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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

% GARRICK J STOLDT FHFMA CP

Doing business as

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

Room/suite

254 EASTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code

NEW BRUNSWICK, NJ 08901

F Name and address of principal officer

LESLIE D HIRSCH FACHE CFO

254 EASTON AVENUE

NEW BRUNSWICK, NJ 08901

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

0928

D Employer identification number

22-1487330

E Telephone number

(732) 745-8600

G Gross receipts \$

464,358,999

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.SAINTPETERSHCS.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1907

M State of legal domicile

NJ

Part I Summary

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

GARRICK J STOLDT FHFMA CPA CFO

Signature of officer

Type or print name and title

2017-11-07

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Anthony J Panico

Anthony J Panico

P00365556

Firm's name ▶ WithumSmithBrown PC

Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400

Phone no (973) 898-9494

Whippany, NJ 079811070

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$ 65,956,555	including grants of \$	(Revenue \$ 50,395,012)
See Additional Data				

4b	(Code)	(Expenses \$ 41,264,099	including grants of \$	(Revenue \$ 46,731,784)
See Additional Data				

4c	(Code)	(Expenses \$ 36,183,974	including grants of \$	(Revenue \$ 34,936,959)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 263,555,294	including grants of \$ 252,926)	(Revenue \$ 316,053,430)	

4e	Total program service expenses ▶	406,959,922		
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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	No
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	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> 	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 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	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
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	No
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	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
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	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
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	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	No
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 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b Yes	
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	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	311
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,564
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	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	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
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	8	
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► GARRICK J STOLDT FHFMA CP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 (732) 745-8600

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

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

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

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 415

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Sovereign Oncology LLC, 85 Harnistown Road STE 200 GLEN ROCK, NJ 07452	Oncology	3,865,930
APG Security Services, 116 North Broadway 2nd floor SOUTH AMBOY, NJ 08879	Security	2,398,688
PwC LLP, PO Box 7247-8001 PHILADELPHIA, PA 191708001	CONSULTING/ADVISORY	2,003,655
Sills Cummis Gross PC, 1 Riverfront Plaza NEWARK, NJ 071025400	LEGAL	1,689,070
AthenaHealth Inc, PO Box 415615 BOSTON, MA 022415615	IT	1,603,439

Form 990 (2016)

Part VIII **Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	2,526,944			
	e Government grants (contributions)	1e	2,050,895			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	370,859			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		4,948,698			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	541900	432,121,628	432,121,628		
	b OTHER HEALTHCARE RELATED REVENUE	541900	15,995,557	15,995,557		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		448,117,185			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,332,683			5,332,683
	4 Income from investment of tax-exempt bond proceeds ▶		162,026			162,026
	5 Royalties ▶		0			
	6a Gross rents	(i) Real (ii) Personal				
		1,993,418				
	b Less rental expenses	1,843,701				
	c Rental income or (loss)	149,717 0				
	d Net rental income or (loss) ▶		149,717			149,717
	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		0			
	b Less direct expenses b		0			
	c Net income or (loss) from fundraising events . . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a		0			
	b Less direct expenses b		0			
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . . a		212,673			
	b Less cost of goods sold . . . b		0			
	c Net income or (loss) from sales of inventory . . . ▶		212,673			212,673
	Miscellaneous Revenue	Business Code				
11a CAFETERIA/RESTAURANT	900099	2,020,835			2,020,835	
b PARKING REVENUE	812930	610,497			610,497	
c ADULT DAY CARE	624100	750,323			750,323	
d All other revenue		210,661			210,661	
e Total. Add lines 11a-11d ▶		3,592,316				
12 Total revenue. See Instructions ▶		462,515,298	448,117,185		9,449,415	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	155,672	155,672		
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, line 15 and 16.	97,254	97,254		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	7,046,920	6,342,228	704,692	
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.	202,072,128	181,864,915	20,207,213	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	14,721,682	13,249,514	1,472,168	
9 Other employee benefits.	28,071,732	25,264,559	2,807,173	
10 Payroll taxes.	15,144,177	13,629,759	1,514,418	
11 Fees for services (non-employees):				
a Management.	3,976,157	3,578,541	397,616	
b Legal.	3,620,312	3,258,281	362,031	
c Accounting.	402,086	361,877	40,209	
d Lobbying.	301,007	270,906	30,101	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,466,834	12,120,151	1,346,683	
12 Advertising and promotion.	3,778,269	3,400,442	377,827	
13 Office expenses.	11,568,630	10,411,767	1,156,863	
14 Information technology.	87,678	78,910	8,768	
15 Royalties.	0			
16 Occupancy.	6,843,333	6,159,000	684,333	
17 Travel.	625,501	562,951	62,550	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	92,376	83,138	9,238	
20 Interest.	9,192,454	8,273,209	919,245	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	23,349,937	21,014,943	2,334,994	
23 Insurance.	4,005,826	3,605,243	400,583	
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	51,610,086	46,449,077	5,161,009	0
b CONTRACTED SERVICES	16,932,373	15,239,136	1,693,237	0
c REPAIRS & MAINTENANCE	13,885,248	12,496,723	1,388,525	0
d STATE ASSESSMENT	2,578,734	2,320,862	257,872	0
e All other expenses	18,523,182	16,670,864	1,852,318	
25 Total functional expenses. Add lines 1 through 24e.	452,149,588	406,959,922	45,189,666	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,650	1	8,220
	2	Savings and temporary cash investments		10,807,705	2	17,306,967
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		55,795,874	4	61,262,288
	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		6,274,677	8	4,700,531
	9	Prepaid expenses and deferred charges		2,067,956	9	3,127,342
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 566,560,775			
	b	Less: accumulated depreciation	10b 384,647,990	183,518,280	10c	181,912,785
	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		104,405,923	13	124,088,120
	14	Intangible assets		2,175,733	14	1,984,868
	15	Other assets. See Part IV, line 11		52,413,351	15	65,420,879
16	Total assets. Add lines 1 through 15 (must equal line 34)		417,468,149	16	459,812,000	
Liabilities	17	Accounts payable and accrued expenses		51,291,122	17	54,455,126
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		166,882,612	20	148,214,729
	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		16,593,291	23	12,123,544
	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.		185,955,124	25	213,384,601
26	Total liabilities. Add lines 17 through 25		420,722,149	26	428,178,000	
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		-11,876,000	27	20,991,000
	28	Temporarily restricted net assets		8,522,000	28	10,543,000
	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		-3,254,000	33	31,634,000
34	Total liabilities and net assets/fund balances		417,468,149	34	459,812,000	

