.	March 2014	Workgroup
Identify satellite hubs consisting of inter-related community entities as sites for diabetes self-management.	June 2014	Workgroup
Create a tool for sharing evidence-based programs between providers.	September 2014	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership

Goal 4: **To achieve physically and mentally healthy communities by addressing obesity, diabetes, and mental health in Middlesex and Somerset* counties. (Obesity prevention is addressed under Goal 3)**
Objective 4.2 (Obesity) **By December 2016, increase awareness of current obesity guidelines (standards of care and evidence-based practices) to improve management of obesity and associated complications.**
Strategy 4.2.1: Implement education and training programs for healthcare providers, healthcare professionals and persons who are obese. ***Source/Evidence Base:*** *IOM Obesity Prevention, CDC Community Strategies*
Performance Indicator(s) Delineation of educational needs of healthcare providers and professionals regarding obesity management. Increase in the number of evidence-based programs held and number and types of participants.
ACTION PLAN

Action Steps	Target Date	Lead Organization
Identify the educational needs of healthcare providers, healthcare professionals and ancillary personnel.	January 2014	Executive Leadership
Implement health education and weight reduction programs for persons who are obese to assure access to quality care.	June 2014	Workgroup
Identify, develop, implement, and promote evidence-based weight loss education programs.	June 2014	Workgroup
Identify best practices for increasing awareness for critical care issues related to overweight and obesity.	June 2014	Workgroup
Increase referrals to weight loss programs.	January 2015	Workgroup
Promote weight loss programs in multiple languages.	March 2015	Workgroup
Develop training for allied health professionals on obesity screening, prevention, and referrals.	June 2015	Workgroup
Work to increase utilization of evidence-based weight loss programs in community settings.	Ongoing	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 4: **To achieve physically and mentally healthy communities by addressing obesity, diabetes, and mental health in Middlesex and Somerset*counties. (Obesity prevention is addressed under Goal 3)**		
Objective 4.3 (Obesity) **By December 2016, increase by 10% the number of worksites that offer a comprehensive worksite wellness program that offer obesity treatment.**		
Strategy 4.2.1: Increase the number of employers who offer benefits, coverage and/or incentives for obesity treatment. ***Source/Evidence Base:*** *IOM Obesity Prevention, CDC Community Strategies from Community Guide*		
Performance Indicator(s) Increase in the number of employers who offer benefits for obesity treatment.		
ACTION PLAN		
Action Steps	**Target Date**	**Lead Organization**
Invite representatives from local businesses to participate in the workgroup.	January 2014	Executive Leadership
Learn about evidence-based worksite wellness programs that include obesity treatment.	March 2014	Workgroup
Identify employers who are willing to offer benefits, coverage and/or incentives for obesity prevention and obesity treatment.	June 2014	Workgroup
Engage employers to promote/make visible and value obesity reduction.	September 2014	Workgroup
Increase employer-based referrals to weight loss programs.	January 2015	Workgroup
Promote weight loss programs in worksites (i.e., Weight Watchers).	January 2015	Workgroup
Work with employers to support utilization of evidence-based weight loss programs in community settings.	Ongoing	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

Goal 4:
To achieve physically and mentally healthy communities by addressing obesity, diabetes, and mental health in Middlesex and Somerset*counties. (Obesity prevention is addressed under goal 3)

