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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.**A** For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☒ Amended return ☐ Application pending	C Name of organization SAINT PETER'S UNIVERSITY HOSPITAL		D Employer identification number 22-1487330
	Doing business as		E Telephone number (732) 745-8600
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	254 EASTON AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code NEW BRUNSWICK, NJ 08901		G Gross receipts \$ 411,802,643.
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)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) 4947(a)(1) or 527		H(c) Group exemption number ▶ 0928	
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES.			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,359.	
	6 Total number of volunteers (estimate if necessary)	6	602.	
Revenue	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	0	
			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		5,000,022.	6,931,011.
	9 Program service revenue (Part VIII, line 2g)		383,725,295.	392,352,059.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,689,698.	7,559,889.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,688,019.	3,155,094.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		403,103,034.	409,998,053.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		122,255.	64,093.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		241,984,051.	236,460,226.
	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)		163,710,875.	165,112,653.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		405,817,181.	401,636,972.
	19 Revenue less expenses Subtract line 18 from line 12		-2,714,147.	8,361,081.
			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		379,552,679.	408,625,502.
	21 Total liabilities (Part X, line 26)		309,808,335.	386,859,384.
	22 Net assets or fund balances Subtract line 21 from line 20		69,744,344.	21,766,118.

Part II Signature Block

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

Sign Here	Signature of officer 		Date 02-12-2016		
	Type or print name and title Garrick J. Stoldt Chief Financial Officer				
Paid Preparer Use Only	Print/Type preparer's name ANTHONY J PANICO	Preparer's signature 	Date 2/12/2016	Check ☐ if self-employed	PTIN P00365556
	Firm's name ▶ WITHUMSMITH+BROWN, PC			Firm's EIN ▶ 22-2027092	
	Firm's address ▶ 465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497			Phone no 973-898-9494	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
ATTACHMENT 1

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**
 If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 63,423,391. including grants of \$ 0) (Revenue \$ 45,909,866.)
 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 ENCOUNTERED 5,104
 GENERAL MEDICINE CASES DURING 2014 RESULTING IN 22,019 PATIENT
 DAYS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY
 BENEFIT STATEMENT.

4b (Code:) (Expenses \$ 31,920,290. including grants of \$ 0) (Revenue \$ 22,757,832.)
 EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY SURGICAL
 PROCEDURES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
 REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION
 OR ABILITY TO PAY. THE ORGANIZATION PERFORMED 1,291 SURGICAL
 PROCEDURES DURING 2014 RESULTING IN 7,712 PATIENT DAYS. PLEASE
 REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT
 STATEMENT.

4c (Code:) (Expenses \$ 28,736,222. including grants of \$ 0) (Revenue \$ 35,985,767.)
 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 1,682 NEONATOLOGY
 PATIENTS DURING 2014 RESULTING IN 16,470 PATIENT DAYS. PLEASE
 REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT
 STATEMENT.

4d Other program services (Describe in Schedule O)
 (Expenses \$ 237,399,779. including grants of \$ 0) (Revenue \$ 287,698,594.)

4e Total program service expenses **▶** 361,479,682.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, 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	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
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 X	

Form **990** (2014)

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 300		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 3,359		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" 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	X	
b If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring 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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response on lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (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			
(1) DONALD M. DANIELS CHAIRMAN - TRUSTEE	1.00 0	X		X				0	0	0
(2) VINCENT J. DICKS VICE CHAIRMAN - TRUSTEE	1.00 0	X		X				0	0	0
(3) JUDITH T. CARUSO TRUSTEE	1.00 0	X						0	0	0
(4) MICHAEL P. COYLE JR., M.D. TRUSTEE	1.00 0	X						0	0	0
(5) REVEREND MONSIGNOR JOHN FELL TRUSTEE	1.00 0	X						0	0	0
(6) ALFRED G. GABURO, JR. TRUSTEE	1.00 0	X						0	0	0
(7) HONORABLE FRANK GAMBATESE TRUSTEE	1.00 0	X						0	0	0
(8) KAREN LICITRA TRUSTEE	1.00 0	X						0	0	0
(9) VAUGHN MCKOY, J.D. TRUSTEE	1.00 0	X						0	0	0
(10) KEVIN NINI, M.D. TRUSTEE	1.00 0	X						0	0	0
(11) CAROL A. PURCELL TRUSTEE	1.00 0	X						0	0	0
(12) RONALD C. RAK, J.D. TRUSTEE - PRESIDENT/CEO	55.00 0	X		X				0	960,294.	37,388.
(13) NIRANJAN V. RAO, M.D. TRUSTEE	1.00 0	X						0	0	0
(14) TIM SCHMIDT TRUSTEE	1.00 0	X						0	0	0

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			
15) DINESH SINGAL, M.D. TRUSTEE	55.00 0	X						146,150.	166,833.	0
16) STEFANIE R. MCNAMARA, ESQ. SECRETARY - GENERAL COUNSEL	55.00 0			X				0	301,652.	39,579.
17) GARRICK J. STOLDT, FHFMA, CPA TREASURER - CFO	55.00 0			X				0	323,749.	60,865.
18) KENNETH SABLE, M.D. EVP/COO	55.00 0			X				0	566,572.	44,748.
19) PETER CONNOLLY EVP; CHIEF MARKETING OFFICER	55.00 0			X				0	514,253.	49,215.
20) STEVEN S. RADIN, ESQ. EVP; LEGAL AFF&PRES/CEO SPHMSC	55.00 0			X				0	422,216.	31,065.
21) FRANK J. DISANZO CHIEF INFORMATION OFFICER	55.00 0			X				0	513,324.	35,741.
22) ANTHONY J. PASSANNANTE, M.D. CHIEF MEDICAL OFFICER	55.00 0			X				0	440,058.	38,630.
23) ELIOT N. HELLER, M.D. CHIEF MED INFORMATION OFFICER	55.00 0			X				0	326,239.	1,365.
24) ELIZABETH WYKPISZ, RN MSN MBA CNO/VP; PATIENT CARE SERVICES	55.00 0			X				289,479.	0	22,707.
25) WILLIAM J. REARS CHIEF TECHNOLOGY OFFICER	55.00 0			X				0	189,568.	47,578.
1b Sub-total								0	960,294.	37,388.
c Total from continuation sheets to Part VII, Section A								5,835,015.	5,614,806.	844,856.
d Total (add lines 1b and 1c)								5,835,015.	6,575,100.	882,244.