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	462,515,298
2	Total expenses (must equal Part IX, column (A), line 25)	2	452,149,588
3	Revenue less expenses Subtract line 2 from line 1	3	10,365,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,254,000
5	Net unrealized gains (losses) on investments	5	1,435,584
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	23,086,706
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,634,000

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		No
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	Yes	
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	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

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 OR ABILITY TO PAY THE ORGANIZATION TREATED 5,643 GENERAL MEDICINE CASES DURING 2016 RESULTING IN 23,316 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

Form 990, Part III, Line 4b:

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OBSTETRICS SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY THE ORGANIZATION TREATED 5,747 OBSTETRICS PATIENTS DURING 2016 RESULTING IN 18,511 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

Form 990, Part III, Line 4c:

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY GENERAL SURGERY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY THE ORGANIZATION PERFORMED 1,478 GENERAL SURGERY PROCEDURES DURING 2016 RESULTING IN 10,059 PATIENT DAYS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT J DICKS CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
JUDITH T CARUSO TRUSTEE	1 0 0 0	X						0	0	0
SISTER PATRICIA CODEY SC ESQ TRUSTEE	1 0 0 0	X						0	0	0
REVEREND MONSIGNOR JOHN FELL TRUSTEE	1 0 0 0	X						0	0	0
ALFRED J GABURO JR TRUSTEE	1 0 0 0	X						0	0	0
CHRISTOPHER KOLASA MD TRUSTEE	1 0 0 0	X						0	0	0
VAUGHN MCKOY JD TRUSTEE	1 0 0 0	X						0	0	0
KEVIN NINI MD TRUSTEE	1 0 0 0	X						0	13,700	0
CAROL A PURCELL TRUSTEE	1 0 0 0	X						0	0	0
RONALD C RAK JD TRUSTEE - CEO	55 0 0 0	X		X				0	1,138,125	36,648

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NIRANJAN V RAO MD TRUSTEE	55 0 0 0	X						0	323,013	17,895
GARRICK J STOLDT FHFMA CPA TREASURER - SPHCS CFO	55 0 0 0			X				0	467,521	61,175
LESLIE D HIRSCH FACHE PRESIDENT - SPHCS	55 0 0 0				X			0	796,803	19,657
PETER CONNOLLY EVP, CHIEF MARKETING OFFICER	55 0 0 0				X			0	529,389	49,354
STEVEN S RADIN ESQ EVP, LEGAL AFF&PRES/CEO SPHMSC	55 0 0 0				X			0	452,778	48,968
FRANK J DISANZO CHIEF INFORMATION OFFICER	55 0 0 0				X			0	541,207	36,082
CRISTA M JENNINGS EFF 12516 General counsel-corp secretary	55 0 0 0				X			0	297,220	1,772
LINDA CARROLL CHIEF NURSING OFFICER	55 0 0 0				X			337,939	0	53,254
ELLIOT N HELLER MD CHIEF MED INFORMATION OFFICER	55 0 0 0				X			0	145,826	15,928
WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	55 0 0 0				X			0	199,113	48,538

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA J Griffiths-WELSH CHIEF COMPLIANCE OFFICER	55 0 0 0				X			0	176,443	39,066
MICHAEL L HOCHBERG VP, CH OPER CLIN INTEG OFFICER	55 0 0 0				X			0	545,550	11,271
ROBERT J MULCAHY VP, FACILITY SAFETY	55 0 0 0				X			0	372,505	29,070
SUSAN M BALLESTERO VP, CHIEF HR OFFICER	55 0 0 0				X			0	355,136	43,983
JOSE A JIMENEZ JR VP, GOVERNMENTAL AFFAIRS	55 0 0 0				X			0	260,998	48,197
Lisa M Drumbore VP, CHIEF PATIENT EXP OFFICER	55 0 0 0				X			0	212,316	46,383
DAVID OVIEDO VP, SUPPLY CHAIN MANAGEMENT	55 0 0 0				X			0	208,462	28,219
EDWIN R GUZMAN CHAIRMAN OB/GYN	55 0 0 0				X			722,191	0	20,165
ITZHAK AVITAL MD Chairman surgery	55 0 0 0				X			634,239	0	11,380
NAYAN K KOTHARI MD CHAIRMAN MEDICINE	55 0 0 0				X			496,667	0	18,464