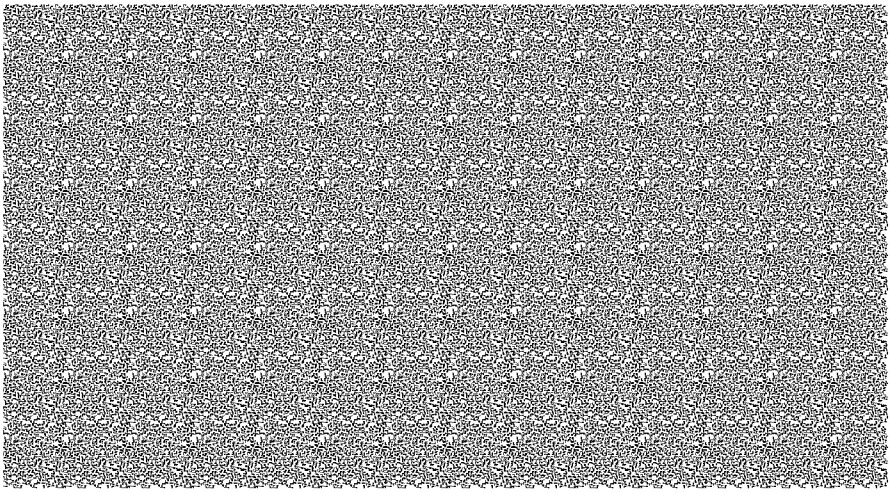
Objective 4.4 (Mental Health)
By December 2016, incorporate mental health services and education into primary care settings.

Strategy 4.4.1: Identify primary healthcare settings that are willing to develop their team with required skills and competencies to identify mental disorders; provide basic medication and psychosocial interventions; undertake crisis interventions; refer to specialists when appropriate; and provide education and support to patients and families.
Source/Evidence Base: *http://www.integration.samhsa.gov/integrated-care-models*

Performance Indicator(s)
Increase in the number of primary care providers aware of available mental health services.
Increase in the number of primary care providers that provide mental health screening and treatment services.
Increase in mental health screenings by primary care providers.

ACTION PLAN

Activity	Target Date	Lead Organization
Assess primary care providers and gather statistics on the current availability of mental health information and education.	January 2014	Workgroup
Provide education to primary care providers/medical homes on an ongoing basis to ensure that they are equipped to incorporate mental health services and screening into primary care setting.	June 2014	Workgroup
Help to develop for primary care providers/medical home referral processes for specialists to ensure continuity of care for the patient with mental health issues.	October 2014	Workgroup
Develop and provide educational materials for families needing support.	December 2014	Workgroup
Provide primary care providers/mental homes with current mental health resource information.	Ongoing	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup



Goal 4:
To achieve physically and mentally healthy communities by addressing obesity, diabetes and mental health in Middlesex and Somerset*counties. (Obesity prevention is addressed under goal 3)

Objective 4.5 (Mental Health)
By December 2016, increase the number of evidence-based educational programs in Middlesex and Somerset*counties that address prevention of mental illness and substance abuse along with treatment and recovery services.

Strategy 4.5.1:
Identify and disseminate existing evidence-based programs on mental health and substance abuse issues such as anxiety, substance abuse, addiction, depression, social isolation.
Source/Evidence Base: *http://www.samhsa.gov/ebpwebguide/*

Performance Indicator(s)
Increase in evidence-based educational programs in Middlesex and Somerset*counties that address prevention of mental illness and substance abuse.
Increase the number of community members participating in prevention programs.

ACTION PLAN

Activity	Target Date	Lead Organization
Research evidence-based mental health educational programs.	January 2014	Workgroup
Conduct an assessment to determine the current number of evidence-based educational programs in the region.	March 2014	Workgroup
Disseminate information about existing evidence-based programs to schools, primary care physicians, senior centers, health clinics, adult care facilities, and nonprofit organizations.	December 2014	Workgroup
Partner with schools, community-based organizations, employers, and faith-based organizations to implement new programs.	June 2015	Workgroup
Work with the media to promote those evidence-based programs that are available in the region.	December 2015	Workgroup
Ensure sustainability of intervention efforts.	Ongoing	Executive Leadership, Steering Committee & Workgroup

V. Next Steps

This report represents the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan. As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key partners in Middlesex and Somerset*counties.

VI. SUSTAINABILITY PLAN

The Saint Peter's University Hospital and Robert Wood Johnson University Hospital CHIP team, including the core agencies, CHIP workgroups, partners, stakeholders, and community residents, will continue finalizing the CHIP by refining the specific 3-year action steps, assign lead responsible parties, and identify resources for each priority area. An annual CHIP progress report will illustrate performance and will guide subsequent 3-year implementation planning.