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 **351**

- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **53**

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			
26) BARBARA J. WELSH CHIEF COMPLIANCE OFFICER	55.00 0			X				0	158,388.	32,747.
27) SUSAN M. BALLESTERO VP; CHIEF HR OFFICER	55.00 0			X				0	325,324.	42,603.
28) ROBERT J. MULCAHY VP; FACILITY SAFETY	55.00 0			X				0	265,845.	26,251.
29) JOSE A. JIMENEZ, JR. VP; GOVERNMENTAL AFFAIRS	55.00 0			X				0	253,444.	44,716.
30) DAVID OVIEDO VP; SUPPLY CHAIN MANAGEMENT	55.00 0			X				0	201,718.	28,852.
31) EDWIN R. GUZMAN CHAIRMAN OB/GYN	55.00 0				X			717,165.	0	34,863.
32) JAMES E. GERVASONI, JR., M.D. CHAIRMAN SURGERY	55.00 0				X			144,155.	377,609.	49,689.
33) DEBRA-LYNN E. DAY-SALVATORE, M.D. CHAIR GENETICS & GENOMIC MED	55.00 0				X			470,901.	0	18,969.
34) BIPIN N. PATEL, M.D. CHAIRMAN PEDIATRICS	55.00 0				X			461,778.	0	20,516.
35) NAYAN K. KOTHARI, M.D. CHAIRMAN MEDICINE	55.00 0				X			436,521.	0	21,831.
36) JOHN G. GALLUCCI, M.D. PHYSICIAN	55.00 0					X		621,046.	0	31,827.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **351**

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

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

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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

☒ X

			(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	4,465,125.		
	e	Government grants (contributions)	1e	2,465,886.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		6,931,011.		
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 541900	381,904,553.	381,904,553.	
	b	OTHER HEALTHCARE RELATED REVENUE	541900	10,447,506.	10,447,506.	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		392,352,059.		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		7,497,811.	
4		Income from investment of tax-exempt bond proceeds		62,078.		62,078.
5		Royalties		0		
		(i) Real	(ii) Personal			
6a		Gross rents	1,849,446.			
b		Less rental expenses	1,804,590.			
c		Rental income or (loss)	44,856.			
d		Net rental income or (loss)		44,856.		44,856.
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)		0		
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events		0		
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue			Business Code			
11a	CAFETERIA/RESTAURANT	900099	1,859,314.		1,859,314.	
b	PARKING REVENUE	812930	873,492.		873,492.	
c	GIFT SHOP	453220	218,957.		218,957.	
d	All other revenue	623990	158,475.		158,475.	
e	Total. Add lines 11a-11d		3,110,238.			
12	Total revenue. See instructions		409,998,053.	392,352,059.	10,714,983.	

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

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	64,093.	64,093.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,236,066.	2,912,459.	323,607.	
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	188,974,149.	170,076,734.	18,897,415.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,583,261.	7,724,935.	858,326.	
9 Other employee benefits	21,460,678.	19,314,610.	2,146,068.	
10 Payroll taxes	14,206,072.	12,785,465.	1,420,607.	
11 Fees for services (non-employees)				
a Management	2,512,599.	2,261,339.	251,260.	
b Legal	1,730,786.	1,557,707.	173,079.	
c Accounting	358,882.	322,994.	35,888.	
d Lobbying	280,944.	252,850.	28,094.	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,134,487.	11,821,038.	1,313,449.	
12 Advertising and promotion	2,723,818.	2,451,436.	272,382.	
13 Office expenses	10,056,986.	9,051,287.	1,005,699.	
14 Information technology	95,177.	85,659.	9,518.	
15 Royalties	0			
16 Occupancy	6,398,128.	5,758,315.	639,813.	
17 Travel	617,805.	556,024.	61,781.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	60,799.	54,719.	6,080.	
20 Interest	9,334,743.	8,401,269.	933,474.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,107,107.	18,996,396.	2,110,711.	
23 Insurance	4,889,037.	4,400,133.	488,904.	
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	45,430,710.	40,887,639.	4,543,071.	
b CONTRACTED SERVICES	14,839,894.	13,355,905.	1,483,989.	
c REPAIRS & MAINTENANCE	12,666,141.	11,399,527.	1,266,614.	
d STATE ASSESSMENT	2,545,392.	2,290,853.	254,539.	
e All other expenses	16,329,218.	14,696,296.	1,632,922.	
25 Total functional expenses. Add lines 1 through 24e	401,636,972.	361,479,682.	40,157,290.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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	8,000.	1	8,000.
	2 Savings and temporary cash investments	452,657.	2	10,522,735.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	46,203,815.	4	56,573,512.
	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	5,492,768.	8	5,477,443.
	9 Prepaid expenses and deferred charges	2,435,223.	9	2,583,169.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 527,847,449.		
	b Less accumulated depreciation.	10b 343,967,340.		
		182,694,835.	10c	183,880,109.
	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.	106,905,663.	13	99,722,021.
	14 Intangible assets	2,575,357.	14	2,372,660.
15 Other assets. See Part IV, line 11.	32,784,361.	15	47,485,853.	
16 Total assets. Add lines 1 through 15 (must equal line 34).	379,552,679.	16	408,625,502.	
Liabilities	17 Accounts payable and accrued expenses	44,018,434.	17	51,762,273.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	168,677,850.	20	167,331,346.
	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.	97,112,051.	25	167,765,765.
	26 Total liabilities. Add lines 17 through 25.	309,808,335.	26	386,859,384.
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	59,179,344.	27	12,468,118.
	28 Temporarily restricted net assets	10,465,000.	28	9,198,000.
	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	69,744,344.	33	21,766,118.
	34 Total liabilities and net assets/fund balances.	379,552,679.	34	408,625,502.

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck 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	409,998,053.
2	Total expenses (must equal Part IX, column (A), line 25)	2	401,636,972.
3	Revenue less expenses Subtract line 2 from line 1	3	8,361,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,744,344.
5	Net unrealized gains (losses) on investments	5	2,449,345.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-58,788,652.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,766,118.

Part XII Financial Statements and ReportingCheck 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? 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	2a	X
b Were the organization's financial statements audited by an independent accountant? 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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		☐
b 10%-facts-and-circumstances test - 2013. 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 VI 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		☐

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	☐	The organization satisfied the Activities Test. Complete line 2 below.
b	☐	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	☐	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015 Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

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)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		280,944.	280,944.
c Total lobbying expenditures (add lines 1a and 1b)		280,944.	280,944.
d Other exempt purpose expenditures		403,160,618.	478,807,056.
e Total exempt purpose expenditures (add lines 1c and 1d)		403,441,562.	479,088,000.
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-		0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	386,071.	285,819.	279,201.	280,944.	1,232,035.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A; LINE 1B

THE STATE OF NEW JERSEY LI-L, ANNUAL REPORT OF REPRESENTED ENTITY, FILED BY SAINT PETER'S UNIVERSITY HOSPITAL, REFLECTS THE FOLLOWING LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES:

THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM A TOTAL OF \$60,000 DURING 2014 TO PERFORM LOBBYING ACTIVITIES ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES.

THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, CATHOLIC HEALTH ASSOCIATION, CATHOLIC HEALTHCARE PARTNERSHIP OF NEW JERSEY, NEW JERSEY COUNCIL OF TEACHING HOSPITALS, NEW JERSEY HOSPITAL ASSOCIATION AND WOMEN'S HOSPITAL (C-WISH) WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER ORGANIZATIONS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES. THIS ALLOCATION AMOUNTED TO \$61,292 IN 2014.

A PERCENTAGE OF THE 2014 TOTAL COMPENSATION OF THE VICE PRESIDENT; GOVERNMENTAL AFFAIRS AND ASSOCIATED SUPPORT PERSONNEL HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES. THESE ALLOCATIONS AMOUNTED TO \$122,823 AND \$34,758; RESPECTIVELY, IN 2014.