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BIPIN N PATEL MD CHAIRMAN PEDIATRICS	55 0 0 0				X			466,620	0	20,454
Steven B Palder md physician	55 0 0 0					X		622,212	0	31,300
John Gallucci md physician	55 0 0 0					X		619,824	0	32,052
I MARK HIATT MD DIRECTOR NEONATOLOGY	55 0 0 0					X		557,799	0	21,238
Christopher M Houlihan md physician	55 0 0 0					X		526,031	0	32,052
Angela C Ranzini md physician	55 0 0 0					X		503,830	0	34,052

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 ▶ ☐						

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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? <i>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.</i>		
2a		
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? <i>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.</i>		
2b		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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)	1	
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)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	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.	2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

If the organization answered "Yes" on 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" on 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" on 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 the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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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-
2				
3				
4				
5				
6				

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)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		301,007	301,007												
c Total lobbying expenditures (add lines 1a and 1b)		301,007	301,007												
d Other exempt purpose expenditures		451,848,581	477,700,993												
e Total exempt purpose expenditures (add lines 1c and 1d)		452,149,588	478,002,000												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -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) 2013	(b) 2014	(c) 2015	(d) 2016	(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	279,201	280,944	295,009	301,007	1,156,161
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on 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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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.

Return Reference	Explanation
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 2016 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 \$76,650 IN 2016. A PERCENTAGE OF THE 2016 TOTAL COMPENSATION OF THE HOSPITAL'S VICE PRESIDENT OF 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 \$126,866 AND \$35,906, RESPECTIVELY, IN 2016. IN ADDITION, TRAVEL EXPENSES ASSOCIATED WITH THIS LOBBYING ACTIVITY AMOUNTED TO \$1,585.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318107107	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on 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 2016 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" on 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" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$ 183,000	
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 on 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.					
			Cat No 52283D Schedule D (Form 990) 2016		

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	8,622,000	9,298,000	10,565,000	9,910,000	7,935,000
b Contributions	172,758	74,000	232,000	92,000	469,000
c Net investment earnings, gains, and losses	1,928,859	-642,000	-1,313,000	616,000	1,727,000
d Grants or scholarships					
e Other expenditures for facilities and programs	80,052	108,000	186,000	53,000	221,000
f Administrative expenses					
g End of year balance	10,643,565	8,622,000	9,298,000	10,565,000	9,910,000

2

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

a

Board designated or quasi-endowment

0 940 %

b

Permanent endowment

99 060 %

c

Temporarily restricted endowment

The percentages on 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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on 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		5,142,884		5,142,884
b Buildings		306,039,727	186,003,266	120,036,461
c Leasehold improvements		5,172,781	5,044,492	128,289
d Equipment		226,327,167	192,799,715	33,527,452
e Other		23,878,216	800,517	23,077,699
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				181,912,785

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on 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' on 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) LIMITED USE ASSETS	108,402,098	F
(2) TAX-EXEMPT ORGANIZATION	9,784,600	F
(3) RELATED CORPORATION	5,901,422	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	124,088,120	

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	5,833,923
(2) PAYOR SETTLEMENTS	2,248,000
(3) RECEIVABLE	10,405,493
(4) DUE FROM RELATED PARTIES	45,031,000
(5) AND OTHER ASSETS	1,902,463
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	65,420,879

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED INTEREST	4,314,144
ACCRUED PENSION LIABILITY	131,054,097
ACCRUED MEDICAL MALPRACTICE	1,708,508
DUE TO RELATED PARTIES	48,575,000
OTHER LIABILITIES	11,325,358
MALPRACTICE INSURANCE PAYABLE	10,405,494
SETTLEMENTS	6,002,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	213,384,601

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' on 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' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, QUESTION 3A	ARTWORK IS DISPLAYED IN THE HOSPITAL FACILITY FOR THE BENEFIT AND PLEASURE OF PATIENTS, EM PLOYEES AND VISITORS IT IS A BEAUTIFICATION OF THE FACILITY TO ENHANCE PATIENT EXPERIENCE

Supplemental Information	
Return Reference	Explanation
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)**

Department of the Treasury
Internal Revenue Service

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

22-1487330

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			10,052,516
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			10,052,516

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	HLTH CENTERS	97,254				
(2)									
(3)									
(4)									

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Additional Data

Software ID:

Software Version:

EIN: 22-1487330

Name: SAINT PETER'S UNIVERSITY HOSPITAL

Schedule F (Form 990) 2016

Page **5**

Part V Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean		1	Program Services	FINANCIAL VEHICLE	4,151,094
Central America and the Caribbean			Investments		5,901,422

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on 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

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,443,302	5,617,602	10,825,700	2 390 %
b Medicaid (from Worksheet 3, column a)			31,257,717	21,172,283	10,085,434	2 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			47,701,019	26,789,885	20,911,134	4 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,692,236	1,536,486	2,155,750	0 480 %
f Health professions education (from Worksheet 5)			12,573,612	6,498,613	6,074,999	1 340 %
g Subsidized health services (from Worksheet 6)			8,936,013	5,653,035	3,282,978	0 730 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			121,455		121,455	0 020 %
j Total. Other Benefits			25,323,316	13,688,134	11,635,182	2 570 %
k Total. Add lines 7d and 7j			73,024,335	40,478,019	32,546,316	7 190 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 15,022,767		
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.	3 129,594		
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 79,270,504
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 85,080,730
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -5,810,226
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.	
☒ Cost accounting system	☐ Cost to charge ratio
☐ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

