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SCANNED DEC 12 2017

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization SAINT PETERS HEALTHCARE SYSTEM, INC.		D Employer identification number 26-2019056
	Doing business as		E Telephone number (732) 745-8600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	254 EASTON AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW BRUNSWICK, NJ 08901		G Gross receipts \$ 42,822,913.
	F Name and address of principal officer LESLIE D. HIRSCH, FACHE 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
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website WWW.SAINTPETERSHCS.COM			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation 2007 M State of legal domicile NJ			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SAINT PETER'S HEALTHCARE SYSTEM AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	207.
	6 Total number of volunteers (estimate if necessary)	6	0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,386,235.	42,822,913.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,386,235.	42,822,913.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	161,385.	137,788.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,582,995.	26,077,076.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,709,413.	17,490,489.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	39,453,793.	43,705,353.
	19 Revenue less expenses - Subtract line 18 from line 12	932,442.	-882,440.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	37,285,335.	51,476,876.
	22 Net assets or fund balances - Subtract line 21 from line 20	37,285,335.	51,476,876.
		0.	0.

Part II Signature Block

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

Sign Here	Signature of officer <i>GARRICK J. STOLT</i>	Date 11-9-2017
	Type or print name and title GARRICK J. STOLT, CHIEF FINANCIAL OFFICER	
Paid Preparer Use Only	Print/Type preparer's name ANTHONY J PANICO	Preparer's signature <i>Anthony J Panico</i>
	Date 11/13/17	Check ☐ if self-employed
	PTIN P00365556	Firm's EIN 22-2027092
	Firm's name WITHUMSMITH+BROWN, PC	Phone no 973-898-9494
	Firm's address 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 39,348,596. including grants of \$) (Revenue \$ 42,822,913.)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 39,348,596.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	79	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	207	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country ▶		
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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			
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 GARRICK J. STOLDT, FHFMA, CPA 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 (732) 745-8600

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VINCENT J. DICKS CHAIRMAN - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(2) JUDITH T. CARUSO TRUSTEE	1.00 0.	X						0.	0.	0.
(3) SISTER PATRICIA CODEY, SC, ESQ TRUSTEE	1.00 0.	X						0.	0.	0.
(4) REVEREND MONSIGNOR JOHN FELL TRUSTEE	1.00 0.	X						0.	0.	0.
(5) ALFRED J. GABURO, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(6) CHRISTOPHER KOLASA, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(7) VAUGHN MCKOY, J.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(8) KEVIN NINI, M.D. TRUSTEE	3.00 0.	X						0.	13,700.	0.
(9) CAROL A. PURCELL TRUSTEE	1.00 0.	X						0.	0.	0.
(10) RONALD C. RAK, J.D. TRUSTEE - CEO	55.00 0.	X		X				1,138,125.	0.	36,648.
(11) NIRANJAN RAO, M.D. TRUSTEE	55.00 0.	X						323,013.	0.	17,895.
(12) LESLIE D. HIRSCH, FACHE PRESIDENT - SPHCS	55.00 0.			X				796,803.	0.	19,657.
(13) GARRICK J. STOLDT, FHFMA, CPA TREASURER - CFO	55.00 0.			X				467,521.	0.	61,175.
(14) PETER CONNOLLY EVP; CHIEF MARKETING OFFICER	55.00 0.			X				529,389.	0.	49,354.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) STEVEN S. RADIN, ESQ. EVP; LEGAL AFF&PRES/CEO SPHMSC	55.00 0.			X				452,778.	0.	48,968.
16) FRANK J. DISANZO CHIEF INFORMATION OFFICER	55.00 0.			X				541,207.	0.	36,082.
17) RITA M. JENNINGS (EFF 1/25/16) GENERAL COUNSEL-CORP SECRETARY	55.00 0.			X				297,220.	0.	1,772.
18) WILLIAM J. REARS CHIEF TECHNOLOGY OFFICE	55.00 0.			X				199,113.	0.	48,538.
19) BARBARA J. WELSH CHIEF COMPLIANCE OFFICER	55.00 0.			X				176,443.	0.	39,066.
20) ELIOT N. HELLER, M.D. CHIEF MED INFORMATION OFFICER	55.00 0.			X				145,825.	0.	15,928.
21) JAMES S. CHOMA EXECUTIVE DIRECTOR- FOUNDATION	55.00 0.			X				279,148.	0.	17,579.
22) MICHAEL L. HOCHBERG VP; CLINICAL INT OFFICER	55.00 0.			X				545,551.	0.	11,271.
23) ROBERT J. MULCAHY VP; FACILITY SAFETY	55.00 0.			X				372,505.	0.	29,070.
24) SUSAN M. BALLESTERO VP; CHIEF HR OFFICER	55.00 0.			X				355,136.	0.	43,983.
25) JOSE A. JIMENEZ, JR. VP; GOVERNMENTAL AFFAIRS	55.00 0.			X				260,998.	0.	48,197.
1b Sub-total								3,254,851.	13,700.	184,729.
c Total from continuation sheets to Part VII, Section A								5,284,409.	0.	584,424.
d Total (add lines 1b and 1c)								8,539,260.	13,700.	769,153.

