

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
SAINT PETER'S UNIVERSITY HOSPITAL

% GARRICK J STOLDT FHFMA CP  
Doing business as

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

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

**D** Employer identification number  
22-1487330

**E** Telephone number  
(732) 745-8600

**G** Gross receipts \$ 474,091,228

**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 1907

**M** State of legal domicile NJ

**Part I Summary**

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	10
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3,746
<b>6</b> Total number of volunteers (estimate if necessary)	412
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	153,801

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,770,451	3,863,260
<b>9</b> Program service revenue (Part VIII, line 2g)	438,203,964	461,847,643
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,685,277	3,129,328
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,138,254	5,250,997
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	456,797,946	474,091,228
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,402	180,768
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	276,628,320	267,885,533
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	186,154,653	190,395,582
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	462,866,375	458,461,883
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-6,068,429	15,629,345
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	412,372,000	414,283,000
<b>21</b> Total liabilities (Part X, line 26)	390,369,000	373,447,000
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	22,003,000	40,836,000

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-11-07

GARRICK J STOLDT FHFMA CPA CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
Firm's address ▶ 200 Jefferson Park Suite 400 Whippany, NJ 079811070			Phone no (973) 898-9494	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 353,057,230 including grants of \$ 180,768 ) (Revenue \$ 461,847,643 )  
See Additional Data

**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 ▶ 353,057,230

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NJ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (GARRICK J STOLDT FHFMA CP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 (732) 745-8600).





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	1,463,025		
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,000,994		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	399,241		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		3,863,260		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE		541900	446,764,000	446,764,000		
<b>b</b> OTHER HEALTHCARE RELATED REVENUE		541900	15,083,643	15,083,643			
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			461,847,643				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,463,533			2,463,533	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			316,334			316,334	
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		2,199,454						
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)	2,199,454	0				
	<b>d</b> Net rental income or (loss) . . . . .			2,199,454			2,199,454	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			349,461					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)		349,461				
	<b>d</b> Net gain or (loss) . . . . .			349,461			349,461	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		6,019					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			6,019			6,019	
Miscellaneous Revenue	Business Code							
<b>11a</b> CAFETERIA/RESTAURANT	900099		1,883,575			1,883,575		
<b>b</b> ADULT DAY CARE	624100		446,050			446,050		
<b>c</b> PARKING REVENUE	812930		438,019			438,019		
<b>d</b> All other revenue . . . . .			277,880			277,880		
<b>e Total.</b> Add lines 11a-11d . . . . .			3,045,524					
<b>12 Total revenue.</b> See Instructions . . . . .			474,091,228	461,847,643		8,380,325		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	180,768	180,768		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,337,085	2,569,555	767,530	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	213,591,088	164,465,138	49,125,950	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	8,914,583	6,864,229	2,050,354	
<b>9</b> Other employee benefits.	26,029,733	20,042,894	5,986,839	
<b>10</b> Payroll taxes.	16,013,044	12,330,044	3,683,000	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	2,571,228	1,979,845	591,383	
<b>b</b> Legal.	2,824,136	2,174,585	649,551	
<b>c</b> Accounting.	421,614	324,643	96,971	
<b>d</b> Lobbying.	119,645	92,127	27,518	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,098,179	10,855,598	3,242,581	
<b>12</b> Advertising and promotion.	3,181,749	2,449,947	731,802	
<b>13</b> Office expenses.	11,796,988	9,083,681	2,713,307	
<b>14</b> Information technology.	562,102	432,819	129,283	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	9,755,534	7,511,761	2,243,773	
<b>17</b> Travel.	506,187	389,764	116,423	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	135,567	104,387	31,180	
<b>20</b> Interest.	8,973,875	6,909,884	2,063,991	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	23,920,466	18,418,759	5,501,707	
<b>23</b> Insurance.	4,543,911	3,498,812	1,045,099	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	51,759,776	39,855,028	11,904,748	0
<b>b</b> CONTRACTED SERVICES	17,461,628	13,445,454	4,016,174	0
<b>c</b> REPAIRS & MAINTENANCE	16,044,473	12,354,244	3,690,229	0
<b>d</b> STATE ASSESSMENT	2,749,838	2,117,375	632,463	0
<b>e</b> All other expenses	18,968,686	14,605,889	4,362,797	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	458,461,883	353,057,230	105,404,653	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,270	<b>1</b>	4,113
	<b>2</b> Savings and temporary cash investments . . . . .	13,383,605	<b>2</b>	19,161,558
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	54,758,735	<b>4</b>	48,986,762
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	6,059,716	<b>8</b>	5,013,072
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,959,731	<b>9</b>	2,846,736
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 575,589,448		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 390,828,912	187,425,830	<b>10c</b> 184,760,536
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	125,196,571	<b>13</b>	127,039,200
	<b>14</b> Intangible assets . . . . .	1,799,457	<b>14</b>	1,621,709
	<b>15</b> Other assets See Part IV, line 11 . . . . .	20,780,085	<b>15</b>	24,849,314
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	412,372,000	<b>16</b>	414,283,000	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	55,807,389	<b>17</b>	53,427,049
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	27,240
	<b>20</b> Tax-exempt bond liabilities . . . . .	143,470,998	<b>20</b>	138,481,657
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	11,536,297	<b>23</b>	14,382,362
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	179,554,316	<b>25</b>	167,128,692
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	390,369,000	<b>26</b>	373,447,000
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	13,841,000	<b>27</b>	34,160,000
	<b>28</b> Temporarily restricted net assets . . . . .	8,062,000	<b>28</b>	6,576,000
	<b>29</b> Permanently restricted net assets	100,000	<b>29</b>	100,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	22,003,000	<b>33</b>	40,836,000	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	412,372,000	<b>34</b>	414,283,000	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	474,091,228
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	458,461,883
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	15,629,345
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,003,000
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,010,466
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	5,214,121
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	40,836,000

**Part XII Financial Statements and Reporting**

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

- 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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1487330

**Name:** SAINT PETER'S UNIVERSITY HOSPITAL

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT AND EMERGENCY MEDICALLY NECESSARY SERVICES TO 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 (STATEMENT OF PROGRAM SERVICES) WHICH INCLUDES DETAILED INFORMATION REGARDING THE VARIOUS SERVICES PROVIDED BY THIS ORGANIZATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT J DICKS CHAIRMAN - TRUSTEE	1 0 ..... 0 0	X		X				0	0	0
JUDITH T CARUSO DNP MBA TRUSTEE	1 0 ..... 0 0	X						0	0	0
REV TIMOTHY A CHRISTY TRUSTEE	1 0 ..... 0 0	X						0	0	0
GOPAL R DESAI MD TRUSTEE	55 0 ..... 0 0	X						562,044	0	2,543
REV MONSIGNOR JOHN N FELL TRUSTEE	1 0 ..... 0 0	X						0	0	0
ALFRED J GABURO JR TRUSTEE	1 0 ..... 0 0	X						0	0	0
LESLIE D HIRSCH FACHE TRUSTEE - PRESIDENT/CEO	55 0 ..... 0 0	X		X				0	906,232	119,842
CHRISTOPHER KOLASA MD TRUSTEE	1 0 ..... 0 0	X						0	0	0
MICHAEL LIGORANO ESQ KM TRUSTEE	1 0 ..... 0 0	X						0	0	0
KEVIN NINI MD TRUSTEE	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL A PURCELL ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
DAVID SAMUEL PE PPCME ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
SISTER PATRICIA CODEY SC ESQ ..... TRUSTEE - (TERMED 9/18/18)	1 0 ..... 0 0	X						0	0	0
GARRICK J STOLDT FHFMA CPA ..... TREASURER - SPHCS CFO	55 0 ..... 0 0			X				0	482,215	65,738
NIRANJAN V RAO MD ..... CHIEF MEDICAL OFFICER	55 0 ..... 0 0			X				0	336,074	26,853
JORDAN M TANNENBAUM ..... CIO	55 0 ..... 0 0				X			0	408,670	31,932
LINDA CARROLL ..... CHIEF NURSING OFFICER	55 0 ..... 0 0				X			331,868	0	63,443
WILLIAM J REARS ..... CHIEF TECHNOLOGY OFFICER	55 0 ..... 0 0				X			0	217,603	45,274
BARBARA J Griffiths-WELSH ..... CHIEF COMPLIANCE OFFICER	55 0 ..... 0 0				X			0	209,126	39,990
ALMA S RATCLIFFE ..... VP, CHIEF CLIN TRANS OFFICER	55 0 ..... 0 0				X			0	453,855	20,033