2

Name, address, primary website address, and state license number (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
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SAINT PETER'S UNIVERSITY HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

12

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?	1	No
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	2	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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 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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
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	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
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	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW.SAINTPETERSHCS.COM</u>	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

SAINT PETER'S UNIVERSITY HOSPITAL																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>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</td><td>13 Yes</td><td></td></tr><tr><td>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 500 %</td><td></td><td></td></tr><tr><td>b ☐ Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c ☒ Asset level</td><td></td><td></td></tr><tr><td>d ☒ Medical indigency</td><td></td><td></td></tr><tr><td>e ☒ Insurance status</td><td></td><td></td></tr><tr><td>f ☒ Underinsurance discount</td><td></td><td></td></tr><tr><td>g ☒ Residency</td><td></td><td></td></tr><tr><td>h ☒ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>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)</td><td>15 Yes</td><td></td></tr><tr><td>a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td>c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td>d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td>16 Yes</td><td></td></tr><tr><td>a ☒ The FAP was widely available on a website (list url) WWW SAINTPETERSHCS COM</td><td></td><td></td></tr><tr><td>b ☒ The FAP application form was widely available on a website (list url) WWW SAINTPETERSHCS COM</td><td></td><td></td></tr><tr><td>c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW SAINTPETERSHCS COM</td><td></td><td></td></tr><tr><td>d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>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)</td><td></td><td></td></tr><tr><td>g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td>h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td>i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td>j ☐ Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	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	13 Yes		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 500 %			b ☐ Income level other than FPG (describe in Section C)			c ☒ Asset level			d ☒ Medical indigency			e ☒ Insurance status			f ☒ Underinsurance discount			g ☒ Residency			h ☒ Other (describe in Section C)			14 Explained the basis for calculating amounts charged to patients?	14 Yes		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)	15 Yes		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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes		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) WWW SAINTPETERSHCS COM			c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW SAINTPETERSHCS COM			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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			j ☐ Other (describe in Section C)		
	Yes	No																																																																																						
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Part V Facility Information (continued)**Billing and Collections**

SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
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?	17	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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?	21	Yes
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

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

SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	
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 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. 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 PROFESSIONALS 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: 2016 2015 COMMUNITY BENEFITS PROVIDED TO THE INDIGENT: CHARITY CARE PROVIDED \$ 16,443 \$ 16,870 UNPAID COST OF PUBLIC PROGRAMS, MEDICAID AND OTHER INDIGENT CARE PROGRAMS 10,085 9,932 COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY: NON-BILLED SERVICES FOR THE COMMUNITY 5,560 4,695 EDUCATION AND RESEARCH PROVIDED FOR THE COMMUNITY 6,075 6,588 ----- ESTIMATED COST OF COMMUNITY BENEFITS \$ 38,164 \$ 38,085 ===== 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 USING 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 8.4 PERCENT AND 9.1 PERCENT OF TOTAL OPERATING EXPENSES IN 2016 AND 2015, RESPECTIVELY. THE SYSTEM RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY \$5,618,000 AND \$6,642,000 FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, RESPECTIVELY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	
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-PAYOR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR. THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS. AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS: - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE COMPASSIONATE CARE PAYMENT ASSISTANCE PROGRAM, AND, - FINANCIAL ARRANGEMENTS INCLUDING 1. CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), 2. FLEXIBLE PAYMENT PLANS. IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS WHO 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	
SCHEDULE H, PART VI, QUESTION 3	CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREA S 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 GUIDELINE S AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	
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 WHO 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 USED FOR CAPITAL PROJECTS TO IMPROVE SERVICES OR PURCHASE EQUIPMENT, WHICH IN TURN, BENEFIT THE COMMUNITY PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES THAT COMPRISE THE SAINT PETER'S HEALTHCARE SYSTEM

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(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											
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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