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 **53**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **11**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) LISA M. DRUMBORE VP; CHIEF PATIENT EXPERIENCE	55.00 0.			X				212,316.	0.	46,383.
27) DAVID OVIEDO VP; SUPPLY CHAIN MANAGEMENT	55.00 0.			X				208,462.	0.	28,219.
28) ALYSSA A. VERDERAMI VP; RISK MANAGEMENT	55.00 0.			X				202,783.	0.	54,090.
29) MICHAEL BERGER DIRECTOR	55.00 0.					X		231,270.	0.	22,736.
30) DOREEN STEVENSON DIRECTOR	55.00 0.					X		215,330.	0.	4,795.
31) EMILY LYSSIKATOS ASSOCIATE EXECUTIVE DIRECTOR	55.00 0.					X		202,856.	0.	24,445.
32) MICHELE N. GIULIANO SENIOR DIRECTOR	55.00 0.					X		196,438.	0.	46,146.
33) GIUSEPPE VESCIO DIRECTOR	55.00 0.					X		189,030.	0.	17,156.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		

Part VIII Statement of RevenueCheck 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				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0.			
Program Service Revenue	2a	PROGRAM RELATED REVENUE	Business Code 900099	42,822,913.	42,822,913.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		42,822,913.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		0.		
4		Income from investment of tax-exempt bond proceeds .		0.			
5		Royalties		0.			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0.			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	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	0.			
b	Less cost of goods sold	b	0.				
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions		42,822,913.	42,822,913.			

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	137,788.	137,788.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	8,158,211.	7,342,390.	815,821.	
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	13,363,600.	12,027,240.	1,336,360.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,603,374.	1,443,037.	160,337.	
9 Other employee benefits	1,640,362.	1,476,326.	164,036.	
10 Payroll taxes	1,311,529.	1,180,376.	131,153.	
11 Fees for services (non-employees)				
a Management	6,000.	5,400.	600.	
b Legal	279,704.	251,734.	27,970.	
c Accounting	0.			
d Lobbying	0.			
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). ATCH 3	5,051,407.	4,546,266.	505,141.	
12 Advertising and promotion	3,645,479.	3,280,931.	364,548.	
13 Office expenses	2,317,282.	2,085,554.	231,728.	
14 Information technology	393,303.	353,973.	39,330.	
15 Royalties	0.			
16 Occupancy	89,080.	80,172.	8,908.	
17 Travel	31,194.	28,075.	3,119.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	30,578.	27,520.	3,058.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	4,814,840.	4,333,356.	481,484.	
b DUES AND SUBSCRIPTIONS	379,811.	341,830.	37,981.	
c EDUCATION AND TRAINING	166,216.	149,594.	16,622.	
d OTHER EXPENSES	285,595.	257,034.	28,561.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	43,705,353.	39,348,596.	4,356,757.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	514,030.	1	713,503.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	303,161.	5	154,441.
	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	0.	8	0.
	9 Prepaid expenses and deferred charges	715,785.	9	1,359,137.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	35,752,359.	15	49,249,795.
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,285,335.	16	51,476,876.	
Liabilities	17 Accounts payable and accrued expenses	5,024,663.	17	5,822,166.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,260,672.	25	45,654,710.
	26 Total liabilities. Add lines 17 through 25	37,285,335.	26	51,476,876.
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	0.	27	0.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (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	0.	33	0.
	34 Total liabilities and net assets/fund balances.	37,285,335.	34	51,476,876.