Part IV Supplemental Information *(continued)*

IN ADDITION A PORTION OF THE VICE PRESIDENT; GOVERNMENT AFFAIRS TRAVEL
AND LODGING EXPENSES HAS BEEN ALLOCATED TOWARD LOBBYING ACITIVITIES
PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS
AFFILIATES. THIS ALLOCATION AMOUNTED TO \$2,071 IN 2014.

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.

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3 Aggregate value of 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 a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

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

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

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

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

9 In Part 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ► \$ _____

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

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

Schedule D (Form 990) 2014

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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,565,000.	9,910,000.	7,935,000.	10,173,000.	10,054,000.
b Contributions	232,000.	92,000.	469,000.	28,000.	206,000.
c Net investment earnings, gains, and losses	-1,313,000.	616,000.	1,727,000.	-1,210,000.	283,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	186,000.	53,000.	221,000.	1,056,000.	370,000.
f Administrative expenses					
g End of year balance	9,298,000.	10,565,000.	9,910,000.	7,935,000.	10,173,000.

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 ☐ 1.0800 %

c Temporarily restricted endowment ☐ 98.9200 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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		287,554,949.	162,104,617.	125,450,332.
c Leasehold improvements		5,172,781.	4,689,140.	483,641.
d Equipment		225,471,305.	176,424,724.	49,046,581.
e Other		4,492,360.	748,859.	3,743,501.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				183,880,109.

Schedule D (Form 990) 2014

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		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
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	939,684.	FMV
(2) MORTGAGE AND ASSET-BACKED		
(3) SECURITIES; LIMITED USE	90,284,537.	FMV
(4) BENEFICIAL INTEREST IN		
(5) ST. PETER'S FOUNDATION; A		
(6) RELATED INTERNAL REVENUE		
(7) CODE SECTION 501(C)(3)		
(8) TAX-EXEMPT ORGANIZATION	8,497,800.	FMV
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►		

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	4,573,087.
(2) ESTIMATED THIRD-PARTY	
(3) PAYOR SETTLEMENTS	6,304,114.
(4) MALPRACTICE INSURANCE RECOVERY	
(5) RECEIVABLE	16,671,514.
(6) DUE FROM RELATED PARTIES	19,937,138.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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
(1) Federal income taxes	
(2) ACCRUED INTEREST	4,474,925.
(3) ACCRUED PENSION LIABILITY	112,548,076.
(4) ACCRUED MEDICAL MALPRACTICE	1,888,943.
(5) DUE TO RELATED PARTIES	22,431,491.
(6) OTHER LIABILITIES	8,866,818.
(7) MALPRACTICE INSURANCE PAYABLE	10,771,512.
(8) ESTIMATED THIRD-PARTY PAYOR	
(9) SETTLEMENTS	6,784,000.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

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 (losses) 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.

SCHEDULE D, PART V

TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS ARE USED TO SUPPORT THE

CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS

AFFILIATES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

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" on Form 990, Part IV, line 14b

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		1.	PROGRAM SERVICES	FINANCIAL VEHICLE	5,038,455.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		13,428,097.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.		1.			18,466,552.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1.			18,466,552.

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

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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)			CENT. AMERICA/CARIBBEAN	HLTH CENTERS	64,093.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. 1.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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)							

Schedule F (Form 990) 2014

Part IV Foreign Forms

- 1 Was the organization a US 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 US 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 US Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) ☐ 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 US 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 US 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, do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2014

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

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

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	X	
b If "Yes," was it a written policy?	X	
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	X	
☐ 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	X	
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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 eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			18,443,524.	6,203,995.	12,239,529.	3.05
b Medicaid (from Worksheet 3, column a)			31,894,609.	22,150,057.	9,744,552.	2.43
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			50,338,133.	28,354,052.	21,984,081.	5.48
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,259,283.	1,328,135.	1,931,148.	.48
f Health professions education (from Worksheet 5)			13,560,416.	6,821,820.	6,738,596.	1.68
g Subsidized health services (from Worksheet 6)			7,444,528.	4,651,618.	2,792,910.	.70
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			72,366.		72,366.	.02
j Total. Other Benefits			24,336,593.	12,801,573.	11,535,020.	2.88
k Total. Add lines 7d and 7j.			74,674,726.	41,155,625.	33,519,101.	8.36

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

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

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 X	
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 11,485,547.	
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 81,526,351.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6 84,741,148.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -3,214,797.	
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 X	
9b	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 X	

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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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
1 SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK NJ 08901 WWW.SAINTPETERSHCS.COM 11205	X	X	X	X			X			1
2 SAINT PETER'S ADULT DAY CARE CENTER 200 OVERLOOK DRIVE, PONDVIEW PLAZA MONROE TOWNSHIP NJ 08831 WWW.SAINTPETERSHCS.COM 83001									ADULT DAY HEALTH SERVICES	1
3										
4										
5										
6										
7										
8										
9										
10										

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 letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-2**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 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 12	X	
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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA. 20 <u>13</u>		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a ☒ Hospital facility's website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url)		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, 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 (FAP)**Name of hospital facility or letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

- Did the hospital facility have in place during the tax year a written financial assistance policy that
- 13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:
- a** ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %
- b** ☐ Income level other than FPG (describe in Section C)
- c** ☐ Asset level
- d** ☐ Medical indigency
- e** ☐ Insurance status
- f** ☐ Underinsurance status
- g** ☐ Residency
- h** ☒ Other (describe in Section C)
- 14** Explained the basis for calculating amounts charged to patients?
- 15** Explained the method for applying for financial assistance?
- If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)
- a** ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b** ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** ☐ Other (describe in Section C)
- 16** Included measures to publicize the policy within the community served by the hospital facility?
- If "Yes," indicate how the hospital facility publicized the policy (check all that apply)
- a** ☒ The FAP was widely available on a website (list url) WWW.SAINTPETERSHCS.COM
- b** ☐ The FAP application form was widely available on a website (list url) _____
- c** ☐ A plain language summary of the FAP was widely available on a website (list url) _____
- d** ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
- h** ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** ☐ Other (describe in Section C)

Billing and Collections

- 17** 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 all of the actions the hospital facility or other authorized party may take upon non-payment?
- 18** 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(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☐ Actions that require a legal or judicial process
- d** ☐ Other similar actions (describe in Section C)
- e** ☒ None of these actions or other similar actions were permitted

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

		Yes	No
19	Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged		X
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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)		
f	☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

22	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 Section C)		
23	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? If "Yes," explain in Section C		X
24	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? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2014

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

SCHEDULE H, PART V; SECTION B, QUESTIONS 3J & 7

NOT APPLICABLE.

SCHEDULE H, PART V; SECTION B, QUESTIONS 5, 6A, 6B & 11

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 - WORKGROUP 1

- COORDINATION AND COMMUNICATION AMONG COMMUNITY HEALTH PARTNERS.

- CREATED THE COMMUNITY HEALTH CONSORTIUM FOR CENTRAL JERSEY (CHCCJ).