Form and Line Reference	Explanation
Schedule h, part v, section b, questionS 3i	
Schedule h, part v, section b, questionS 5, 6A, 6B & 11	In reviewing the information that follows, it is important to note that the quantitative data utilized precedes the activities of the current Community Health Improvement Plan (CHIP), while the qualitative work coincides with the CHIP work from 2013-2015. The time delay of the quantitative data is due to the reporting procedures of the data sources used, which are standard among research agencies. The delay does not disrupt or negatively influence the value of the information, as it allows analysis of the health trends that are prevalent in the hospital service area over a period of six years, defining those areas that are the most impactful in the community. Identifying pervasive trends and aligning them with the 2013 CHIP focus areas will lead to the creation of a more robust and evidence-based 2016 CHIP. During this process the new and emerging trends that occur throughout both the qualitative and quantitative measures will be highlighted. In addition to the above, there was a purposeful decision to focus on an update, rather than a duplication of the 2012 Community Health Needs Assessment (CHNA). Consistency throughout the assessment was of paramount importance, leading to a focus on the quantitative measures and key informant interviews, allowing pervasive trends to emerge more readily. The key informant interviews of this CHNA were conducted with many of the same community based organizations as the 2012 CHNA. Furthermore, by shifting some allocation of resources from the assessment to implementation, the hospitals can continue funding current and future programs, with the intention of cycling through a comprehensive assessment every nine years, in order to identify long-term health changes over time. These decisions represent the correct approach to not only effectively evaluate the community, but the right strategic approach to providing the actual implementation of the programs and policies that affect the health of the community in Middlesex and Somerset counties. Under the 2010 Patient Protection and Affordable Care Act (ACA), non-profit hospitals must conduct a community health needs assessment and identify an implementation strategy to address those needs every three years. In order to continue compliance with this requirement, Saint Peters University Hospital and Robert Wood Johnson University Hospital again teamed together and engaged the Rutgers University Center for State Health Policy (CSHP) to complete a series of multi-method analytic activities to inform the second round of the community health needs assessment and implementation strategy. As part of that work, CSHP conducted secondary data analyses of the 2012 Behavioral Risk Factor and Surveillance System (BRFSS) data and Uniform Billing hospital discharge data over the period 2011-2013. A separate qualitative part of the project reached out to broad constituencies via a series of key informant interviews. Findings converged in several key themes across all three data components. The hospitals engaged the Rutgers University Center for State Health Policy (CSHP) to complete a series of multi-method analytic activities to inform the community health needs assessment and implementation strategy. As part of that work, CSHP conducted secondary data analyses of the 2012 Behavioral Risk Factor and Surveillance Analysis (BRFSS) data and Uniform Billing (UB) hospital discharge data over the period 2011-2013. The ACA also requires that the community health needs assessment should include "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." (U.S. Congress 2010 "The Patient Protection and Affordable Care Act, Public Law 111148" U.S. Government Printing Office). This was addressed by the qualitative part of the project that reached out to broad constituencies via a series of key informant interviews. The Institutional Review Board of Rutgers University approved this study. Findings from all three of these research efforts are compiled in this report. A brief description of each data source is provided below. Chapter 1: Health Indicators and Risky/Preventive Behaviors An Analysis of 2012 Behavioral Risk Factor Surveillance System (BRFSS) (analyzed by CSHP) This Centers for Disease Control and Prevention-sponsored survey is conducted annually by the NJ Department of Health and Senior Services. The BRFSS supports analysis of a representative sample of NJ adults and is capable of generating county-level estimates. CSHP analyzed BRFSS data for counties included in the designated service area (Middlesex, Somerset) as well as statewide comparative data. Health topics of interest such as health status, health care access and utilization, risky and preventive behaviors, etc., were analyzed by key demographics (age, gender, race/ethnicity, income, and health insurance status). General changes in patterns over time from the first Community Health Needs Assessment are also noted. This chapter presents findings using data from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) for Middlesex County and Somerset County in New Jersey (BRFSS data is only available at the county level so all of Somerset County is included). The BRFSS is an annual health survey conducted in all 50 states, the District of Columbia, and three territories. It is overseen by the CDC and administered by the individual states. The BRFSS was established in 1984 in a number of states, and New Jersey began data collection in 1991. It is a random-digit-dial telephone survey of non-institutionalized adults ages 18 and over and provides timely data on a number of health-related measures including health status, risk behaviors, preventive behaviors, and health care utilization. Detailed information on the BRFSS can be found at http://www.cdc.gov/brfss/. The 2012 questionnaire can be found at http://www.cdc.gov/brfss/questionnaires/pdf-ques/2012_brfss.pdf. The 2012 data is the most recent BRFSS county data available at the time of this report. The findings presented include data from 884 adults in Middlesex County and 640 adults in Somerset County. Chapter 2: Avoidable Hospitalizations and Emergency Department Visits An Analysis of Hospital Discharge Data (analyzed by CSHP) New Jersey UB data supports examination of ambulatory care sensitive hospital inpatient and emergency department (ED) utilization that reflects inadequacy of primary care within the community. Population-based rates of these indicators were examined along with patient demographic and health insurance payer characteristics. General trends over time from the first Community Health Needs Assessment are also noted. In this chapter, we examine rates of specific inpatient hospitalizations and treat-and-release emergency department (ED) visits by patients that could have been avoided or prevented if these patients had adequate availability of primary care within their communities. We use the all-payer New Jersey uniform billing hospital data to calculate geographic area-level rates of such avoidable hospitalizations and ED visits to assess the extent of primary care available within communities. We examine these within the combined service areas of hospitals (comprising all of Middlesex County along with the townships of Somerset and Franklin Park from Somerset County) and compare to New Jersey overall. We also examine these rates by patient characteristics including age, gender, race/ethnicity and health insurance payer, examine payer, racial, age and gender distribution of avoidable visits, and also illustrate variation in these rates among townships within the hospitals overall service area. Avoidable hospitalizations have been widely used in previous research to measure access to primary care and disparities in health outcomes (Billings et al 1993, Basu, Friedman, and Burstin 2004, Bindman et al 1995, Howard et al 2007). These hospitalizations can be used to identify unmet community health care needs since these conditions can be avoided by high quality community based primary care (AHRQ 2012a). Based on easily available hospital discharge data, they allow public health agencies, provider/payer systems, and others interested to assess the health care quality in their communities (AHRQ 2012a) and subsequently devise targeted interventions to address gaps. The avoidable/preventable ED visits are also similarly used for identifying gaps in care, but they utilize outpatient, treat-and-release visits that do not result in an overnight hospital stay (Billings, Parkh, and Mijanovich 2000). The methods used here have been applied successfully in several other studies (DeLia 2006, Ballard et al 2010) and are included in the Agency for Healthcare Research and Quality (AHRQ) toolkit for monitoring the healthcare safety net (Billings 2003). Avoidable Hospitalizations: To calculate rates of avoidable hospitalizations (tha
Schedule h, part v, section b, question 7A	DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: http://www.saintpetershcs.com/SaintPeters/media/SaintPeters/Patients/2016-Community-Health-Needs-Assessment-FINAL.pdf
Schedule h, part v, section b, question 10A	DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: http://www.saintpetershcs.com/SaintPeters/media/SaintPeters/About%20Us/CHIP-Final-9-15-16.pdf
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)"