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA A TEUFEL ..... VP, CHIEF HR OFFICER	55 0 ..... 0 0				X			0	361,969	30,152
ALYSSA A VERDERAMI ESQ ..... VP, LEGAL AND RISK MGMT	55 0 ..... 0 0				X			0	315,188	67,594
Lisa M Drumbore ..... VP, CHIEF PATIENT EXP OFFICER	55 0 ..... 0 0				X			0	261,496	62,800
DAVID A LASKOW MD ..... CHAIRMAN SURGERY	55 0 ..... 0 0				X			608,542	0	25,704
NAYAN K KOTHARI MD ..... CHAIRMAN MEDICINE	55 0 ..... 0 0				X			515,791	0	27,190
BIPIN N PATEL MD ..... CHAIRMAN PEDIATRICS	55 0 ..... 0 0				X			470,601	0	26,471
EDWIN R GUZMAN TERM 123118 ..... CHAIRMAN OB/GYN	55 0 ..... 0 0				X			683,289	0	19,599
ROBERT MULCAHY TERM 122618 ..... VP, FACILITY SAFETY	55 0 ..... 0 0				X			0	359,028	31,835
DAVID OVIEDO ..... VP, SUPPLY CHAIN MANAGEMENT	55 0 ..... 0 0				X			0	215,252	33,422
DAVID E JACOB MD ..... ASSOCIATE CHAIRMAN	55 0 ..... 0 0					X		760,398	0	49,302

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARKADY BRODER MD ..... PHYSICIAN	55 0 ..... 0 0					X		642,120	0	46,776
John Gallucci md ..... physician	55 0 ..... 0 0					X		617,129	0	41,413
I MARK HIATT MD ..... DIRECTOR NEONATOLOGY	55 0 ..... 0 0					X		552,253	0	20,980
SIVA P JONNA ..... CHIEF PEDIATRIC CRITICAL CARE	55 0 ..... 0 0					X		546,250	0	41,403
RONALD C RAK JD ..... FORMER	0 0 ..... 0 0						X	0	921,520	14,396
RITA M JENNINGS ..... FORMER	0 0 ..... 0 0						X	0	328,287	0
PETER CONNOLLY ..... FORMER	0 0 ..... 0 0						X	0	192,311	0
FRANK J DISANZO ..... FORMER	0 0 ..... 0 0						X	0	192,311	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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 line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1487330

**Name:** SAINT PETER'S UNIVERSITY HOSPITAL

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	119,645	119,645												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	119,645	119,645												
<b>d</b> Other exempt purpose expenditures	458,342,239	474,914,355												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	458,461,884	475,034,000												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	295,009	301,007	284,647	119,645	1,000,308
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-A, LINE 1B	THE STATE OF NEW JERSEY FORM LI-L, ANNUAL REPORT OF REPRESENTED ENTITY, FILED BY SAINT PETER'S UNIVERSITY HOSPITAL, REFLECTS THE FOLLOWING LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM A TOTAL OF \$60,000 DURING 2018 TO PERFORM LOBBYING ACTIVITIES ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, CATHOLIC HEALTH ASSOCIATION, CATHOLIC HEALTHCARE PARTNERSHIP OF NEW JERSEY, NEW JERSEY HOSPITAL ASSOCIATION AND WOMEN'S HOSPITAL (C-WISH) WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER ORGANIZATIONS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY HOSPITAL AND ITS AFFILIATES THIS ALLOCATION AMOUNTED TO \$59,645 IN 2018

**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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
SAINT PETER'S UNIVERSITY HOSPITAL

**Employer identification number**  
22-1487330

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1      ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X      ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1      ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X      ► \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	8,161,875	10,643,565	8,622,000	9,298,000	10,565,000
<b>b</b> Contributions . . . . .	17,017	56,586	172,758	74,000	232,000
<b>c</b> Net investment earnings, gains, and losses	-1,476,862	-2,374,981	1,928,859	-642,000	-1,313,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	24,695	163,295	80,052	108,000	186,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,677,335	8,161,875	10,643,565	8,622,000	9,298,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 98 500 %
  - b** Permanent endowment ▶ 1 500 %
  - 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . . | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		
- 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
<b>1a</b> Land . . . . .		5,142,884		5,142,884
<b>b</b> Buildings . . . . .		330,297,885	206,402,644	123,895,241
<b>c</b> Leasehold improvements		5,014,772	5,014,032	740
<b>d</b> Equipment . . . . .		230,653,890	178,565,409	52,088,481
<b>e</b> Other . . . . .		4,480,017	846,827	3,633,190
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				184,760,536

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LIMITED USE ASSETS	115,206,441	F
(2) TAX-EXEMPT ORGANIZATION	5,932,757	F
(3) RELATED CORPORATION	5,900,002	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	127,039,200	

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	8,941,503
(2) PAYOR SETTLEMENTS	545,000
(3) RECEIVABLE	9,861,160
(4) DUE FROM RELATED PARTIES	3,837,760
(5) AND OTHER ASSETS	1,663,891
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	24,849,314

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED INTEREST	4,066,406
ACCRUED PENSION LIABILITY	124,251,624
ACCRUED MEDICAL MALPRACTICE	1,876,905
DUE TO RELATED PARTIES	10,192,000
OTHER LIABILITIES	12,486,597
MALPRACTICE INSURANCE PAYABLE	9,861,160
SETTLEMENTS	4,394,000
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	167,128,692

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1487330

**Name:** SAINT PETER'S UNIVERSITY HOSPITAL

## Supplemental Information

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

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT PETER'S UNIVERSITY HOSPITAL

**Employer identification number**  
22-1487330

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total					<b>28,697,415</b>
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					<b>28,697,415</b>

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	HLTH CENTERS	111,438				

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

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



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-1487330

**Name:** SAINT PETER'S UNIVERSITY HOSPITAL

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	FINANCIAL VEHICLE	4,665,770
Central America and the Caribbean			Investments		24,031,645

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Name of the organization**  
 SAINT PETER'S UNIVERSITY HOSPITAL