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STEERING COMMITTEE (SC) MEETS QUARTERLY TO REVIEW ALL CHIP ACTIVITIES AND MAKE RECOMMENDATIONS FOR FUTURE WORK.
- HIRED A COORDINATOR FOR THE COMMUNITY HEALTH CONSORTIUM FOR CENTRAL JERSEY.
- SC CREATED DATABASE OF EXISTING PROGRAMS AND PROJECTS THAT ALIGN WITH THE VARIOUS PRIORITY AREAS IDENTIFIED IN THE CHIP. CURRENTLY WORKING ON CULLING OUT SPECIFIC INFORMATION/DATA REGARDING THESE PROGRAMS AND PROJECTS.
- SC IDENTIFIED WORKGROUP STRUCTURE AND LEADS FOR EACH PRIORITY AREA SUB-TOPIC.
- INITIAL DISCUSSIONS AND PROPOSALS FOR A CHCCJ WEBSITE WERE REVIEWED AND A PROJECT OUTLINE AND BUDGET ARE BEING CREATED, WORKING WITH RUTGERS UNIVERSITY TO DESIGN LOGO FOR MARKETING PURPOSES.
- SC IDENTIFIED NUTRITION, SMOKE-FREE, AND COMPLETE STREETS AS AREAS OF FOCUS.
- SAINT PETER'S UNIVERSITY HOSPITAL PASSED A SMOKE-FREE POLICY AND THEIR CAMPUSES WENT SMOKE-FREE NOVEMBER 20, 2014.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

PRIORITY AREA 2 - WORKGROUP 2

- ACCESS TO CARE AND HEALTH INFORMATION.

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, DELIVERY SYSTEM REFORM INCENTIVE PROGRAM (DSRIP), FOCUSES ON CARE TRANSITIONS INTERVENTIONS MODEL TO REDUCE 30-DAY READMISSIONS FOR CHRONIC CARDIAC CONDITIONS. THE DISCHARGE CLINIC SERVES AS A BRIDGE BETWEEN THE HOSPITAL AND THE PHYSICIANS TO MAKE SURE PATIENTS RECEIVE CARE IN THE INTERIM.

- OFFERING SERVICES AND INFORMATION SESSIONS TO CONNECT INDIVIDUALS TO INSURANCE COVERAGE AND MEDICAL HOMES.

- WORKING WITH RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL, ERIC B. CHANDLER HEALTH CENTER, AND FAMILY MEDICINE AT MONUMENT SQUARE ON THE AFFILIATED ACCOUNTABLE CARE ORGANIZATIONS AND CAMDEN COALITIONS OF HEALTHCARE PROVIDERS' HOTSPOTTING PROJECT.

- HOSPITAL TOURS.

- DOMESTIC VIOLENCE AND THE ROLE OF THE HEALTHCARE PROVIDER TRAININGS: 355 PARTICIPANTS.

- MEDICAL INTERPRETER PROJECT: 30 INDIVIDUALS FROM SAINT PETER'S

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

UNIVERSITY HOSPITAL AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL.

- JUST FOR THE HEALTH OF IT- EAST BRUNSWICK PUBLIC LIBRARY PROJECT: 810

PARTICIPANTS AT RWJ FITNESS AND WELLNESS CENTER IN NEW BRUNSWICK AND RWJ

FITNESS CENTER IN OLD BRIDGE.

PRIORITY AREA 3 - WORKGROUP 3

- HEALTHY BEHAVIORS.

- PARTNERING WITH -KEEP MIDDLESEX MOVING, SAFE ROUTES TO SCHOOL,

RIDEWISE, PARTNERSHIP FOR HEALTHY KIDS, AND MAYOR'S COUNCIL ON WELLNESS.

- CICLOVIA ATTRACTED OVER 4,000 ATTENDEES WHO AVERAGED BETWEEN 30-60

MINUTES OF PHYSICAL ACTIVITY.

- PROMOTING PHYSICAL ACTIVITY INITIATIVES SUCH AS FUN IN THE PARK AND

PROJECT INSPIRE.

- PROMOTING FRUIT AND VEGETABLE CONSUMPTION THROUGH THE NEW BRUNSWICK

FOOD ALLIANCE.

- PRESENTED TO CENTRAL/NORTHEAST NEW JERSEY SNAP-ED (SUPPLEMENTAL

NUTRITION ASSISTANCE PROGRAM EDUCATION) ON OCTOBER 15, 2014 SOLICITING

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility

SUPPORT FOR NUTRITION EFFORTS IN MIDDLESEX COUNTY.

- WORKING WITH NJ DEPARTMENT OF HEALTH TO DISTRIBUTE WORKSITE WELLNESS TOOLKIT.

- PARTNERED WITH RUTGERS, DIVISION OF ADDICTION PSYCHIATRY. TARGETING EFFORTS ON:

EDISON: SMOKE-FREE POLICY DRAFT CURRENTLY UNDER REVIEW BY TOWNSHIP ATTORNEY;

METUCHEN: SMOKE-FREE ORDINANCE PASSED 12/1/2014; AND

FRANKLIN : ORDINANCE HAS BEEN WRITTEN, NEXT STEP WILL TO BE PLACED ON A COUNCIL AGENDA.

- INCREASED NUMBER OF MEDICINE DROP BOXES FROM 4 TO 11 IN MIDDLESEX COUNTY. CURRENTLY WORKING WITH NEW BRUNSWICK PD TO IMPLEMENT A 12TH BOX.

- CREATED MARKETING MATERIALS THAT ARE DISTRIBUTED TO EVERY SCHOOL PRINCIPAL IN MIDDLESEX COUNTY DISCUSSING PRESCRIPTION DRUG MISUSE AND ABUSE.

- EXPANDED RUTGERS UNIVERSITY, RU @ RISK, SCREENING PROGRAM TO SAINT PETER'S UNIVERSITY HOSPITAL AND ROBERT WOOD JOHN UNIVERSITY HOSPITAL.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility.

PRIORITY AREA 4 - WORKGROUP 4

- DISEASE SPECIFIC ISSUES.

- SAINT PETER'S UNIVERSITY HOSPITAL, DELIVERY SYSTEM REFORM INCENTIVE PROGRAM (DSRIP), FOCUSES ON PATIENTS WITH A HIGH NEED AND THE UNDER-/UNINSURED ADULT POPULATION DIAGNOSED WITH DIABETES MELLITUS AND HYPERTENSION. UTILIZING THE PATIENT-CENTERED MEDICAL HOME AT 123 HOW LANE.

- AMERICAN DIABETES ASSOCIATION (ADA) DAY ON DECEMBER 6, 2014 HAD APPROXIMATELY 130 PARTICIPANTS IN SCREENING AND EDUCATION SESSIONS.

- ADA SERVING AS RESOURCE CENTER FOR DISSEMINATION OF INFORMATION FOR NEWLY DIAGNOSED DIABETICS.

- STAFF FROM SAINT PETER'S UNIVERSITY HOSPITAL AND ROBERT WOOD JOHN UNIVERSITY HOSPITAL COMPLETED THE CHRONIC DISEASE SELF-MANAGEMENT PEER LEADER TRAINING PROGRAM TO CONDUCT TAKE CONTROL OF YOUR HEALTH CLASSES ACROSS MIDDLESEX COUNTY.

- INCREASED ACCESS TO WEIGHT LOSS PROGRAMS IN THE WORK SETTING FOR SAINT PETER'S UNIVERSITY HOSPITAL.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- EDUCATION PROVIDED FOR HEALTHCARE PROFESSIONALS ON OBESITY SCREENING, PREVENTION, AND REFERRALS.

- WORKING WITH GREAT EXPECTATIONS AND THE MIDDLESEX COUNTY SUICIDE PREVENTION TASK FORCE.