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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, 16j, 18e, 19e, 20e, 21c, 21d, 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.	
Form and Line Reference	Explanation
Schedule h, part v, section b, question 16A, 16B & 16C	

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

2015

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on 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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

Additional Data

Software ID:

Software Version:

EIN: 22-1487330

Name: SAINT PETER'S UNIVERSITY HOSPITAL

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RONALD C RAK JD TRUSTEE - CEO	(i)	0	0	0	0	0	0	0
	(ii)	914,422	67,500	156,203	25,175	-	-	0
						11,473	1,174,773	
1NIRANJAN V RAO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	307,937	15,076	0	0	-	-	0
						17,895	340,908	
GARRICK J STOLDT FHFMA 2CPA TREASURER - SPHCS CFO	(i)	0	0	0	0	0	0	0
	(ii)	423,616	37,000	6,905	27,825	-	-	0
						33,350	528,696	
3LESLIE D HIRSCH FACHE PRESIDENT - SPHCS	(i)	0	0	0	0	0	0	0
	(ii)	759,769	25,550	11,484	0	-	-	0
						19,657	816,460	
4PETER CONNOLLY EVP, CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	494,777	25,000	9,612	27,825	-	-	0
						21,529	578,743	
5STEVEN S RADIN ESQ EVP, LEGAL AFF&PRES/CEO SPHMSC	(i)	0	0	0	0	0	0	0
	(ii)	414,111	30,960	7,707	30,475	-	-	0
						18,493	501,746	
6FRANK J DISANZO CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	497,510	37,500	6,197	25,175	-	-	0
						10,907	577,289	
7RITA M JENNINGS EFF 12516 general counsel-corp secretary	(i)	0	0	0	0	0	0	0
	(ii)	293,748	0	3,472	0	-	-	0
						1,772	298,992	
8LINDA CARROLL CHIEF NURSING OFFICER	(i)	313,531	22,500	1,908	21,200	32,054	391,193	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9ELIOT N HELLER MD CHIEF MED INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	138,623	0	7,203	0	-	-	0
						15,928	161,754	
10WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	198,282	0	831	14,600	-	-	0
						33,938	247,651	
11BARBARA J Griffiths-WELSH CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	161,039	12,500	2,904	1,766	-	-	0
						37,300	215,509	
12MICHAEL L HOCHBERG VP, CH OPER CLIN INTEG OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	522,034	22,000	1,516	0	-	-	0
						11,271	556,821	
13ROBERT J MULCAHY VP, FACILITY SAFETY	(i)	0	0	0	0	0	0	0
	(ii)	343,391	26,000	3,114	7,925	-	-	0
						21,145	401,575	
14SUSAN M BALLESTERO VP, CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	319,876	31,370	3,890	25,175	-	-	0
						18,808	399,119	
15JOSE A JIMENEZ JR VP, GOVERNMENTAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	243,767	12,625	4,606	26,511	-	-	0
						21,686	309,195	
16Lisa M Drumbore VP, CHIEF PATIENT EXP OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	211,290	0	1,026	17,483	-	-	0
						28,900	258,699	
17DAVID OVIEDO VP, SUPPLY CHAIN MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	197,029	9,690	1,743	18,980	-	-	0
						9,239	236,681	
18EDWIN R GUZMAN CHAIRMAN OB/GYN	(i)	705,707	5,000	11,484	0	20,165	742,356	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19ITZHAK AVITAL MD chairman surgery	(i)	612,032	18,450	3,757	0	11,380	645,619	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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

(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21NAYAN K KOTHARI MD CHAIRMAN MEDICINE	(i)	472,114	24,553	0	0	18,464	515,131	0
	(ii)	0	0	0	0	- 0	- 0	0
1BIPIN N PATEL MD CHAIRMAN PEDIATRICS	(i)	453,424	0	13,196	0	20,454	487,074	0
	(ii)	0	0	0	0	- 0	- 0	0
2Steven B Palder md physician	(i)	616,668	0	5,544	0	31,300	653,512	0
	(ii)	0	0	0	0	- 0	- 0	0
3John Gallucci mdphysician	(i)	616,212	0	3,612	0	32,052	651,876	0
	(ii)	0	0	0	0	- 0	- 0	0
4I MARK HIATT MD DIRECTOR NEONATOLOGY	(i)	520,758	30,000	7,041	2,650	18,588	579,037	0
	(ii)	0	0	0	0	- 0	- 0	0
5Chnstopher M Houlihan md physician	(i)	517,419	5,000	3,612	0	32,052	558,083	0
	(ii)	0	0	0	0	- 0	- 0	0
6Angela C Ranzini md physician	(i)	495,218	5,000	3,612	0	34,052	537,882	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
22-1487330