Form 990 (2016)

Part XI. Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,822,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,705,353.
3	Revenue less expenses Subtract line 2 from line 1	3	-882,440.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	882,440.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0.

Part XII. Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ X

- 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
- 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
- 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
- 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?
- 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	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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

The organization is not a private foundation because it is: (For lines 1 through 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 **section 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. 1

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 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 from 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 in line 12 on 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? 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.	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		X
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		X
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? If "Yes," provide detail in Part VI .		X
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? If "Yes," provide detail in Part VI .		X
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)? If "Yes," answer 10b below.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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? 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.	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? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7. ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

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-explain in Part VI) 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 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI 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. . . .			

Schedule A (Form 990 or 990-EZ) 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.)

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF SUPPORT	(VI) OTHER
		ORGANIZATION	YES NO		SUPPORT AMOUNT
SAINT PETER'S UNIVERSITY HOSPITAL	22-1487330	3	X	0.	0.
TOTAL AMOUNT OF SUPPORT				0.	0.

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 PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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 a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %
- The percentages 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
- Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) _____

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

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) DUE FROM RELATED PARTIES	49,247,605.
(2) OTHER RECEIVABLES	2,190.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	49,249,795.

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	
(2) DUE TO RELATED PARTIES	42,071,628.
(3) ACCRUED PENSION LIABILITY	3,583,082.
(4) OTHER LIABILITIES	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	45,654,710.

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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

OMB No 1545-0047

2016

Open to Public
Inspection

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. PETER'S FOUNDATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	22-2329197	501 (C) (3)	63,788.				PROGRAM SUPPORT
(2) RUTGERS, THE STATE UNIVERSITY 101 SOMERSET ST NEW BRUNSWICK, NJ 08901	23-7318742	501 (C) (3)	15,000.				SPONSORSHIP
(3) AMERICAN ASSOCIATION OF PHYSICIANS OF INDIA 600 ENTERPRISE DR SUITE 108	38-2532505	501 (C) (3)	15,000.				SPONSORSHIP
(4) THE STATE THEATRE REGIONAL ARTS CENTER AT N 40 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	16-1616384	501 (C) (3)	9,000.				SPONSORSHIP
(5) ENCORE ORCHESTRA OF NJ 38 CHATHAM RD SHORT HILLS, NJ 07078	47-4651135	501 (C) (3)	10,000.				SPONSORSHIP
(6) NJ BIZ 220 DAVIDSON AVE SOMERSET, NJ 08873			10,000.				SPONSORSHIP
(7) CATHOLIC EXTENSION 1501 BROADWAY SUITE 1808 NEW YORK, NY 10026			7,500.				SPONSORSHIP
(8) CHABAD HOUSE-LUBAVITCH, INC. 170 COLLEGE AVE NEW BRUNSWICK, NJ 08901	22-2281598	501 (C) (3)	7,500.				SPONSORSHIP
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							8.
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2016)

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

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

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

GRANT FUND MONITORING

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE

UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN

DOCUMENTATION AND RECEIPTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

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

2016

**Open to Public
Inspection**

Employer identification number

26-2019056

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as, maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