The Executive Committee, consisting of representatives from each Community Health Partner, will provide executive oversight for the improvement plan, progress, and process. The Steering Committee continues to be a vital part of the partnership and will expand agency membership to match the scope of the CHIP's four priority areas. Additional workgroup meetings and participants will be identified once the 3-year action plan is finalized. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the CHIP. Regular communication through presentations, meetings and via hospital websites to community members and stakeholders will occur throughout the implementation. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.

Appendix A: Work Group Participants

Xenia Acquaye	Community Mission Manager, Eastern Division American Cancer Society, Inc.
Lexy Anderson	Senior Program Director, Wellness/Aquatics, YMCA of Woodbridge Community Center
Migdaliz Auciello	Outreach Specialist, WellCare Health Plans, Inc.
Harriet Black	Nurse Diabetes Educator, RWJUH Outpatient Diabetes Education Program
Ana Bonilla Martinez	Community Liaison, Sacred Heart Church
Janet Bowen	Director, Ambulatory Services, Saint Peter's Healthcare System
Heather Brown	Health Educator, Edison Township
Linda Brown	Health Educator
Donna Burke	Facilitator, Health Resources in Action
Bill Campbell	Director, Pastoral Care and Counseling, First Baptist Church of Lincoln Gardens
Debbie Charette	Director of Nursing, East Mountain Hospital
Carl Chase	Program Development Analyst, Department of Public Affairs, University of Medicine & Dentistry of New Jersey
Tabiri Chukunta	Executive Director, Community Outreach, Saint Peter's Healthcare System
Stan Cohen	Grant Writer, Saint Peter's Foundation
María Victoria Coll	Regional Director, Health Equity & Multicultural Initiatives, American Heart/Stroke Association, Founders Affiliate
Camilla Comer-Carruthers	Manager, Community Education, Robert Wood Johnson University Hospital
Carlos Cordero	Director, Social Services, RWJ Medical School/Eric B. Chandler Health Center
Cynthia Cox	Social Worker
Margaret Drozd	Director, Community Mobile Health Services, Saint Peter's University Hospital
Kiameesha Evans	Program Director, The Cancer Institute of New Jersey
Marcia Feldheim	Anshe Emeth Community Development Corporation
Siriade Filipe	St. John's Health & Family Service Center, Catholic Charities, Diocese of Metuchen
Stephanie Fitzsimmons	Nursing Manager, Adult Communities in Monroe Township, Saint Peter's University Hospital
Adrienne Garber	Nurse, Lead Program, Middlesex County Office of Human Services
Debee Gash	Nurse Director, Middlesex County Office of Public Health
Keisha Griffin	Community Connections Coordinator, YMCA Diabetes Prevention Program, YMCA of Metuchen, Edison, Woodbridge, and South Amboy
Tara Gunthner	Supervisor, Community Mobile Health Services, Saint Peter's University Hospital
Sana Hashim	YDPP-Lifestyle Coach, YMCA of Metuchen, Edison, Woodbridge, and South Amboy
Jennifer Herriott	Facilitator, Health Resources in Action
Elaine Hewins	Coordinator, Domestic Violence Prevention Program, RWJUH CHPP
Kathleen Iannuzzo	Staff Nurse, Community Mobile Health Services, Saint Peter's University Hospital
Eric Jahn, MD	Senior Associate Dean for Community Health – Rutgers Robert Wood Johnson Medical School
Jay Jimenez	Vice President, Government Affairs, Saint Peter's Healthcare System
Nisha Joshi	Office of Minority Health, New Jersey Department of Health
Bridget Kennedy	Director, Middlesex County Office of Human Services
Matthew Kielczewski	Student Intern, Community Mobile Health Services, Saint Peter's University Hospital
Mary Anne Kokidis	Amerigroup
Jennifer Kurdyla	Health Educator, County of Middlesex Office of Health Services
Yoojin Lee	Facilitator, Health Resources in Action
Karen Lin	Program Director, RWJMS - Family Medicine Residency
Nancy MacKay	Public Health Nurse Administrator, South Brunswick Health Department
Jacqueline McDonald	Community Member