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool 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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,462,402		14,156,053					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	67,469,850		100,604,659					
4	Gross proceeds in reserve funds	6,533,411		8,874,358					
5	Capitalized interest from proceeds	2,839,321		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,284,750		2,063,899					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	56,865,325		5,321,890					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2013		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 200 %		1 470 %					
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	0 200 %		1 470 %					
7 Does the bond issue meet the private security or payment test? . . .	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

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						
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	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART III, QUESTION 9	PLEASE NOTE THAT, FOR THE 2016 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 2017 YEAR

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE LAST REBATE COMPUTATION FOR THIS TAX-EXEMPT BOND ISSUE WAS PERFORMED ON MARCH 4, 2013

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN C	THE AUGUST 9, 2011 TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES ADDITIONAL CUSIP #'s LISTED BELOW - 64579FP64, - 64579FP72, - 64579FP80, - 64579FQ30, - 64579FQ48, - 64579FQ55, - 64579FQ22, AND - 64579FP98 THE DECEMBER 18, 2007 TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES ADDITIONAL CUSIP #'s LISTED BELOW - 64579FSJ3, - 64579FSK0, - 64579FSL8, AND - 64579FSM6

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493318107107
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
		Employer identification number 22-1487330	

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Return Reference	Explanation
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, sexual identity and orientation, national origin, or ability to pay Moreover, SPUH operates consistently within the following 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 that is open 24 hours a day, seven days a week, 365 days per year, 3 SPUH maintains an open medical staff with privileges available to all qualified physicians, 4 Control of SPUH rests with its board of trustees, which is comprised of independent civic leaders and other prominent members of the community, and 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities, and advance medical care, programs and activities The operations of SPUH, as shown through the factors outlined above and other information contained herein, clearly demonstrate that the use and control of SPUH is for the benefit of the public and that no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally Saint Peter's University Hospital, located at 254 Easton Ave., New Brunswick, N.J. 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 24,000 inpatients

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	and 200,000 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 " "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 3) and Neonatal Intensive Care Unit (Level 3), established in 1981 - Delivers approximately 5,700 newborns annually Admits approximately 900 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 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

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	specialty trained pediatric nurses A dedicated pediatric emergency department that treats more than 23,000 children annually (the newly reconstructed facility opened in April 2013) Comprehensive pediatric surgery, including minimally invasive services The largest group of specialty 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 a free-standing adult oncology center, 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 - Specializes in integrated geriatric medicine, offering services and satellite centers that include geriatric evaluation and management service (intensive outpatient program for frail seniors), 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 Saint Peter's 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 genetics 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

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 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. Specialty Services ===== Regional Perinatal Center (RPC) delivering nearly 5,700 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 prematurity assessment and prevention program. Neonatal Intensive Care Unit (NICU) Saint Peter's operates a 54-bassinet NICU, the largest in central New Jersey and the first in the state, which includes the neonatal retina center, providing laser surgery for retinopathy of prematurity and outpatient ophthalmology services, and the infant apnea center. Special training in caring for these fragile babies is provided to parents and support groups are offered. Cancer program includes a 24-bed inpatient unit and outpatient services including radiation and infusion therapies, surgery and the head and neck 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 treatment.

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	s, including pump therapy Surgery orthopedic procedures, including hips, knees and spine s 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 ar e performed and 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 I maging Center provides diagnostic services including mammography and bone-density testing and a complete program for the diagnosis and treatment of breast cancer is available Depa rtment of Medical Genetics and Genomic Medicine counsels, diagnoses and treats individual s and families with a history of inherited diseases, including prenatal through adult serv ices The department serves as both a regional center for inherited metabolic disorders an d a regional center for medical genetic services for central New Jersey It provides compr ehensive testing, treatment and lifetime management for infants found to have an inherited metabolic disorder Prenatal services are also provided The team includes geneticists, g enetic counselors, endocrinologists, nutritionists and a pathologist Wound Care Center an d Hyperbaric Services provides treatment for non-healing wounds caused by diabetes, radia tion therapy, etc , including hyperbaric oxygen therapy chambers, in both New Brunswick an d Monroe The Center for Sleep and Breathing Disorders diagnoses and treats both adults a nd children with sleep apnea and other sleeping disorders Family Health Center located a t 123 How Lane in New Brunswick, the center offers complete medical and subspecialty servi ces for underserved adults and children Endoscopy offers state-of-the-art diagnostic ser vices 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 H ealth Services the 34-foot-long specially equipped Winnebago travels throughout central N ew Jersey with staff providing health screenings, vaccinations and wellness education to b usinesses, 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 h ospital, 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, hematom ogy-oncology, radiology, nephrology, surgery, anesthesiology, sleep and breathing disorder s, infectious disease medicine, otolaryngology, physical therapy, audiology and more Othe r Services ===== The Center for Diabetes Self-Management Education diagnoses and tr eats children with diabetes and other endocrine disorders, emphasizing family management a nd support The center offers

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 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