**Employer identification number**  
 22-1487330

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			20,895,674	3,423,018	17,472,656	3 810 %
<b>b</b> Medicaid (from Worksheet 3, column a)			33,707,442	23,934,222	9,773,220	2 130 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			54,603,116	27,357,240	27,245,876	5 940 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,951,510	2,068,685	1,882,825	0 410 %
<b>f</b> Health professions education (from Worksheet 5)			12,802,977	8,048,868	4,754,109	1 040 %
<b>g</b> Subsidized health services (from Worksheet 6)			9,090,505	6,779,830	2,310,675	0 500 %
<b>h</b> Research (from Worksheet 7)			0	0	0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			150,990	0	150,990	0 030 %
<b>j Total.</b> Other Benefits			25,995,982	16,897,383	9,098,599	1 980 %
<b>k Total.</b> Add lines 7d and 7j		0	80,599,098	44,254,623	36,344,475	7 920 %

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,681,269
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	130,795
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	76,900,565
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	79,382,514
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-2,481,949
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

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

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

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

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW SAINTPETERSHCS COM</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>WWW HEALTHIERMIDDLESEX COM</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW SAINTPETERSHCS COM</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW SAINTPETERSHCS COM</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW SAINTPETERSHCS COM</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW SAINTPETERSHCS COM</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

SAINT PETER'S UNIVERSITY HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .		No
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		No
	If "Yes," check all actions in which the hospital facility or a third party engaged		
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
	<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
	<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

SAINT PETER'S UNIVERSITY HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
<b>1</b> SPUH CENTER FOR ADULT HEALTH CARE 300 OVERLOOK DRIVE MONROE TOWNSHIP, NJ 08831	PRIMARY CARE SERVICES
<b>2</b> SAINT PETER'S ADULT DAY CARE CENTER 200 OVERLOOK DRIVE PONDVIEW PLAZA MONROE TOWNSHIP, NJ 08831	ADULT DAY HEALTH SERVICES
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	THE INCOME-BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2014 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FEDERAL POVERTY GUIDELINES (FPG) ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7G	NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation																				
<p>SCHEDULE H, PART III, SECTION A,            QUESTIONS 2, 3 &amp; 4</p>	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS THE SAINT PETER'S HEALTHCARE SYSTEM, INC ("SYSTEM"), INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE SAINT PETER'S HEALTHCARE SYSTEM, INC CHARITY CARE THE SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("DOH") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE SYSTEM'S RECORDS IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES AND INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED DOH ALLOWS RETROACTIVE APPLICATION FOR CHARITY CARE UP TO TWO YEARS FROM THE DATE OF SERVICE IN ACCORDANCE WITH ITS MISSION AND PHILOSOPHY, THE SYSTEM COMMITS SUBSTANTIAL RESOURCES TO SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE INDIGENT AS WELL AS THE BROADER COMMUNITY COMMUNITY BENEFITS PROVIDED TO THE INDIGENT INCLUDE THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT AFFORD HEALTHCARE DUE TO INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF TRADITIONAL CHARITY CARE, UNPAID COSTS OF CARE PROVIDED TO BENEFICIARIES OF MEDICAID AND OTHER INDIGENT PUBLIC PROGRAMS, SERVICES SUCH AS FREE CLINICS AND MEAL PROGRAMS FOR WHICH A PATIENT IS NOT BILLED OR FOR WHICH A NOMINAL FEE HAS BEEN ASSESSED, AND CASH AND IN-KIND DONATIONS OF EQUIPMENT, SUPPLIES OR STAFF TIME VOLUNTEERED ON BEHALF OF THE COMMUNITY COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY INCLUDE THE COSTS OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY NOT QUALIFY AS INDIGENT BUT MAY NEED SPECIAL SERVICES AND SUPPORT THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF SERVICES SUCH AS HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, ALL OF WHICH ARE NOT BILLED OR CAN BE OPERATED ONLY ON A DEFICIT BASIS, UNPAID PORTIONS OF TRAINING HEALTH PROFESSIONAL SUCH AS MEDICAL RESIDENTS, NURSING STUDENTS AND STUDENTS IN ALLIED HEALTH PROFESSIONS, AND THE UNPAID PORTIONS OF TESTING MEDICAL EQUIPMENT AND CONTROLLED STUDIES OF THERAPEUTIC PROTOCOLS A SUMMARY OF THE ESTIMATED COST OF COMMUNITY BENEFITS PROVIDED TO BOTH THE INDIGENT AND THE BROADER COMMUNITY FOLLOWS</p> <table border="0"> <tr> <td>2018(000's)</td> <td>2017(000's)</td> <td>COMMUNITY BENEFITS PROVIDED TO THE INDIGENT</td> <td>CHARITY CARE PROVIDED</td> </tr> <tr> <td>\$20,896</td> <td>\$19,987</td> <td>UNPAID COST OF PUBLIC PROGRAMS, MEDICAID AND OTHER INDIGENT CARE</td> <td></td> </tr> <tr> <td>PROGRAMS 9,773</td> <td>7,896</td> <td>COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY</td> <td>NON-BILLED</td> </tr> <tr> <td>SERVICES FOR THE COMMUNITY 3,864</td> <td>4,606</td> <td>EDUCATION AND RESEARCH PROVIDED FOR THE</td> <td></td> </tr> <tr> <td>COMMUNITY 4,754</td> <td>5,513</td> <td>----- ESTIMATED COST OF COMMUNITY BENEFITS</td> <td>\$39,287 \$38,002</td> </tr> </table> <p>===== THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED USING THE HOSPITAL'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS THE ESTIMATED COST OF COMMUNITY BENEFIT WAS 8 6 PERCENT AND 8 3 PERCENT OF TOTAL OPERATING EXPENSES IN 2018 AND 2017, RESPECTIVELY THE SYSTEM RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY \$3,423,000 AND \$3,477,000 FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, RESPECTIVELY</p>	2018(000's)	2017(000's)	COMMUNITY BENEFITS PROVIDED TO THE INDIGENT	CHARITY CARE PROVIDED	\$20,896	\$19,987	UNPAID COST OF PUBLIC PROGRAMS, MEDICAID AND OTHER INDIGENT CARE		PROGRAMS 9,773	7,896	COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY	NON-BILLED	SERVICES FOR THE COMMUNITY 3,864	4,606	EDUCATION AND RESEARCH PROVIDED FOR THE		COMMUNITY 4,754	5,513	----- ESTIMATED COST OF COMMUNITY BENEFITS	\$39,287 \$38,002
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COMMUNITY 4,754	5,513	----- ESTIMATED COST OF COMMUNITY BENEFITS	\$39,287 \$38,002																		