Mariam Merced	Director, RWJUH Community Health Promotion Program
Nicole Michel	YDPP-Lifestyle Coach, YMCA of Metuchen, Edison, Woodbridge, and South Amboy
Yvette Molina	Social Worker, Elijah's Promise
Cimaris Moronta	Student Intern, Community Mobile Health Services, Saint Peter's University Hospital
Stephen Papenberg	Health Officer, South Brunswick Township
Karen Parry	Manager of Information Services, East Brunswick Public Library
Devangi Patel	New Jersey Outreach Representative, New Jersey Paternity Opportunity Program
Radha Patel	Student Intern at RWJUH, BTG Internship Program
Maria Pellerano	Instructor, Family Medicine and Community Health – Rutgers Robert Wood Johnson Medical School
Bonnie Petrauskas	Johnson and Johnson
Tyesha Pichardo	Horizon NJ Health
Preethi Raghava	Student Intern at RWJUH, BTG Internship Program
Daniel Reilley	Health Specialist, Community Mobile Health Services, Saint Peter's University Hospital
Sarah Reilly	Director, St. John's Health & Family Service Center, Catholic Charities, Diocese of Metuchen
Samira Ruiz	Clerk/Administrative Assistant, Community Mobile Health Services, Saint Peter's University Hospital
Michéle Samarya-Timm	Health Educator/Registered Environmental Health Specialist, Somerset County Department of Health
Sudha Sharma	Program Management Officer, Office of Commissioner
Diana Starace	Coordinator, RWJ Injury Prevention Program
Heather Steel	Public Relations Manager, Carrier Clinic
Linda Surks	Coordinator, Coalition for Healthy Communities, NCADD
Margo Tarasov	Director of Clinical Social Services, Carrier Clinic
Anna Trautwein	Practice Administrator, Women's Ambulatory Care Services, Saint Peter's University Hospital
Jag Vasudev	New Americans/United Way
Emilia Volyand	YDPP-Lifestyle Coach, YMCA of Metuchen, Edison, Woodbridge, and South Amboy
Patricia Zito	YDPP-Lifestyle Coach, YMCA of Metuchen, Edison, Woodbridge, and South Amboy

- American Heart/Stroke Association, Founders Affiliate
- Amerigroup
- Anshe Emeth Community Development Corporation
- BTG Internship Program - RWJUH
- Carrier Clinic
- Catholic Charities, Diocese of Metuchen
- Center for Great Expectations
- Center for State Health Policy, Rutgers University
- Central Jersey Community Development Corporation
- County of Middlesex Office of Health Services
- East Brunswick Public Library
- East Mountain Hospital
- Eastern Division | American Cancer Society, Inc.
- Edison Township Health Department
- Elijah's Promise
- Horizon New Jersey Health
- Johnson and Johnson
- Middlesex County Health Department
- Middlesex County Office of Human Services
- NCADD
- New Americans/United Way
- New Brunswick Tomorrow
- New Jersey Paternity Opportunity Program
- New Jersey Department of Health
- Office of the Commissioner
- Puerto Rican Action Board
- Robert Wood Johnson Injury Prevention Program
- Robert Wood Johnson Medical School-Eric B. Chandler Health Center
- Robert Wood Johnson University Hospital
- Robert Wood Johnson University Hospital Community Health Promotion Program
- Robert Wood Johnson University Hospital Outpatient Diabetes Education Program
- Sacred Heart Church
- Saint Peter's Foundation
- Saint Peter's Healthcare System
- Saint Peter's University Hospital
- Saint Peter's University Hospital Community Mobile Health Services
- Saint Peter's Community Outreach Department
- Somerset County Department of Health
- South Brunswick Health Department
- South Brunswick Township
- The Cancer Institute of New Jersey
- University of Medicine & Dentistry of New Jersey
- WellCare Health Plans, Inc.
- YMCA at Woodbridge Community Center
- YMCA DPP / Edison Health Department
- YMCA of Metuchen, Edison, Woodbridge, and South Amboy