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 120,000 visits in pediatric and pediatric subspecialties, adult medicine and subspecialties, women's health and subspecialties, and geriatric medicine and subspecialties Other community benefit programs/support groups/screenings Adult communities Concordia, Clear Brook, The Ponds, Greenbriar at Whittingham, Rossmoor, Stonebridge, Regency Community Mobile Health Services mobile health van Pediatric call center Adult Day Center Family Health Center - adults and children and women's ambulatory services Thyroid and Diabetes Center Geriatrics Child protection center Infection control Marketing and media relations Laundry for homeless men's shelter Pharmacy Employee health services Main kitchen food services Perinatal services Community outreach Pastoral care Volunteer services Medical library Craniofacial-neurosurgical center Abstinence education Fertility awareness Soup kitchen - Elijah's Promise Speakers bureau Breast cancer support group Leukemia, lymphoma, and myeloma support group Living with cancer support group New visions support group (for teenagers with cancer) Strength for caring (for caregivers of cancer patients) Advanced cardiac life support Advanced cardiac life support renewal Basic life support for healthcare providers CPR for family and friends First aid Heartsaver AED adult/pediatric Adults with diabetes support group Kids pump group Teen pump group Alzheimer's caregivers Bereavement support group Caregivers support group Interstitial support group Pregnancy after loss support group S h a r e Support group Blood pressure and blood sugar screenings Osteoporosis screenings Body mass index skin screenings Skin cancer screenings Breast health information and self-exam instruction Parent education Baby care Breastfeeding Breastfeeding support group New daddy class New family support group Prenatal nutrition class Sibling class Tiny tots CyberKnife robotic radiosurgery Breast center Please note that this is not an all-inclusive list

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

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

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") SAINT PETER'S HEALTHCARE SYSTEM, INC IS THE TAX-EXEMPT PARENT OF THE SYSTEM THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE SAINT PETER'S HEALTH CARE SYSTEM, INC AUDIT AND COMPLIANCE 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 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 AND COMPLIANCE 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

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE SYSTEM'S CHIEF COMPLIANCE OFFICER FOR REVIEW THE CHIEF COMPLIANCE OFFICER THEN PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED BY AN INDIVIDUAL ON AN INDIVIDUAL BASIS 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 DURING BOARD MEETINGS

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE HOSPITAL TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPOSED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE HOSPITAL'S HUMAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X	The accompanying 2015 audited consolidated financial statements have been corrected to increase and properly state the pension plan liability, as previously reported at December 31, 2015. The accrued pension liability has been restated from the amount previously reported by an increase of approximately \$27.7 million. Employee benefits expense and the change in pension liability to be recognized in future periods, as previously reported for the year ended December 31, 2015, have been restated by increases of \$2.2 million and \$5.1 million, respectively, from the amounts previously reported.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS, (\$2,132,294), - NET EQUITY TRANSFER FROM MARGARET MCLAUGHLIN MCCARRICK CARE CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, (\$21,514,000), - NET CHANGE IN BENEFICIAL INTEREST IN ST PETER'S FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, (\$1,928,859), AND - DONATED EQUIPMENT AND OTHER INCREASES IN NET ASSETS, \$1,776,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, 2016 AND DECEMBER 31, 2015, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR THE SYSTEM'S AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318107107	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (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	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3557777	HLTHCARE SVCS	NJ										
(2) NEW BRUNSWICK CARDIAC CATH LAB LLC 240 EASTON AVENUE NEW BRUNSWICK, NJ 08901 20-2419783	HLTHCARE SVCS	NJ										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SAINT PETERS SOLAR ENERGY SOLUTIONS INC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3351339	SOLAR ENERGY	NJ	NA	C CORP					No
(2) PARK AVENUE COLLECTIONS CORP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 20-8498534	INACTIVE	NJ	SPUH	C CORP					No
(3) RISK ASSURANCE CO OF SPUH 94 SOLARIS AVENUE 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0417672	FINANCIAL VEHICLE	CJ	SPUH	FOREIGN CORP					No
(4) SAINT PETER'S SPECIALTY PHYSICIANS PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 36-4761935	INACTIVE	NJ	SPUH	C CORP	4,029,925	2,365,377	100 000 %	Yes	
(5) SAINT PETERS ADVANCED CARE PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 47-2597921	HEALTHCARE	NJ	SPUH	C CORP	1,684,048	1,659,653	100 000 %	Yes	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST PETER'S FOUNDATION	C	1,777,225	COST
(2) ST PETER'S FOUNDATION	Q	464,000	COST
(3) RISK ASSURANCE CO OF SPUH	R	4,044,506	COST

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.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2577732	NURSING CARE	NJ	501(C)(3)	509(A)(1)	SPUH	Yes	
(1) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 11-3674491	PHYS SVCS	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(2) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2329197	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	SPHCS		No
(3) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 27-0045088	SUPPORT SPUH	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(4) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 26-2019056	HOLDING CO	NJ	501(C)(3)	509(A)(3)	N/A		No
(5) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2428823	REAL ESTATE	NJ	501(C)(3)	N/A	SPHCS		No
(6) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3664897	REHAB SVCS	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(7) 120 ALBANY STREET SUITE 750 NEW BRUNSWICK, NJ 08901 22-1946837	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
(8) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 45-2043596	HLTHCARE SVCS	NY	501(C)(3)	509(A)(2)	SPHCS		No
(9) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 27-4645523	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	SPHCS		No
(10) 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 32-0410270	HLTHCARE SVCS	NJ	501(C)(3)	509(a)(2)	na		No