- PARTNERING WITH CARRIER CLINIC TO PROVIDE ADDITIONAL SERVICES AND TRAINING.

ADDITIONAL ACCOMPLISHMENTS:

- CONDUCTED SCREENINGS AT OVER 250 SITES ACROSS MIDDLESEX COUNTY, SCREENING APPROXIMATELY 11,500 INDIVIDUALS, A 4.7% INCREASE FROM 2013.

- SCREENERS ARE REQUIRED TO COMPLETE MONTHLY COMPETENCIES TO ASSURE APPROPRIATE USE OF TOOLS AND SYSTEMS.

- 957 REFERRALS TO SERVICES.

- PARTNERED WITH RUTGERS, BLOUSTEIN SCHOOL OF PLANNING AND PUBLIC POLICY TO SUBMIT A GRANT APPLICATION FOR ROBERT WOOD JOHNSON FOUNDATION CULTURE OF HEALTH IN NEW JERSEY - COMMUNITIES MOVING TO ACTION.

PLEASE REFER TO THE ORGANIZATION'S IMPLEMENTATION STRATEGY ATTACHED TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility

THIS FEDERAL FORM 990, WHICH DESCRIBES HOW THE ORGANIZATION IS ADDRESSING
THESE SIGNIFICANT NEEDS.

SCHEDULE H, PART V; SECTION B, QUESTION 13H

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, Q'S 13B, 15E, 16I, 18D, 19D, 19E, 21C, 21D, 23&24

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 22

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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	

Schedule H (Form 990) 2014

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
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- 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

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 2014 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.

SCHEDULE H, PART I; QUESTION 7G

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

Part VI Supplemental Information

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SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

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.

Part VI Supplemental Information

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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 ("DOH") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. BECAUSE THE SYSTEM DOES NOT PURSUE

Part VI Supplemental Information

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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 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.

Part VI Supplemental Information

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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:

	2014	2013
COMMUNITY BENEFITS PROVIDED TO THE INDIGENT:		
CHARITY CARE PROVIDED	\$ 18,444	\$ 23,259
UNPAID COST OF PUBLIC PROGRAMS, MEDICAID		
AND OTHER INDIGENT CARE PROGRAMS	9,744	6,923

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COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY:

NON-BILLED SERVICES FOR THE COMMUNITY	4,796	5,637
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EDUCATION AND RESEARCH PROVIDED

FOR THE COMMUNITY	6,739	5,670
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ESTIMATED COST OF COMMUNITY BENEFITS	\$ 39,723	\$ 41,489
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THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE HOSPITAL'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

THE ESTIMATED COST OF COMMUNITY BENEFIT WAS 8.3% AND 8.8% OF TOTAL OPERATING EXPENSES IN 2014 AND 2013, RESPECTIVELY.

Part VI Supplemental Information

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THE SYSTEM RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY \$6,204,000 AND \$5,911,000 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, RESPECTIVELY.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2014 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

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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

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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

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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

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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

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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:

Part VI Supplemental Information

Provide the following information

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- 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

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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

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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' BEST

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

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

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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:

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- 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.

SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN

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SCHEDULE H, SECTION B, QUESTIONS 1-12 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

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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.

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,

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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

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

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

ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES

WHICH COMPRISE THE SAINT PETER'S HEALTHCARE SYSTEM.

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

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HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER SPUH SYSTEM OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY SPUH SYSTEM. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY.

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

SAINT PETER'S UNIVERSITY HOSPITAL

SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS A 478 BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. SPUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE

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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

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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

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

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

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
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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

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
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\$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.

Part VI Supplemental Information

Provide the following information

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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.

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
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

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
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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
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 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

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

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

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
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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.

SAINT PETER'S ADVANCED CARE, P.C.

AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW BRUNSWICK, MIDDLESEX
COUNTY, NEW JERSEY.

SCHEDULE H, PART VI; QUESTION 7

SCHEDULE I
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

OMB No 1545-0047

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1 000
9015JZ U600

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

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

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

SCHEDULE I, PART I; QUESTION 2

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

Yes No

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and 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** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

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

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

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

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

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

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

Schedule J (Form 990) 2014

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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RONALD C. RAK, J.D. TRUSTEE - PRESIDENT/CEO	(i)	0	0	0	0	0	0
	(ii)	802,812.	150,000.	7,482.	24,700.	12,688.	997,682.
2 DINESH SINGAL, M.D. TRUSTEE	(i)	0	0	146,150.	0	0	146,150.
	(ii)	0	0	166,833.	0	0	166,833.
3 STEFANIE R. MCNAMARA, E SECRETARY - GENERAL COUNSEL	(i)	0	0	0	0	0	0
	(ii)	288,330.	12,500.	822.	5,200.	34,379.	341,231.
4 GARRICK J. STOLDT, FHEM TREASURER - CFO	(i)	0	0	0	0	0	0
	(ii)	309,888.	10,000.	3,861.	27,300.	33,565.	384,614.
5 KENNETH SABLE, M.D. EVP/COO	(i)	0	0	0	0	0	0
	(ii)	494,291.	15,000.	57,281.	2,600.	42,148.	611,320.
6 PETER CONNOLLY EVP; CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0
	(ii)	495,556.	12,500.	6,197.	27,300.	21,915.	563,468.
7 STEVEN S. RADIN, ESQ. EVP; LEGAL AFF&PRES/CEO SPRMSC	(i)	0	0	0	0	0	0
	(ii)	404,677.	10,000.	7,539.	29,900.	1,165.	453,281.
8 FRANK J. DISANZO CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0
	(ii)	497,509.	12,500.	3,315.	24,700.	11,041.	549,065.
9 ANTHONY J. PASSANNANTE, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0
	(ii)	419,809.	15,000.	5,249.	5,200.	33,430.	478,688.
10 ELIOT N. HELLER, M.D. CHIEF MED INFORMATION OFFICER	(i)	0	0	0	0	0	0
	(ii)	324,997.	0	1,242.	0	1,365.	327,604.
11 ELIZABETH WYKPISZ, RN M CNO/VP; PATIENT CARE SERVICES	(i)	0	0	17,660.	5,200.	17,507.	312,186.
	(ii)	0	0	0	0	0	0
12 WILLIAM J. REARS CHIEF TECHNOLOGY OFFICER	(i)	0	0	0	0	0	0
	(ii)	188,780.	0	788.	13,849.	33,729.	237,146.
13 BARBARA J. WELSH CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0
	(ii)	156,550.	0	1,838.	816.	31,931.	191,135.
14 SUSAN M. BALLESTERO VP; CHIEF HR OFFICER	(i)	0	0	0	0	0	0
	(ii)	303,340.	20,000.	1,984.	24,700.	17,903.	367,927.
15 ROBERT J. MULCAHY VP; FACILITY SAFETY	(i)	0	0	0	0	0	0
	(ii)	247,795.	15,000.	3,050.	5,125.	21,126.	292,096.
16 JOSE A. JIMENEZ, JR. VP; GOVERNMENTAL AFFAIRS	(i)	0	0	0	0	0	0
	(ii)	238,937.	10,000.	4,507.	25,356.	19,360.	298,160.