Only section 501(c)(3), 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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 aren't 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				
1 RONALD C. RAK, J.D. TRUSTEE - CEO	(i) 914,422. (ii) 0.	67,500.	156,203.	25,175.	11,473.	1,174,773.	0.
2 NIRANJAN RAO, M.D. TRUSTEE	(i) 307,937. (ii) 0.	15,076.	0.	0.	17,895.	340,908.	0.
3 LESLIE D. HIRSCH, FACHE PRESIDENT - SPHCS	(i) 759,769. (ii) 0.	25,550.	11,484.	0.	19,657.	816,460.	0.
4 GARRICK J. STOLDT, FHEM TREASURER - CFO	(i) 423,616. (ii) 0.	37,000.	6,905.	27,825.	33,350.	528,696.	0.
5 PETER CONNOLLY VP; CHIEF MARKETING OFFICER	(i) 494,777. (ii) 0.	25,000.	9,612.	27,825.	21,529.	578,743.	0.
6 STEVEN S. RADIN, ESQ. VP; LEGAL AFF&PRES/CEO SPHMSC	(i) 414,111. (ii) 0.	30,960.	7,707.	30,475.	18,493.	501,746.	0.
7 FRANK J. DISANZO CHIEF INFORMATION OFFICER	(i) 497,510. (ii) 0.	37,500.	6,197.	25,175.	10,907.	577,289.	0.
8 RITA M. JENNINGS (EFF 1) GENERAL COUNSEL-CORP SECRETARY	(i) 293,748. (ii) 0.	0.	3,472.	0.	1,772.	298,992.	0.
9 WILLIAM J. REARS CHIEF TECHNOLOGY OFFICE	(i) 198,282. (ii) 0.	0.	831.	14,600.	33,938.	247,651.	0.
10 BARBARA J. WELSH CHIEF COMPLIANCE OFFICER	(i) 161,039. (ii) 0.	12,500.	2,904.	1,766.	37,300.	215,509.	0.
11 ELIOT N. HELLER, M.D. CHIEF MED INFORMATION OFFICER	(i) 138,622. (ii) 0.	0.	7,203.	0.	15,928.	161,753.	0.
12 JAMES S. CHOMA EXECUTIVE DIRECTOR- FOUNDATION	(i) 260,034. (ii) 0.	17,000.	2,114.	0.	17,579.	296,727.	0.
13 MICHAEL L. HOCHBERG VP; CLINICAL INT OFFICER	(i) 522,035. (ii) 0.	22,000.	1,516.	0.	11,271.	556,822.	0.
14 ROBERT J. MULCAHY VP; FACILITY SAFETY	(i) 343,391. (ii) 0.	26,000.	3,114.	7,925.	21,145.	401,575.	0.
15 SUSAN M. BALLESTERO VP; CHIEF HR OFFICER	(i) 319,876. (ii) 0.	31,370.	3,890.	25,175.	18,808.	399,119.	0.
16 JOSE A. JIMENEZ, JR. VP; GOVERNMENTAL AFFAIRS	(i) 243,767. (ii) 0.	12,625.	4,606.	26,511.	21,686.	309,195.	0.
		0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

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 aren't 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				
LISA M. DRUMBORE 1 VP; CHIEF PATIENT EXPERIENCE	(i) 211,290. (ii) 0.	0.	1,026.	17,483.	28,900.	258,699.	0.
DAVID OVIEDO 2 VP; SUPPLY CHAIN MANAGEMENT	(i) 197,029. (ii) 0.	9,690.	1,743.	18,980.	9,239.	236,681.	0.
ALYSSA A. VERDERAMI 3 VP; RISK MANAGEMENT	(i) 202,143. (ii) 0.	0.	640.	15,223.	38,867.	256,873.	0.
MICHAEL BERGER 4 DIRECTOR	(i) 225,067. (ii) 0.	0.	6,203.	4,519.	18,217.	254,006.	0.
DOREEN STEVENSON 5 DIRECTOR	(i) 214,362. (ii) 0.	0.	968.	2,322.	2,473.	220,125.	0.
EMILY LYSSIKATOS 6 ASSOCIATE EXECUTIVE DIRECTOR	(i) 192,707. (ii) 0.	9,550.	599.	13,630.	10,815.	227,301.	0.
MICHELE N. GIULIANO 7 SENIOR DIRECTOR	(i) 195,412. (ii) 0.	0.	1,026.	16,212.	29,934.	242,584.	0.
GIUSEPPE VESCIO 8 DIRECTOR	(i) 187,345. (ii) 0.	0.	1,685.	1,911.	15,245.	206,186.	0.
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Schedule J (Form 990) 2016

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.

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.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) RONALD C RAK, JD	CEO	SEE PART V		X	400,000.	154,441.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						154,441.						