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2018 MEDICARE COST REPORT THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC ") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL -TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1.501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE , EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007, WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA BELIEVED THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 85 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES. THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERS BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO BELIEVE THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE" - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40 PERCENT OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE AS OUTLINED BY THE AHA, DESPITE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	<p>ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF THE SAINT PETER'S UNIVERSITY HOSPITAL'S BUSINESS OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE "SELF-PAYOR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE COMPASSIONATE CARE PAYMENT ASSISTANCE PROGRAM, AND, - FINANCIAL ARRANGEMENTS INCLUDING 1 CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), 2 FLEXIBLE PAYMENT PLANS IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM THE SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE REIMBURSEMENT, AS REFERRED BY THE STATE OF NEW JERSEY</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, SECTION B, QUESTIONS 1-12 AND SECTION C, THIS ORGANIZATION CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUALLY WHICH INCLUDES A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC ) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS, HEALTHCARE SERVICE ESTIMATES AND FORECASTS (BOTH INPATIENT AND OUTPATIENT), ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION, AND, A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES (HEALTH RESEARCH AND EDUCATION TRUST OF RUTGERS) THIS ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS SPECIFIC SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE THESE REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE RESPONSIVENESS TO IDENTIFIED COMMUNITY NEEDS IN ADDITION, THIS ORGANIZATION WORKS WITH LOCAL PROVIDERS TO PLAN AND DISCUSS HEALTH NEEDS OF THE POPULATION ONE FORUM IS A PERINATAL CONSORTIUM FOR THE GREATER MIDDLESEX AREA WITH REPRESENTATION FROM LOCAL COMMUNITY HEALTH CENTERS, OTHER HEALTH PROVIDERS AND OTHER COMMUNITY HEALTH LEADERS</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	THIS ORGANIZATION IS IN A DIVERSE SUBURBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN NEW BRUNSWICK TO MORE AFFLUENT SUBURBAN AREAS THIS ORGANIZATION IS LOCATED IN NEW BRUNSWICK, IN MIDDLESEX COUNTY MIDDLESEX COUNTY IS THE SECOND MOST POPULOUS COUNTY IN THE STATE WITH 25 MUNICIPALITIES THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS ABOUT 50 PERCENT OF ITS INPATIENTS ARE OF MINORITY RACE/ETHNICITY IN ADDITION, APPROXIMATELY 23 PERCENT OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	THIS ORGANIZATION HOLDS AN ANNUAL COMMUNITY PUBLIC MEETING WHERE THE BOARD MEMBERS ARE INVITED AS WELL AS SENIOR MANAGEMENT TEAM AND STAFF MEMBERS THE MAJORITY OF THE BOARD OF TRUSTEES ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS AND PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION) ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES BY THEIR RESPECTIVE DEPARTMENTS UNDER THE DIRECTIVE OF THE ORGANIZATION'S CORPORATE FINANCE OFFICE, SURPLUS FUNDS ARE USED FOR CAPITAL PROJECTS TO IMPROVE SERVICES OR PURCHASE EQUIPMENT, WHICH IN TURN, BENEFIT THE COMMUNITY PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES THAT COMPRISE THE SAINT PETER'S HEALTHCARE SYSTEM

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>           OUTLINED BELOW IS A SUMMARY OF THE ENTITIES THAT COMPRISE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES NOT-FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES ENTITIES SAINT PETER'S HEALTHCARE SYSTEM, INC -----            SAINT PETER'S HEALTHCARE SYSTEM, INC ("SPUH SYSTEM") IS THE TAX-EXEMPT PARENT OF THE SAINT PETER'S HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER SPUH SYSTEM OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY SPUH SYSTEM THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY SAINT PETER'S HEALTHCARE SYSTEM, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) SAINT PETER'S UNIVERSITY HOSPITAL ----- SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS A 478 BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY SPUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 SPUH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF SPUH RESTS WITH ITS BOARD OF GOVERNORS WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS, MEMBERS OF THE COMMUNITY AND MEDICAL STAFF REPRESENTATION, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES MARGARET MCLAUGHLIN MCCARRICK CARE CENTER -----            ----- MARGARET MCLAUGHLIN MCCARRICK CARE CENTER IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) SAINT PETER'S FOUNDATION ----- SAINT PETER'S FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SPUH, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION ----- SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY SAINT PETER'S PROPERTIES CORPORATION -----            ----- SAINT PETER'S PROPERTIES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2) NEW BRUNSWICK AFFILIATED HOSPITALS, INC ----- NEW BRUNSWICK AFFILIATED HOSPITALS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) GIANNA PHYSICIAN PRACTICE OF NEW YORK, P C ----- GIANNA PHYSICIAN PRACTICE OF NEW YORK, P C IS A PROFESSIONAL CORPORATION WITH AN APPLICATION FOR TAX-EXEMPTION CURRENTLY PENDING WITH THE INTERNAL REVENUE SERVICE TO BE RECOGNIZED AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE O         </p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 6</p>	<p>F MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S UNIVERSITY HOSPITAL SAINT PETER'S HEALTHCARE SYSTEM PHYSICIAN ASSOCIATES, P C ----- SAINT PETER'S HEALTHCARE SYSTEM PHYSICIAN ASSOCIATES, P C IS A PROFESSIONAL CORPORATION WITH AN APPLICATION FOR TAX-EXEMPTION CURRENTLY PENDING WITH THE INTERNAL REVENUE SERVICE TO BE RECOGNIZED AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S UNIVERSITY HOSPITAL THE NATIONAL GIANNA CENTER FOR WOMEN'S HEALTH AND FERTILITY, INC ----- FERTILITY, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES ENTITIES SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC ----- A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS SAINT PETER'S HEALTH AND MANAGEMENT SERVICES THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY THE ORGANIZATION PROVIDES SOLAR GENERATED ELECTRICITY TO THE HOSPITAL AND ONE OTHER NON-PROFIT ORGANIZATION PARK AVENUE COLLECTIONS CORPORATION ----- AN INACTIVE FOR-PROFIT ORGANIZATION RISK ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL ----- A CONTROLLED FOREIGN CORPORATION BY SPUH THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN THE CAYMAN ISLANDS SAINT PETER'S SPECIALTY PHYSICIANS, P C ----- AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY SAINT PETER'S ADVANCED CARE, P C ----- AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY A CONTROLLED FOREIGN CORPORATION BY SPUH THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN THE CAYMAN ISLANDS SAINT PETER'S SPECIALTY PHYSICIANS, P C ----- AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY SAINT PETER'S ADVANCED CARE, P C ----- AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY

**Additional Data****Software ID:****Software Version:****EIN:** 22-1487330**Name:** SAINT PETER'S UNIVERSITY HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 WWW.SAINTPETERSHCS.COM 11205	X	X	X	X			X			1

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule h, part v, section b, questionS 3i	ALTHOUGH NOT EXPLICITLY STATED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), THE ORGANIZATIONS IMPLEMENTATION STRATEGY OUTLINES THE IMPACT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2013 CHNA