Schedule J (Form 990) 2014

Part III 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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 DAVID OVIEDO VP; SUPPLY CHAIN MANAGEMENT	(i) 187,510.	(ii) 12,500.	(iii) 0	(iv) 1,708.	(C) 18,051.	(D) 10,801.	(E) 230,570.	(F) 0
2 EDWIN R. GUZMAN CHAIRMAN OB/GYN	(i) 705,844.	(ii) 0	(iii) 0	(iv) 11,321.	(C) 0	(D) 34,863.	(E) 752,028.	(F) 0
3 JAMES E. GERVASONI, JR. CHAIRMAN SURGERY	(i) 142,435.	(ii) 0	(iii) 0	(iv) 1,720.	(C) 0	(D) 9,771.	(E) 153,926.	(F) 0
4 DEBRA-LYNN E. DAY-SALVA CHAIR GENETICS & GENOMIC MED	(i) 372,941.	(ii) 0	(iii) 0	(iv) 4,668.	(C) 10,102.	(D) 29,816.	(E) 417,527.	(F) 0
5 BIPIN N. PATEL, M.D. CHAIRMAN PEDIATRICS	(i) 463,475.	(ii) 0	(iii) 0	(iv) 7,426.	(C) 0	(D) 18,969.	(E) 489,870.	(F) 0
6 NAYAN K. KOTHARI, M.D. CHAIRMAN MEDICINE	(i) 446,011.	(ii) 0	(iii) 0	(iv) 15,767.	(C) 0	(D) 20,516.	(E) 482,294.	(F) 0
7 JOHN G. GALLUCCI, M.D. PHYSICIAN	(i) 426,987.	(ii) 1,634.	(iii) 0	(iv) 7,900.	(C) 0	(D) 21,831.	(E) 458,352.	(F) 0
8 STEVEN B. PALDER, M.D. PHYSICIAN	(i) 617,434.	(ii) 0	(iii) 0	(iv) 3,612.	(C) 0	(D) 31,827.	(E) 652,873.	(F) 0
9 SIVA P. JONNA, M.D. CHIEF PEDIATRICS CRITICAL CARE	(i) 614,934.	(ii) 0	(iii) 0	(iv) 5,544.	(C) 0	(D) 34,327.	(E) 654,805.	(F) 0
10 I. MARK HIATT, M.D. DIRECTOR NEONATOLOGY	(i) 436,549.	(ii) 90,262.	(iii) 0	(iv) 3,368.	(C) 0	(D) 35,888.	(E) 566,067.	(F) 0
11 CHRISTOPHER M. HOULIHAN PHYSICIAN	(i) 507,377.	(ii) 0	(iii) 0	(iv) 9,153.	(C) 0	(D) 18,457.	(E) 534,987.	(F) 0
12 PATRICIA CARROLL FORMER OFFICER	(i) 516,641.	(ii) 5,000.	(iii) 0	(iv) 3,612.	(C) 0	(D) 31,827.	(E) 557,080.	(F) 0
13 JOHN A. CARLSON, JR., M.D. FORMER KEY EMPLOYEE	(i) 22,050.	(ii) 0	(iii) 0	(iv) 268,014.	(C) 0	(D) 0	(E) 268,014.	(F) 0
14	(i) 0	(ii) 0	(iii) 0	(iv) 333,330.	(C) 0	(D) 0	(E) 355,380.	(F) 0
15	(i) 0	(ii) 0	(iii) 0	(iv) 0	(C) 0	(D) 0	(E) 0	(F) 0
16	(i) 0	(ii) 0	(iii) 0	(iv) 0	(C) 0	(D) 0	(E) 0	(F) 0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2014. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: PATRICIA CARROLL, \$268,014 AND JOHN A. CARLSON, JR., M.D., \$256,147.

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 2014 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE K
(Form 990)**

TAX EXEMPT BONDS

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

OMB No 1545-0047

2014

Open to Public
Inspection

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FSH7	12/18/2007	65,617,402.	CONSTRUCTION/EQUIPMENT/REFINANCING		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FP56	08/09/2011	100,866,053.	REVENUE AND REFUNDING		X		X		X
C											
D											

Part II Proceeds

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

Part III Private Business Use

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

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

Part III Private Business Use (Continued) TAX EXEMPT BONDS

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.2000 %		1.4700 %				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%				%
6 Total of lines 4 and 5	X	.2000 %	-X	1.4700 %				%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental 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?								
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?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X					
b Exception to rebate?								
c No rebate due?	X							
If "Yes" to 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								
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)?								
b Name of provider		X		X				
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).

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

PLEASE NOTE THAT, FOR THE 2014 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

CORE FORM, ITEM B AND SCHEDULE H, PART I

THIS FORM 990 IS BEING AMENDED TO REFLECT THE CORRECT AMOUNT OF CHARITY CARE PROVIDED AT COST ON SCHEDULE H, PART I, LINE 7A, COLUMN (C). THE AMOUNT REPORTED ON THE ORIGINAL FORM 990, SCHEDULE H WAS \$15,056,639 WHICH REPRESENTS CHARITY CARE PROVIDED AT MEDICAID RATES. THE CORRECT AMOUNT NOW BEING REPORTED, \$18,443,524 REPRESENTS THE CORRECT AMOUNT OF ACTUAL CHARITY CARE AT COST. THE RESULTING NET COMMUNITY BENEFIT COSTS AND PERCENTAGE REFLECTED ON SCHEDULE H, PART I, LINE 7K, COLUMNS (E) AND (F) HAVE INCREASED ACCORDINGLY TO \$33,519,101 AND 8.36%; RESPECTIVELY.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

SAINT PETER'S UNIVERSITY HOSPITAL ("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 OR ABILITY TO PAY.

MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

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 THAT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. SPUH MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;
4. CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES; WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND
5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

INCIDENTALLY.

SAINT PETER'S UNIVERSITY HOSPITAL, LOCATED AT 254 EASTON AVENUE, NEW BRUNSWICK, NJ IS A 478-BED NONPROFIT ACUTE-CARE TEACHING HOSPITAL SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF METUCHEN. SAINT PETER'S, A MEMBER OF THE SAINT PETER'S HEALTHCARE SYSTEM, IS A REGIONAL MEDICAL CAMPUS AND ACADEMIC AFFILIATE OF RUTGERS UNIVERSITY BIOMEDICAL AND HEALTH SCIENCES DIVISION AND SPONSORS ITS OWN FREESTANDING RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION AND IS CERTIFIED AS A MAGNET HOSPITAL FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CENTER. SAINT PETER'S IS ALSO A STATE-DESIGNATED CHILDREN'S HOSPITAL AND A REGIONAL PERINATAL CENTER AND IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA. SAINT PETER'S WAS THE FIRST HOSPITAL IN MIDDLESEX COUNTY AND HAS SERVED THE HEALTHCARE NEEDS OF CENTRAL NEW JERSEY CONTINUOUSLY SINCE 1907, PROVIDING SUBSTANTIAL COMMUNITY BENEFIT.

FROM ITS SIMPLE BEGINNINGS, SAINT PETER'S HAS GROWN TO BECOME A TECHNOLOGICALLY ADVANCED, 478-BED TEACHING HOSPITAL THAT PROVIDES A BROAD ARRAY OF SERVICES TO THE COMMUNITY - FROM SOPHISTICATED CARE OF PREMATURE BABIES TO SPECIALIZED GERIATRIC MEDICINE.