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

SCHEDULE L, PART II

ON NOVEMBER 14, 2011, THE COMPENSATION COMMITTEE OF THE BOARD OF GOVERNORS APPROVED A LOAN FROM THE SYSTEM TO RONALD C. RAK, THE SYSTEM'S CHIEF EXECUTIVE OFFICER, IN THE PRINCIPAL AMOUNT OF \$400,000. THE PURPOSE OF THE LOAN WAS TO FACILITATE THE SYSTEM'S BUSINESS OBJECTIVE OF DEVELOPING AN ENHANCED ACADEMIC RELATIONSHIP BETWEEN THE SYSTEM AND DREXEL UNIVERSITY [COLLEGE OF MEDICINE] ("DREXEL") (LOCATED IN PHILADELPHIA), TO DEVELOP A NATIONAL GIANNA CENTER FOR WOMEN (A FERTILITY SERVICE IN KEEPING WITH CATHOLIC TEACHINGS) IN THE CITY OF PHILADELPHIA, AND TO PLAN FOR AND LAUNCH A COLLABORATIVE EFFORT AMONG DREXEL, THE SYSTEM AND THE ARCHDIOCESE OF PHILADELPHIA TO EXPLORE THE CREATION OF ENHANCED CLINICAL CARE FACILITIES TO ADDRESS INFANT MORTALITY WITHIN THE CITY - BY PROVIDING A SOURCE OF FINANCING TO MR. RAK FOR THE PURCHASE OF A RESIDENCE IN PHILADELPHIA, PENNSYLVANIA. THE PARTIES DOCUMENTED THE LOAN IN THE FORM OF A PROMISSORY NOTE FROM MR. RAK TO THE SYSTEM DATED NOVEMBER 16, 2011. IN ADDITION TO CONTAINING STANDARD LOAN PROVISIONS SUCH AS INTEREST RATE (3.5% PER ANNUM) AND PAYMENT SCHEDULE (MONTHLY OR QUARTERLY PAYMENTS COMMENCING IN 2015), THE PROMISSORY NOTE CONTAINED

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

INFORMATION REGARDING THE COLLATERAL USED AS SECURITY FOR THE LOAN (MR. RAK'S RESIDENCE IN TEWKSBURY, NEW JERSEY).

IN 2015, THE COMPENSATION COMMITTEE OF THE SYSTEM'S BOARD OF GOVERNORS RECOMMENDED, AND THE BOARD OF GOVERNORS APPROVED, THE DISCHARGE IN FULL OF MR. RAK'S INDEBTEDNESS UNDER THE AFOREMENTIONED LOAN RATABLY OVER 36 MONTHS (BEGINNING ON JANUARY 1, 2015 AND ENDING ON DECEMBER 31, 2017) ON THE CONDITION THAT THAT MR. RAK CONTINUE PROVIDING SERVICES TO THE SYSTEM AS ITS CEO. IF, WITHIN THIS 36-MONTH PERIOD, MR. RAK WERE TO RESIGN FOR "GOOD REASON", AS DEFINED IN THE AGREEMENT BETWEEN MR. RAK AND THE SYSTEM EFFECTUATING THE DISCHARGE, OR MR. RAK WERE TO BE TERMINATED BY THE SYSTEM OTHER THAN FOR "CAUSE", AS DEFINED IN THE EMPLOYMENT AGREEMENT BETWEEN MR. RAK AND THE SYSTEM EFFECTIVE AS OF JANUARY 1, 2008, AS AMENDED, THE THEN OUTSTANDING BALANCE OF THE LOAN WOULD BE FORGIVEN IN FULL. IF, WITHIN THIS 36-MONTH PERIOD, MR. RAK WERE TO RESIGN WITHOUT "GOOD REASON" OR WERE TO BE TERMINATED FOR "CAUSE", THE THEN OUTSTANDING BALANCE OF THE LOAN WOULD HAVE TO BE REPAID BY HIM IN FULL. AS THE LOAN INDEBTEDNESS IS DISCHARGED IN CONNECTION WITH MR. RAK'S PERFORMANCE OF