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question S 5, 6A, 6B & 11	<p>IN REVIEWING THE INFORMATION THAT FOLLOWS, IT IS IMPORTANT TO NOTE THAT THE QUANTITATIVE DATA UTILIZED PRECEDES THE ACTIVITIES OF THE CURRENT COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), WHILE THE QUALITATIVE WORK COINCIDES WITH THE CHIP WORK FROM 2013-2015. THE TIME DELAY OF THE QUANTITATIVE DATA IS DUE TO THE REPORTING PROCEDURES OF THE DATA SOURCES USED, WHICH ARE STANDARD AMONG RESEARCH AGENCIES. THE DELAY DOES NOT DISRUPT OR NEGATIVELY INFLUENCE THE VALUE OF THE INFORMATION, AS IT ALLOWS ANALYSIS OF THE HEALTH TRENDS THAT ARE PREVALENT IN THE HOSPITAL SERVICE AREA OVER A PERIOD OF SIX YEARS, DEFINING THOSE AREAS THAT ARE THE MOST IMPACTFUL IN THE COMMUNITY. IDENTIFYING PERVASIVE TRENDS AND ALIGNING THEM WITH THE 2013 CHIP FOCUS AREAS WILL LEAD TO THE CREATION OF A MORE ROBUST AND EVIDENCE-BASED 2016 CHIP. DURING THIS PROCESS THE NEW AND EMERGING TRENDS THAT OCCUR THROUGHOUT BOTH THE QUALITATIVE AND QUANTITATIVE MEASURES WILL BE HIGHLIGHTED. IN ADDITION TO THE ABOVE, THERE WAS A PURPOSEFUL DECISION TO FOCUS ON AN UPDATE, RATHER THAN A DUPLICATION OF THE 2012 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). CONSISTENCY THROUGHOUT THE ASSESSMENT WAS OF PARAMOUNT IMPORTANCE, LEADING TO A FOCUS ON THE QUANTITATIVE MEASURES AND KEY INFORMANT INTERVIEWS, ALLOWING PERVASIVE TRENDS TO EMERGE MORE READILY. THE KEY INFORMANT INTERVIEWS OF THIS CHNA WERE CONDUCTED WITH MANY OF THE SAME COMMUNITY-BASED ORGANIZATIONS AS THE 2012 CHNA. FURTHERMORE, BY SHIFTING SOME ALLOCATION OF RESOURCES FROM THE ASSESSMENT TO IMPLEMENTATION, THE HOSPITALS CAN CONTINUE FUNDING CURRENT AND FUTURE PROGRAMS, WITH THE INTENTION OF CYCLING THROUGH A COMPREHENSIVE ASSESSMENT EVERY NINE YEARS, IN ORDER TO IDENTIFY LONG-TERM HEALTH CHANGES OVER TIME. THESE DECISIONS REPRESENT THE CORRECT APPROACH TO NOT ONLY EFFECTIVELY EVALUATE THE COMMUNITY, BUT THE RIGHT STRATEGIC APPROACH TO PROVIDING THE ACTUAL IMPLEMENTATION OF THE PROGRAMS AND POLICIES THAT AFFECT THE HEALTH OF THE COMMUNITY IN MIDDLESEX AND SOMERSET COUNTIES UNDER THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), NON-PROFIT HOSPITALS MUST CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND IDENTIFY AN IMPLEMENTATION STRATEGY TO ADDRESS THOSE NEEDS EVERY THREE YEARS. IN ORDER TO CONTINUE COMPLIANCE WITH THIS REQUIREMENT, SAINT PETERS UNIVERSITY HOSPITAL AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AGAIN TEAMED TOGETHER AND ENGAGED THE RUTGERS UNIVERSITY CENTER FOR STATE HEALTH POLICY (CSHP) TO COMPLETE A SERIES OF MULTI-METHOD ANALYTIC ACTIVITIES TO INFORM THE SECOND ROUND OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY AS PART OF THAT WORK, CSHP CONDUCTED SECONDARY DATA ANALYSES OF THE 2012 BEHAVIORAL RISK FACTOR AND SURVEILLANCE SYSTEM (BRFSS) DATA AND UNIFORM BILLING HOSPITAL DISCHARGE DATA OVER THE PERIOD 2011-2013. A SEPARATE QUALITATIVE PART OF THE PROJECT REACHED OUT TO BROAD CONSTITUENCIES VIA A SERIES OF KEY INFORMANT INTERVIEWS. FINDINGS CONVERGED IN SEVERAL KEY THEMES ACROSS ALL THREE DATA COMPONENTS.</p>

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question 5, 6A, 6B & 11	<p>NENTS THE HOSPITALS ENGAGED THE RUTGERS UNIVERSITY CENTER FOR STATE HEALTH POLICY (CSHP) TO COMPLETE A SERIES OF MULTI-METHOD ANALYTIC ACTIVITIES TO INFORM THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY AS PART OF THAT WORK, CSHP CONDUCTED SECONDARY DATA ANALYSES OF THE 2012 BEHAVIORAL RISK FACTOR AND SURVEILLANCE ANALYSIS (BRFSS) DATA AND UNIFORM BILLING (UB) HOSPITAL DISCHARGE DATA OVER THE PERIOD 2011-2013. THE ACA ALSO REQUIRES THAT THE COMMUNITY HEALTH NEEDS ASSESSMENT SHOULD INCLUDE "INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH" (U.S. CONGRESS 2010 "THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, PUBLIC LAW 111148" U.S. GOVERNMENT PRINTING OFFICE). THIS WAS ADDRESSED BY THE QUALITATIVE PART OF THE PROJECT THAT REACHED OUT TO BROAD CONSTITUENCIES VIA A SERIES OF KEY INFORMANT INTERVIEWS. THE INSTITUTIONAL REVIEW BOARD OF RUTGERS UNIVERSITY APPROVED THIS STUDY. FINDINGS FROM ALL THREE OF THESE RESEARCH EFFORTS ARE COMPILED IN THIS REPORT. A BRIEF DESCRIPTION OF EACH DATA SOURCE IS PROVIDED BELOW.</p> <p>CHAPTER 1. HEALTH INDICATORS AND RISKY/PREVENTIVE BEHAVIORS: AN ANALYSIS OF 2012 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) (ANALYZED BY CSHP). THIS CENTERS FOR DISEASE CONTROL AND PREVENTION-SPONSORED SURVEY IS CONDUCTED ANNUALLY BY THE NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES. THE BRFSS SUPPORTS ANALYSIS OF A REPRESENTATIVE SAMPLE OF NJ ADULTS AND IS CAPABLE OF GENERATING COUNTY-LEVEL ESTIMATES. CSHP ANALYZED BRFSS DATA FOR COUNTIES INCLUDED IN THE DESIGNATED SERVICE AREA (MIDDLESEX, SOMERSET) AS WELL AS STATEWIDE COMPARATIVE DATA. HEALTH TOPICS OF INTEREST SUCH AS HEALTH STATUS, HEALTH CARE ACCESS AND UTILIZATION, RISKY AND PREVENTIVE BEHAVIORS, ETC., WERE ANALYZED BY KEY DEMOGRAPHICS (AGE, GENDER, RACE/ETHNICITY, INCOME, AND HEALTH INSURANCE STATUS). GENERAL CHANGES IN PATTERNS OVER TIME FROM THE FIRST COMMUNITY HEALTH NEEDS ASSESSMENT ARE ALSO NOTED. THIS CHAPTER PRESENTS FINDINGS USING DATA FROM THE 2012 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) FOR MIDDLESEX COUNTY AND SOMERSET COUNTY IN NEW JERSEY (BRFSS DATA IS ONLY AVAILABLE AT THE COUNTY LEVEL SO ALL OF SOMERSET COUNTY IS INCLUDED). THE BRFSS IS AN ANNUAL HEALTH SURVEY CONDUCTED IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, AND THREE TERRITORIES. IT IS OVERSEEN BY THE CDC AND ADMINISTERED BY THE INDIVIDUAL STATES. THE BRFSS WAS ESTABLISHED IN 1984 IN A NUMBER OF STATES, AND NEW JERSEY BEGAN DATA COLLECTION IN 1991. IT IS A RANDOM-DIGIT-DIAL TELEPHONE SURVEY OF NON-INSTITUTIONALIZED ADULTS AGES 18 AND OVER AND PROVIDES TIMELY DATA ON A NUMBER OF HEALTH-RELATED MEASURES INCLUDING HEALTH STATUS, RISK BEHAVIORS, PREVENTIVE BEHAVIORS, AND HEALTH CARE UTILIZATION. DETAILED INFORMATION ON THE BRFSS CAN BE FOUND AT <a href="http://www.cdc.gov/brfss/">HTTP://WWW.CDC.GOV/BRFSS/</a>. THE 2012 QUESTIONNAIRE CAN BE FOUND AT <a href="http://www.cdc.gov/brfss/questionnaires/pdf-ques/">HTTP://WWW.CDC.GOV/BRFSS/QUESTIONNAIRES/PDF-QUES/</a></p>