SAINT PETER'S BRINGS THE LATEST MEDICAL PRACTICES AND HIGHLY SKILLED PROFESSIONALS TO THE BEDSIDE. HOSPITAL STAFF TREAT APPROXIMATELY 27,000

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

INPATIENTS AND 190,000 OUTPATIENTS ANNUALLY. SAINT PETER'S EMPLOYS 2,800 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND MORE THAN 1,100 PHYSICIANS AND DENTISTS HAVE PRIVILEGES AT ITS FACILITY.

AS A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL, SAINT PETER'S OFFERS A FULL RANGE OF SPECIALIZED PEDIATRIC HEALTHCARE SERVICES. SAINT PETER'S ALSO OFFERS ONE OF THE MOST SOPHISTICATED MATERNITY PROGRAMS AND OPERATES ONE OF THE LARGEST, MOST ADVANCED NEONATAL INTENSIVE CARE UNITS IN THE COUNTRY AS A STATE-DESIGNATED REGIONAL PERINATAL CENTER. SAINT PETER'S IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION AND IS ALSO A REGIONAL 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 WITHOUT THE PERSONAL COMMITMENT OF EMPLOYEES THAT RESPOND TO THE TOTAL, INDIVIDUAL PERSON - SPIRITUALLY, EMOTIONALLY AND PHYSICALLY.

MISSION STATEMENT

=====

"KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED BY THE BISHOP OF METUCHEN, SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES."

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

"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."

FACTS

=====

- NEW JERSEY'S FIRST STATE-DESIGNATED REGIONAL PERINATAL CENTER (LEVEL 3I) AND NEONATAL INTENSIVE CARE UNIT (LEVEL 3), ESTABLISHED IN 1981.

- DELIVERS APPROXIMATELY 5,600 NEWBORNS ANNUALLY. ADMITS APPROXIMATELY 1,000 NEWBORNS TO THE 54-BASSINETT NICU, WHICH IS ONE OF THE LARGEST ON THE EAST COAST.

- RENOWNED FOR ITS PRACTICE OF OBSTETRICS, ESPECIALLY IN THE AREA OF HIGH-RISK PREGNANCIES. SERVICES INCLUDE:

MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE)

ANTENATAL TESTING UNIT (ADVANCED ULTRASOUND TESTING). APPROXIMATELY

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

16,000 ULTRASOUNDS PERFORMED ANNUALLY.

DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE (GENETIC COUNSELING,
TESTING AND TREATMENT)

PERINATAL EVALUATION AND TREATMENT (PERINATAL EMERGENCY TRIAGE AND
TREATMENT)

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

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

OBSTETRICAL MEDICINE (TREATS MEDICAL COMPLICATIONS IN PREGNANCY)

GENERAL OB-GYN

- THE CHILDREN'S HOSPITAL AT SAINT PETER'S, AN AFFILIATE OF THE
CHILDREN'S HOSPITAL OF PHILADELPHIA, IS A STATE-DESIGNATED ACUTE CARE
CHILDREN'S HOSPITAL. SERVICES INCLUDE:

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT THAT TREATS MORE THAN 22,000 CHILDREN ANNUALLY (THE NEWLY RECONSTRUCTED FACILITY OPENED IN APRIL 2013).

COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALLY INVASIVE SERVICES.

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

A DIVISION OF PEDIATRIC HEMATOLOGY-ONCOLOGY THAT INCLUDES INFUSION SERVICES AND A VASCULAR CLINIC.

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

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

- FOR MORE THAN 40 YEARS, A REGIONAL PROVIDER OF COMPREHENSIVE CANCER SERVICES INCLUDING RADIATION ONCOLOGY, OUTPATIENT CHEMOTHERAPY, THE HEAD AND NECK CLINIC, PROSTATE SEED IMPLANTATION, A NATIONALLY ACCREDITED BREAST CENTER, BREAST CANCER TREATMENT, GYNECOLOGIC ONCOLOGY, MINIMALLY INVASIVE SURGERY, CYBERKNIFE ROBOTIC RADIOSURGERY, DA VINCI ROBOTICALLY ASSISTED SURGERY, AND SUPPORT GROUPS.

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

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

- THE THYROID AND DIABETES CENTER, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION.

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

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

AFFILIATIONS

=====

SAINT PETER'S UNIVERSITY HOSPITAL IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP). TOGETHER, WE'VE ESTABLISHED THE CHOP CARDIAC CENTER AT SAINT PETER'S UNIVERSITY HOSPITAL THAT SPECIALIZES IN

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

MONITORING AND TREATING CARDIAC ABNORMALITIES IN INFANTS AND CHILDREN. IN SUPPORT OF OUR MISSION TO PROVIDE QUALITY MEDICAL EDUCATION, SAINT PETER'S BECAME AN ACADEMIC AFFILIATE OF RUTGERS UNIVERSITY BIOMEDICAL AND HEALTH SCIENCES DIVISION.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SPECIALTY SERVICES

=====

REGIONAL PERINATAL CENTER (RPC): DELIVERING NEARLY 5,800 BABIES ANNUALLY, SAINT PETER'S OFFERS ONE OF THE LARGEST, MOST SOPHISTICATED MATERNITY PROGRAMS IN THE COUNTRY. THE HOSPITAL WAS THE FIRST REGIONAL PERINATAL CENTER IN NEW JERSEY AND SPECIALIZES IN HIGH-RISK PREGNANCY. THE ANTENATAL TESTING UNIT IS ONE OF THE LARGEST UNITS OF ITS KIND AND FEATURES 3-D AND 4-D ULTRASOUND TESTING. SPECIALTY MATERNAL FETAL MEDICINE PROGRAMS INCLUDE THE INFANT AND PERINATAL LOSS EVALUATION PROGRAM AND THE INFANT PREMATURETY ASSESSMENT AND PREVENTION PROGRAM.

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

CANCER PROGRAM: INCLUDES A 24-BED INPATIENT UNIT AND OUTPATIENT SERVICES INCLUDING RADIATION AND INFUSION THERAPIES, SURGERY AND THE HEAD AND NECK CLINIC. THE PROGRAM PROVIDES STATE-OF-THE-ART TREATMENTS SUCH AS IMRT AND BREAST CANCER SERVICES. THE HOSPITAL IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AS A TEACHING HOSPITAL CANCER PROGRAM AND IS THE RECIPIENT OF THE COMMISSION ON CANCER OUTSTANDING ACHIEVEMENT AWARD. THE SAINT PETER'S BREAST 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 EVALUATION AND MANAGEMENT SERVICE FOR THE FRAIL ELDERLY, ESPECIALLY THOSE WITH ALZHEIMER'S DISEASE. OUTPATIENT SERVICES ARE AVAILABLE THROUGH THE COMPREHENSIVE CARE GROUP WITH LOCATIONS IN MONROE, NEW BRUNSWICK, AND PISCATAWAY. SAINT PETER'S ADULT DAY CENTER IN MONROE OFFERS MEDICAL AND SOCIAL DAY PROGRAMS.

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

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INCLUDING PUMP THERAPY.

SURGERY: ORTHOPEDIC PROCEDURES, INCLUDING HIPS, KNEES AND SPINES.