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

SERVICES, HE RECEIVES COMPENSATION INCOME FROM THE SYSTEM IN THE AMOUNT DISCHARGED. FOR 2016, THE AMOUNT OF SUCH COMPENSATION INCOME RECEIVED BY MR. RAK AMOUNTED TO \$148,721. IF THE OUTSTANDING LOAN BALANCE AT ANY TIME WITHIN THE 36-MONTH PERIOD WERE TO BE FORGIVEN, MR. RAK WOULD RECEIVE COMPENSATION INCOME FROM THE SYSTEM IN THE AMOUNT FORGIVEN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ 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**

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

CORE FORM, PART III; QUESTION 3

ON FEBRUARY 1, 2016, THE SYSTEM SOLD CERTAIN ASSETS AND THE OPERATIONS OF MARGARET MCLAUGHLIN MCCARRICK CARE CENTER ("CARE CENTER") TO AN UNRELATED ENTITY FOR APPROXIMATELY \$12,000,000. THE 2016 ACTIVITIES AND OPERATIONS OF THE CARE CENTER ARE REPORTED WITHIN THE SYSTEM'S DISCONTINUED OPERATIONS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

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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.

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SAINT PETER'S BRINGS THE LATEST MEDICAL PRACTICES AND HIGHLY SKILLED PROFESSIONALS TO THE BEDSIDE. HOSPITAL STAFF TREAT APPROXIMATELY 24,000 INPATIENTS 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

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"KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED BY THE BISHOP OF METUCHEN, SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED

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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

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- 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:

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

A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT THAT TREATS MORE THAN 23,000 CHILDREN ANNUALLY (THE NEWLY RECONSTRUCTED FACILITY OPENED IN APRIL 2013).

COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALLY INVASIVE SERVICES.

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

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

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

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

- FOR MORE THAN 40 YEARS, A REGIONAL PROVIDER OF COMPREHENSIVE CANCER SERVICES INCLUDING A FREE-STANDING ADULT ONCOLOGY CENTER, RADIATION

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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.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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AFFILIATIONS

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SAINT PETER'S UNIVERSITY HOSPITAL IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP). TOGETHER, WE'VE ESTABLISHED THE CHOP CARDIAC CENTER AT SAINT PETER'S UNIVERSITY HOSPITAL THAT SPECIALIZES IN MONITORING AND TREATING CARDIAC ABNORMALITIES IN INFANTS AND CHILDREN. IN SUPPORT OF OUR MISSION TO PROVIDE QUALITY MEDICAL EDUCATION, SAINT PETER'S BECAME AN ACADEMIC AFFILIATE OF RUTGERS UNIVERSITY BIOMEDICAL AND HEALTH SCIENCES DIVISION.

SPECIALTY SERVICES

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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 PREMATURETY ASSESSMENT AND PREVENTION PROGRAM.

NEONATAL INTENSIVE CARE UNIT (NICU): SAINT PETER'S OPERATES A 54-BASSINETT NICU, THE LARGEST IN CENTRAL NEW JERSEY AND THE FIRST IN THE

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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

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DISEASE. CERTIFIED DIABETES EDUCATORS SERVE ALL INPATIENTS THROUGHOUT SAINT PETER'S, AND THE HOSPITAL HAS A DEDICATED METABOLIC UNIT FOR INPATIENTS WITH DIABETES. THE CENTER PROVIDES EXTENSIVE INPATIENT AND OUTPATIENT EDUCATION AND THE MOST CURRENT DIAGNOSTICS AND TREATMENTS, INCLUDING PUMP THERAPY.

SURGERY: ORTHOPEDIC PROCEDURES, INCLUDING HIPS, KNEES AND SPINES. GENERAL, VASCULAR AND OTHER SURGICAL PROCEDURES ARE ALSO AVAILABLE. SAME-DAY PROCEDURES ARE PERFORMED IN THE C.A.R.E.S. SURGICENTER. GENERAL AND SPECIALTY PEDIATRIC SURGERIES ARE PERFORMED 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 IMAGING CENTER PROVIDES DIAGNOSTIC SERVICES INCLUDING MAMMOGRAPHY AND BONE-DENSITY TESTING AND A COMPLETE PROGRAM FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER IS AVAILABLE.