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question 5, 6A, 6B & 11	<p>2012_BRFSS PDF THE 2012 DATA IS THE MOST RECENT BRFSS COUNTY DATA AVAILABLE AT THE TIME OF THIS REPORT THE FINDINGS PRESENTED INCLUDE DATA FROM 884 ADULTS IN MIDDLESEX COUNTY AND 640 ADULTS IN SOMERSET COUNTY CHAPTER 2 AVOIDABLE HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS AN ANALYSIS OF HOSPITAL DISCHARGE DATA (ANALYZED BY CSHP) NEW JERSEY UB DATA SUPPORTS EXAMINATION OF AMBULATORY CARE SENSITIVE HOSPITAL INPATIENT AND EMERGENCY DEPARTMENT (ED) UTILIZATION THAT REFLECTS INADEQUACY OF PRIMARY CARE WITHIN THE COMMUNITY POPULATION-BASED RATES OF THESE INDICATORS WERE EXAMINED ALONG WITH PATIENT DEMOGRAPHIC AND HEALTH INSURANCE PAYER CHARACTERISTICS GENERAL TRENDS OVER TIME FROM THE FIRST COMMUNITY HEALTH NEEDS ASSESSMENT ARE ALSO NOTED IN THIS CHAPTER, WE EXAMINE RATES OF SPECIFIC INPATIENT HOSPITALIZATIONS AND TREAT-AND-RELEASE EMERGENCY DEPARTMENT (ED) VISITS BY PATIENTS THAT COULD HAVE BEEN AVOIDED OR PREVENTED IF THESE PATIENTS HAD ADEQUATE AVAILABILITY OF PRIMARY CARE WITHIN THEIR COMMUNITIES WE USE THE ALL-PAYER NEW JERSEY UNIFORM BILLING HOSPITAL DATA TO CALCULATE GEOGRAPHIC AREA-LEVEL RATES OF SUCH AVOIDABLE HOSPITALIZATIONS AND ED VISITS TO ASSESS THE EXTENT OF PRIMARY CARE AVAILABLE WITHIN COMMUNITIES WE EXAMINE THESE WITHIN THE COMBINED SERVICE AREAS OF HOSPITALS (COMPRISING ALL OF MIDDLESEX COUNTY ALONG WITH THE TOWNSHIPS OF SOMERSET AND FRANKLIN PARK FROM SOMERSET COUNTY) AND COMPARE TO NEW JERSEY OVERALL WE ALSO EXAMINE THESE RATES BY PATIENT CHARACTERISTICS INCLUDING AGE, GENDER, RACE/ETHNICITY AND HEALTH INSURANCE PAYER, EXAMINE PAYER, RACIAL, AGE AND GENDER DISTRIBUTION OF AVOIDABLE VISITS, AND ALSO ILLUSTRATE VARIATION IN THESE RATES AMONG TOWNSHIPS WITHIN THE HOSPITALS OVERALL SERVICE AREA AVOIDABLE HOSPITALIZATIONS HAVE BEEN WIDELY USED IN PREVIOUS RESEARCH TO MEASURE ACCESS TO PRIMARY CARE AND DISPARITIES IN HEALTH OUTCOMES (BILLINGS ET AL 1993, BASU, FRIEDMAN, AND BURSTIN 2004, BINDMAN ET AL 1995, HOWARD ET AL 2007) THESE HOSPITALIZATIONS CAN BE USED TO IDENTIFY UNMET COMMUNITY HEALTH CARE NEEDS SINCE THESE CONDITIONS CAN BE AVOIDED BY HIGH QUALITY COMMUNITY BASED PRIMARY CARE (AHRQ 2012A) BASED ON EASILY AVAILABLE HOSPITAL DISCHARGE DATA, THEY ALLOW PUBLIC HEALTH AGENCIES, PROVIDER/PAYER SYSTEMS, AND OTHERS INTERESTED TO ASSESS THE HEALTH CARE QUALITY IN THEIR COMMUNITIES (AHRQ 2012A) AND SUBSEQUENTLY DEVISE TARGETED INTERVENTIONS TO ADDRESS GAPS THE AVOIDABLE/PREVENTABLE ED VISITS ARE ALSO SIMILARLY USED FOR IDENTIFYING GAPS IN CARE, BUT THEY UTILIZE OUTPATIENT, TREAT-AND-RELEASE VISITS THAT DO NOT RESULT IN AN OVERNIGHT HOSPITAL STAY (BILLINGS, PARIKH, AND MIJANOVICH 2000) THE METHODS USED HERE HAVE BEEN APPLIED SUCCESSFULLY IN SEVERAL OTHER STUDIES (DELIA 2006, BALLARD ET AL 2010) AND ARE INCLUDED IN THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) TOOLKIT FOR MONITORING THE HEALTHCARE SAFETY NET (BILLINGS 2003) AVOIDABLE HOSPITALIZATIONS TO CALCULATE RATES OF AVOIDABLE HOSPITALIZATIONS (THA</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question 7A	DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://www.saintpetershcs.com/SaintPeters/media/SaintPeters/Patients/2016-Community-Health-Needs-Assessment-FINAL.pdf">http //www saintpetershcs com/SaintPeters/media/SaintPeters/Patients/2016- Community-Health-Needs-Assessment-FINAL pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question 10A	DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://www.saintpetershcs.com/SaintPeters/media/SaintPeters/About%20Us/CHI%20P-Final-9-15-16.pdf">http //www saintpetershcs com/SaintPeters/media/SaintPeters/About%20Us/CHI P-Final-9-15-16 pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question 13H	THE ELIGIBILITY CRITERIA FOR DISCOUNTED CARE UNDER OUR "COMPASSIONATE CARE PROGRAM" ("FINANCIAL ASSISTANCE PROGRAM") ARE SOLELY BASED ON THE INSURANCE STATUS OF THE PATIENT AND/OR GUARANTOR PATIENT'S AND/OR GUARANTOR'S WITHOUT COMMERCIAL OR GOVERNMENTAL HEALTH CARE INSURANCE OR INELIGIBILITY FOR HEALTH CARE RELATED GOVERNMENTAL PROGRAM ARE ELIGIBLE FOR OUR "FINANCIAL ASSISTANCE PROGRAM (FAP)"

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
Schedule h, part v, section b, question 16A, 16B & 16C	DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B & 16C, IS THE HOME PAGE FOR THE SYSTEM THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://www.saintpetershcs.com/Patients/Billing-and-Payment/Financial-Assistance-Program">http //www saintpetershcs com/Patients/Billing-and-Payment/Financial-Assistance-Program</a>