GENERAL, VASCULAR AND OTHER SURGICAL PROCEDURES ARE ALSO AVAILABLE.

SAME-DAY PROCEDURES ARE PERFORMED IN THE C.A.R.E.S. SURGICENTER. GENERAL AND SPECIALTY PEDIATRIC SURGERIES ARE PERFORMED SUPPORTED BY THE LARGEST GROUP OF PEDIATRIC ANESTHESIOLOGISTS IN THE AREA.

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

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

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HYPERBARIC OXYGEN THERAPY CHAMBERS, IN BOTH NEW BRUNSWICK AND MONROE.

THE CENTER FOR SLEEP AND BREATHING DISORDERS: DIAGNOSES AND TREATS BOTH ADULTS AND CHILDREN WITH SLEEP APNEA AND OTHER SLEEPING DISORDERS.

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

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

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

THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL: A STATE-DESIGNATED ACUTE CARE SPECIALTY HOSPITAL, THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL OFFERS SERVICES THAT INCLUDE THE CHOP CARDIAC CENTER, A PEDIATRIC EMERGENCY DEPARTMENT, INPATIENT ACUTE CARE, INTENSIVE CARE, A PEDIATRIC TRANSPORT TEAM, ADOLESCENT MEDICINE, AUTISM, EPILEPSY, HEMATOLOGY-ONCOLOGY, RADIOLOGY, NEPHROLOGY, SURGERY, ANESTHESIOLOGY, SLEEP AND BREATHING DISORDERS, INFECTIOUS DISEASE

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MEDICINE, OTOLARYNGOLOGY, PHYSICAL THERAPY, AUDIOLOGY AND MORE.

OTHER SERVICES

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

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

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

FOR KEEPS - KIDS EMBRACED AND EMPOWERED THROUGH PSYCHOLOGICAL SERVICES:

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

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

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

- OPERATING MORE THAN 50 CLINICS AND MORE THAN 117,000 VISITS IN PEDIATRIC AND PEDIATRIC SUBSPECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S HEALTH AND SUBSPECIALTIES AND GERIATRIC MEDICINE AND SUBSPECIALTIES.

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

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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

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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

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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.

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.

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

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DEFINED IN THIS ORGANIZATION'S BYLAWS.

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, BUT NOT LIMITED TO, THE CHIEF FINANCIAL OFFICER, CONTROLLER AND OTHER SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") 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

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OUTLINED ABOVE, FOR 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 SYSTEM'S AUDIT COMMITTEE REVIEWED THE FORM 990 AT A REGULARY SCHEDULED MEETING. FINALLY, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

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. POTENTIAL CONFLICTS WERE THEN REVIEWED AND DISCUSSED AT A MEETING WITH THE SYSTEM'S CHIEF COMPLIANCE OFFICER, CHIEF FINANCIAL OFFICER, CONTROLLER AND DIRECTOR OF INTERNAL AUDIT. THE SUMMARY IS PRESENTED TO THE CORPORATE SECRETARY FOR REFERENCE, REVIEW AND DISCUSSION

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DURING BOARD MEETINGS.

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:

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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

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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.

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.

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

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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.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("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 THE SAME AS REFLECTED ON PART VII OF THIS FORM 990. 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.

CORE FORM, PART XI; QUESTION 9

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OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- CHANGE IN PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS;
(\$62,199,000);
- NET CHANGE IN BENEFICIAL INTEREST IN ST. PETER'S FOUNDATION; A RELATED
INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION;
(\$1,313,000);
- NET ASSETS RELEASED FROM TEMPORARY RESTRICTION; (\$186,000);
- EQUITY IN NET EARNINGS OF JOINT VENTURES; \$1,321,348; AND
- DONATED EQUIPMENT AND OTHER INCREASES IN NET ASSETS; \$3,588,000.

CORE FORM, PART XII; QUESTION 2

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 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, 2014 AND DECEMBER 31, 2013; 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

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THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR.

ATTACHMENT 1FORM 990, PART III, LINE 1 - 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.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
HUNTER ROBERTS CONSTRUCTION GROUP 2 WORLD FINANCIAL CENTER, 6TH FLOOR NEW YORK, NY 10281	CONSTRUCTION	5,168,926.

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ATTACHMENT 2 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PRICewaterhouse COOPERS, LLP P.O. BOX 7247-8001 PHILADELPHIA, PA 19170-8001	CONSULTING	2,971,935.
APG SECURITY SERVICES 116 NORTH BROADWAY, 2ND FLOOR SOUTH AMBOY, NJ 08879	SECURITY	2,314,050.
FOREST ELECTRIC CORPORATION 206 MCGAW DRIVE EDISON, NJ 08837	CONSTRUCTION	1,900,398.
PATIENT FINANCIAL CONCEPTS P.O. BOX 3081 CLIFTON, NJ 07012	CONSULTING/ADVISORY	992,353.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	-502,189.			-502,189.
DIVIDEND INCOME	8,000,000.			8,000,000.
TOTALS	<u>7,497,811.</u>			<u>7,497,811.</u>

ATTACHMENT 4FORM 990, PART VIII - INCOME FROM INVESTMENT OF TE BOND PROCEEDS

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	62,078.			62,078.
TOTALS	<u>62,078.</u>			<u>62,078.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

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

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

Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number
22-1487330

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) NEW BRUNSWICK AFFILIATED HOSPITALS, INC 120 ALBANY STREET, SUITE 750 NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501 (C) (3)	509 (A) (3)	RWJHCC	X
(2) GIANNA PHYSICIAN PRACTICE OF NEW YORK PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NY	501 (C) (3)	509 (A) (2)	SPHCS	X
(3) SAINT PETER'S HEALTHCARE SYST PHYS ASSOC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501 (C) (3)	509 (A) (3)	SPHCS	X
(4) THE NTNLI GIANNA CTR FOR WOMEN'S HEALTH 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501 (C) (3)		N/A	X
(5)						
(6)						
(7)						

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

Schedule R (Form 990) 2014

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" 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 No
(1) SAINT PETERS SOLAR ENERGY SOLUTIONS, INC 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOME CARE SVCS.	NJ	N/A	C CORP.				
(2) PARK AVENUE COLLECTIONS CORP. 20-8498534 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	SPUH	C CORP.	0	0 100.0000	X	
(3) RISK ASSURANCE CO OF SPUH 98-0417672 94 SOLARIS AVENUE, 2ND FLOOR KY1-1102 GRAND CAYMAN, CAYMANA	FINANCIAL VEHICLE	CJ	SPUH	FOREIGN CORP.	5,134,407.	25,734,089.	100.0000	X
(4) SAINT PETER'S SPECIALTY PHYSICIANS, P.C. 36-4761935 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	N/A	C CORP.				X
(5) SAINT PETERS ADVANCED CARE, P.C. 47-2597921 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	N/A	C CORP.				X
(6)								
(7)								

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

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

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

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

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	3,847,000.	COST
(2)	ST. PETER'S FOUNDATION	Q	509,000.	COST
(3)	RISK ASSURANCE CO. OF SPUH	R	3,952,583.	COST
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under 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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

SCHEDULE R, PART V

THE ORGANIZATION IS AN AFFILIATE WITHIN 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.