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

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ENDOCRINOLOGISTS, NUTRITIONISTS AND A PATHOLOGIST.

WOUND CARE CENTER AND HYPERBARIC SERVICES: PROVIDES TREATMENT FOR
NON-HEALING WOUNDS CAUSED BY DIABETES, RADIATION THERAPY, ETC., INCLUDING
HYPERBARIC OXYGEN THERAPY CHAMBERS, IN BOTH NEW BRUNSWICK AND MONROE.

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

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

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

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

THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL: A
STATE-DESIGNATED ACUTE CARE SPECIALTY HOSPITAL, THE CHILDREN'S HOSPITAL
AT SAINT PETER'S UNIVERSITY HOSPITAL OFFERS SERVICES THAT INCLUDE THE

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CHOP CARDIAC CENTER, A PEDIATRIC EMERGENCY DEPARTMENT, INPATIENT ACUTE CARE, INTENSIVE CARE, A PEDIATRIC TRANSPORT TEAM, ADOLESCENT MEDICINE, AUTISM, EPILEPSY, HEMATOLOGY-ONCOLOGY, RADIOLOGY, NEPHROLOGY, SURGERY, ANESTHESIOLOGY, SLEEP AND BREATHING DISORDERS, INFECTIOUS DISEASE MEDICINE, OTOLARYNGOLOGY, PHYSICAL THERAPY, AUDIOLOGY AND MORE.

OTHER SERVICES

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

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

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

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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.

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.

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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

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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

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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.

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

THE BISHOP OF THE DIOCESE OF METUCHEN ("THE MEMBER") SHALL BE, EX-OFFICIO, THE SOLE MEMBER OF THE ORGANIZATION AND SHALL BE RESPONSIBLE FOR ENSURING THE COMPLIANCE OF THE ORGANIZATION AND ITS SUBSIDIARIES WITH THE "ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE FACILITIES." THE MEMBER SHALL HAVE THE POWERS SET FORTH IN THE ORGANIZATION'S BYLAWS. IN THE EVENT OF A VACANCY IN THE OFFICE OF THE BISHOP OF THE DIOCESE OF METUCHEN, BY RETIREMENT, DEATH, DISABILITY OR

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OTHERWISE, THE POWERS OF THE MEMBER SHALL VEST IN THE INDIVIDUAL APPOINTED BY THE ROMAN CATHOLIC CHURCH TO ASSUME THE POWERS OF THAT OFFICE UNTIL SUCH TIME AS A SUCCESSOR BISHOP IS APPOINTED, AND SUCH INDIVIDUAL SHALL ACT AS THE MEMBER UNTIL SUCH TIME AS A SUCCESSOR BISHOP IS APPOINTED. POWERS OF THE MEMBER:

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

2. THE MEMBER SHALL HAVE THE POWER TO APPOINT AND REMOVE THE CHAIR OF THE BOARD, THE VICE-CHAIR OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, THE TREASURER OF THE ORGANIZATION, THE SECRETARY OF THE ORGANIZATION AND THE ASSISTANT SECRETARY OF THE ORGANIZATION, IN ITS SOLE DISCRETION, WITH OR WITHOUT CAUSE, AT ANY TIME.

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

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

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

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

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

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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 HEALTHCARE SYSTEM, INC. AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

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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.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH").

SPUH'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, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

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 SYSTEM AND SPUH TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

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

Name of the organization SAINT PETERS HEALTHCARE SYSTEM, INC.	Employer identification number 26-2019056
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THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

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

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM SPUH'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY SPUH AND SYSTEM. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION C; QUESTION 19

Name of the organization SAINT PETERS HEALTHCARE SYSTEM, INC.	Employer identification number 26-2019056
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THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII AND SCHEDULE J

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

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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

Name of the organization SAINT PETERS HEALTHCARE SYSTEM, INC.	Employer identification number 26-2019056
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SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON PART VII OF THIS FORM 990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- PHARMACY SCHOOL PLEDGE PAID; \$882,440.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH"). 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. THE ORGANIZATION'S AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS,

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT
AUDITOR.