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number  
22-1487330

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
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<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes			
<p><b>8</b> 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.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: RONALD C RAK, J D, \$918,008, RITA M JENNINGS, \$328,125, PETER CONNOLLY, \$192,311, AND FRANK J DISANZO, \$192,311

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER INCLUDES AN UNVESTED BENEFIT OF \$89,383 IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, HE MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT WAS NOT INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES

<b>Return Reference</b>	<b>Explanation</b>
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 2018 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT



**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GOPAL R DESAI MD TRUSTEE	(i)	525,392	0	36,652	0	2,543	564,587	0
	(ii)	0	0	0	0	0	0	0
LESLIE D HIRSCH FACHE TRUSTEE - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	867,388	0	38,844	92,133	27,709	1,026,074	0
GARRICK J STOLDT FHFMA CPA TREASURER - SPHCS CFO	(i)	0	0	0	0	0	0	0
	(ii)	455,052	0	27,163	28,962	36,776	547,953	0
NIRANJAN V RAO MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	317,574	0	18,500	2,750	24,103	362,927	0
JORDAN M TANNENBAUM CIO	(i)	0	0	0	0	0	0	0
	(ii)	402,878	0	5,792	556	31,376	440,602	0
LINDA CARROLL CHIEF NURSING OFFICER	(i)	328,115	0	3,753	22,000	41,443	395,311	0
	(ii)	0	0	0	0	0	0	0
WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	216,697	0	906	15,791	29,483	262,877	0
BARBARA J Griffiths-WELSH CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	205,778	0	3,348	4,344	35,646	249,116	0
ALMA S RATCLIFFE VP, CHIEF CLIN TRANS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	427,332	0	26,523	0	20,033	473,888	0
PAMELA A TEUFEL VP, CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	360,439	0	1,530	0	30,152	392,121	0
ALYSSA A VERDERAMI ESQ VP, LEGAL AND RISK MGMT	(i)	0	0	0	0	0	0	0
	(ii)	314,122	0	1,066	19,250	48,344	382,782	0
Lisa M Drumbore VP, CHIEF PATIENT EXP OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	259,806	0	1,690	21,623	41,177	324,296	0
DAVID A LASKOW MD CHAIRMAN SURGERY	(i)	524,548	55,000	28,994	0	25,704	634,246	0
	(ii)	0	0	0	0	0	0	0
NAYAN K KOTHARI MD CHAIRMAN MEDICINE	(i)	507,262	0	8,529	0	27,190	542,981	0
	(ii)	0	0	0	0	0	0	0
BIPIN N PATEL MD CHAIRMAN PEDIATRICS	(i)	459,633	0	10,968	0	26,471	497,072	0
	(ii)	0	0	0	0	0	0	0
EDWIN R GUZMAN TERM 123118 CHAIRMAN OB/GYN	(i)	643,099	0	40,190	0	19,599	702,888	0
	(ii)	0	0	0	0	0	0	0
ROBERT MULCAHY TERM 122618 VP, FACILITY SAFETY	(i)	0	0	0	0	0	0	0
	(ii)	333,980	0	25,048	8,250	23,585	390,863	0
DAVID OVIEDO VP, SUPPLY CHAIN MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	212,335	0	2,917	20,527	12,895	248,674	0
DAVID E JACOB MD ASSOCIATE CHAIRMAN	(i)	729,928	25,000	5,470	26,600	22,702	809,700	0
	(ii)	0	0	0	0	0	0	0
ARKADY BRODER MD PHYSICIAN	(i)	622,870	0	19,250	5,600	41,176	688,896	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John Gallucci md physician	(i)	613,517	0	3,612	0	41,413	658,542	0
	(ii)	0	0	0	0	0	0	0
I MARK HIATT MD DIRECTOR NEONATOLOGY	(i)	521,643	22,500	8,110	5,529	15,451	573,233	0
	(ii)	0	0	0	0	0	0	0
SIVA P JONNA CHIEF PEDIATRIC CRITICAL CARE	(i)	522,206	0	24,044	0	41,403	587,653	0
	(ii)							
RONALD C RAK JD FORMER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	921,520	0	14,396	935,916	0
RITA M JENNINGS FORMER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	328,287	0	0	328,287	0
PETER CONNOLLY FORMER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	192,311	0	0	192,311	0
FRANK J DISANZO FORMER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	192,311	0	0	192,311	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number  
22-1487330

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FSH7	12-18-2007	65,617,402	SEE PART VI		X		X		X
<b>B</b>	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FPS6	08-09-2011	100,866,053	SEE PART VI		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired . . . . .		0		84,163,069				
<b>2</b> Amount of bonds legally defeased . . . . .		0		0				
<b>3</b> Total proceeds of issue . . . . .		67,469,850		100,604,659				
<b>4</b> Gross proceeds in reserve funds . . . . .		6,601,361		8,831,826				
<b>5</b> Capitalized interest from proceeds . . . . .		2,839,321		0				
<b>6</b> Proceeds in refunding escrows . . . . .		0		0				
<b>7</b> Issuance costs from proceeds . . . . .		1,284,750		2,063,899				
<b>8</b> Credit enhancement from proceeds . . . . .		0		0				
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0				
<b>10</b> Capital expenditures from proceeds . . . . .		56,744,418		5,545,865				
<b>11</b> Other spent proceeds . . . . .		0		0				
<b>12</b> Other unspent proceeds . . . . .		0		0				
<b>13</b> Year of substantial completion . . . . .	2013		2011					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X		X					
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	1 210 %		0 100 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	1 210 %		0 100 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X				

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART III, QUESTION 9	PLEASE NOTE THAT, FOR THE 2018 YEAR, THE ORGANIZATION DID NOT ADOPT ANY WRITTEN PROCEDURES WITH RESPECT TO ENSURING THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1.141-12 AND 1.145-2 HOWEVER, SUCH WRITTEN PROCEDURES ARE BEING ADDRESSED FOR ADOPTION IN THE 2019 YEAR

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART IV, LINE 2C	THE REBATE CALCULATION FOR THE 12/18/2007 BOND ISSUANCE WAS ISSUED JANUARY 12, 2018 THE REBATE CALCULATION FOR THE 2011 BOND ISSUANCE WAS PERFORMED IN SEPTEMBER 2016

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

## Additional Data

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

Return Reference	Explanation
SCHEDULE K, PART III, QUESTION 9	PLEASE NOTE THAT, FOR THE 2018 YEAR, THE ORGANIZATION DID NOT ADOPT ANY WRITTEN PROCEDURES WITH RESPECT TO ENSURING THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 HOWEVER, SUCH WRITTEN PROCEDURES ARE BEING ADDRESSED FOR ADOPTION IN THE 2019 YEAR
SCHEDULE K, PART IV, LINE 2C	THE REBATE CALCULATION FOR THE 12/18/2007 BOND ISSUANCE WAS ISSUED JANUARY 12, 2018 THE REBATE CALCULATION FOR THE 2011 BOND ISSUANCE WAS PERFORMED IN SEPTEMBER 2016
SCHEDULE K, PART I, COLUMN C	THE AUGUST 9, 2011 TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES ADDITIONAL CUSIP #'S LISTED BELOW - 64579FQ30, - 64579FQ48, - 64579FQ55, - 64579FQ22, AND - 64579FP98 THE DECEMBER 18, 2007 TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES ADDITIONAL CUSIP #'S LISTED BELOW - 64579FSL8, AND - 64579FSM6