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

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
E PLUS TECHNOLOGY, INC. P.O. BOX 404398 ATLANTA, GA 30384-4398	ADVERTISING	485,497.
INTERSTATE OUTDOOR ADVERTISING 905 NORTH KINGS HIGHWAY CHERRY HILL, NJ 08034	ADVERTISING	388,043.
SGW INTEGRATED MARKETING COMMUNICATIONS 219 CHANGEBRIDGE ROAD MONTVILLE, NJ 07045	MARKETING	379,566.
WAINSCOT MEDIA, LLC 110 SUMMIT AVENUE MONTVALE, NJ 07645	MEDIA PUBLISHING	292,845.
THE ADVISORY BOARD	CONSULTING	270,701.

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Employer identification number

26-2019056

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
P.O. BOX 79461 BALTIMORE, MD 21279-0461		

ATTACHMENT 3FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING	1,109,498.	998,548.	110,950.	0.
CONTRACTED SERVICES	3,825,323.	3,442,791.	382,532.	0.
OTHER PURCHASED SERVICES	116,586.	104,927.	11,659.	0.
TOTALS	<u>5,051,407.</u>	<u>4,546,266.</u>	<u>505,141.</u>	<u>0.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

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26-2019056



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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

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

Schedule R (Form 990) 2016

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETERS HEALTHCARE SYSTEM, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number

26-2019056

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	NEW BRUNSWICK AFFILIATED HOSPITALS, INC. 22-1946837 120 ALBANY STREET, SUITE 750 NEW BRUNSWICK, NJ 08901	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	RWJHCC	X
(2)	GIANNA PHYSICIAN PRACTICE OF NEW YORK PC 45-2043596 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(2)	SPUH	X
(3)	SAINT PETER'S HEALTHCARE SYST PHYS ASSOC 27-4645523 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	SPUH	X
(4)	THE NTNL GIANNA CTR FOR WOMEN'S HEALTH 32-0410270 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(2)	SPHCS	X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CARES SURGICENTER, LLC 22-3557 254 EASTON AVENUE NEW BRUNSWICK NJ 08901	HLTHCARE SVCS	NJ	N/A									
(2) NEW BRUNSWICK CARDIAC CATH LAB 240 EASTON AVENUE NEW BRUNSWICK NJ 08901	HLTHCARE SVCS	NJ	N/A									
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC. 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SOLAR ENERGY	NJ	N/A	C CORP.					X
(2) PARK AVENUE COLLECTIONS CORP. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	N/A	C CORP.					X
(3) RISK ASSURANCE CO. OF SPUH 94 SOLARIS AVENUE, 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS	FINANCIAL VEHICLE	CJ	N/A	FOREIGN CORP.					X
(4) SAINT PETERS ADVANCED CARE, P.C. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	N/A	C CORP.					X
(5)									
(6)									
(7)									

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				(d) Method of determining amount involved
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		
(1) SAINT PETER'S UNIVERSITY HOSPITAL	O	24,252,686.	COST	
(2) MARGARET MCLAUGHLIN MCCARRICK CARE CENTER	O	69,048.	COST	
(3) SAINT PETER'S HEALTHCARE SYSTEM PHYS. ASSOC.	O	1,197,707.	COST	
(4) SAINT PETER'S UNIVERSITY HOSPITAL	Q	16,394,303.	COST	
(5) SAINT PETER'S HEALTHCARE SYSTEM PHYS. ASSOC.	Q	770,710.	COST	
(6) SAINT PETER'S SPECIALTY PHYSICIANS, P.C.	O	276,306.	COST	

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC.	O	70,182.	COST
(2) SAINT PETER'S ADVANCED CARE, P.C.	O	118,915.	COST
(3) SAINT PETER'S ADVANCED CARE, P.C.	Q	76,300.	COST
(4) SAINT PETER'S SPECIALTY PHYSICIANS, P.C.	Q	177,686.	COST
(5) ST. PETER'S FOUNDATION	Q	80,000.	COST
(6)			

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH"). SPUH 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.