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

## 990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, SEXUAL IDENTITY AND ORIENTATION, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, SPUH OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1 SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS THAT IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR, 3 SPUH MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF SPUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SPUH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. SAINT PETER'S UNIVERSITY HOSPITAL, LOCATED AT 254 EASTON AVE., NEW BRUNSWICK, NJ IS A 478-BED NONPROFIT ACUTE-CARE TEACHING HOSPITAL SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF METUCHEN. SAINT PETER'S, A MEMBER OF THE SAINT PETER'S HEALTHCARE SYSTEM, IS A REGIONAL MEDICAL CAMPUS AND ACADEMIC AFFILIATE OF RUTGERS UNIVERSITY BIOMEDICAL AND HEALTH SCIENCES DIVISION AND SPONSORS ITS OWN FREESTANDING RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION AND IS CERTIFIED AS A MAGNET HOSPITAL FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CENTER. SAINT PETER'S IS ALSO A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL AND A REGIONAL PERINATAL CENTER AND IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOR PEDIATRIC CARDIOLOGY SERVICES. SAINT PETER'S WAS THE FIRST HOSPITAL IN MIDDLESEX COUNTY AND HAS SERVED THE HEALTHCARE NEEDS OF CENTRAL NEW JERSEY CONTINUOUSLY SINCE 1907, PROVIDING SUBSTANTIAL COMMUNITY BENEFIT FROM ITS SIMPLE BEGINNINGS. SAINT PETER'S HAS GROWN TO BECOME A TECHNOLOGICALLY ADVANCED, 478-BED TEACHING HOSPITAL THAT PROVIDES A BROAD ARRAY OF SERVICES TO THE COMMUNITY - FROM SOPHISTICATED CARE OF PREMATURE BABIES TO SPECIALIZED GERIATRIC MEDICINE. SAINT PETER'S BRINGS THE LATEST MEDICAL PRACTICES AND HIGHLY SKILLED PROFESSIONALS TO THE BEDSIDE. HOSPITAL</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>L STAFF TREATS APPROXIMATELY 24,000 INPATIENTS AND 270,000 OUTPATIENTS ANNUALLY SAINT PETER'S EMPLOYS 3,500 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND MORE THAN 1,100 PHYSICIANS AND DENTISTS HAVE PRIVILEGES AT ITS FACILITY AS A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL, SAINT PETER'S OFFERS A FULL RANGE OF SPECIALIZED PEDIATRIC HEALTHCARE SERVICES SAINT PETER'S ALSO OFFERS ONE OF THE MOST SOPHISTICATED MATERNITY PROGRAMS AND OPERATES ONE OF THE LARGEST, MOST ADVANCED NEONATAL INTENSIVE CARE UNITS IN THE COUNTRY AS A STATE-DESIGNATED REGIONAL PERINATAL CENTER SAINT PETER'S IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION AND IS ALSO A REGIONAL PROVIDER OF RADIATION AND ONCOLOGY SERVICES WHILE MEDICAL ADVANCES HELP TO PROVIDE BETTER PATIENT CARE THAN EVER BEFORE, SAINT PETER'S HEALING MISSION WOULD BE INCOMPLETE WITHOUT THE PERSONAL COMMITMENT OF EMPLOYEES THAT RESPOND TO THE TOTAL, INDIVIDUAL PERSON - SPIRITUALLY, EMOTIONALLY AND PHYSICALLY MISSION STATEMENT ===== "KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED BY THE BISHOP OF METUCHEN, SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES " "WE MINISTER TO THE WHOLE PERSON, BODY AND SPIRIT, PRESERVING THE DIGNITY AND SACREDNESS OF EACH LIFE WE ARE PLEDGED TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG OUR EMPLOYEES, PHYSICIANS AND VOLUNTEERS AND TO THE EDUCATION AND TRAINING OF HEALTHCARE PERSONNEL " "WE ARE WITNESSES IN OUR COMMUNITY TO THE HIGHEST ETHICAL AND MORAL PRINCIPLES IN PURSUIT OF EXCELLENCE AND PATIENT SAFETY " FACTS ===== - NEW JERSEY'S FIRST STATE-DESIGNATED REGIONAL PERINATAL CENTER (LEVEL 3) AND NEONATAL INTENSIVE CARE UNIT (LEVEL 3), ESTABLISHED IN 1981 - DELIVERS APPROXIMATELY 5,450 NEWBORNS ANNUALLY ADMITS APPROXIMATELY 700 NEWBORNS TO THE 54-BASSINETT NICU, WHICH IS ONE OF THE LARGEST ON THE EAST COAST SAINT PETERS INTRODUCED A NEW MIDWIFERY PROGRAM WITH THREE CERTIFIED NURSE-MIDWIVES IN 2017 - RENOWNED FOR ITS PRACTICE OF OBSTETRICS, ESPECIALLY IN THE AREA OF HIGH-RISK PREGNANCIES SERVICES INCLUDE MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE), ANTENATAL TESTING UNIT (ADVANCED ULTRASOUND TESTING) APPROXIMATELY 14,000 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), AND GENERAL OB-GYN - THE CHILDREN'S HOSPITAL AT SAINT PETER'S IS A STATE-DESIGNATED ACUTE-CARE CHILDREN'S HOSPITAL SERVICES INCLUDE AN</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 AND ORTHOPEDIC SURGERY 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 AREAS OF DIABETES EDUCATION (WHICH INCLUDES ADULT ENDOCRINOLOGY) - FOR MORE THAN 40 YEARS, A REGIONAL PROVIDER OF COMPREHENSIVE CANCER SERVICES ACCREDITED BY THE COMMISSION ON CANCER, INCLUDING AN ADULT ONCOLOGY CENTER, RADIATION ONCOLOGY, OUTPATIENT CHEMOTHERAPY, PROSTATE SEED IMPLANTATION, A NATIONALLY ACCREDITED BREAST CENTER, BREAST CANCER TREATMENT, GYNECOLOGIC ONCOLOGY, MINIMALLY INVASIVE SURGERY, CYBERKNIFE ROBOTIC RADIOSURGERY, TWO DA VINCI ROBOTS THAT ASSIST IN SURGICAL PROCEDURES, 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), WITH LOCATIONS IN MONROE AND NEW BRUNSWICK, AND COMMUNITY NURSING CARE AT EIGHT RETIREMENT COMMUNITIES IN MONROE - THE SAINT PETERS 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 DYSPLASIA, CANCER SYNDROMES AND OTHER TYPES OF INHERITED DISORDERS - WOMEN'S HEALTH SERVICES, INCLUDING IMAGING SERVICES, GENERAL OB/GYN, MIDWIFERY SERVICES, BREAST DISEASE, UROGYNECOLOGY, GYNECOLOGIC ONCOLOGY AND SAINT PETERS GIANNA CENTER WHICH PROVIDES A MORE NATURAL ALTERNATIVE TO ASSISTED REPRODUCTIVE TECHNOLOGIES SUCH AS IN VITRO FERTILIZATION COMPREHENSIVE GYNECOLOGIC PRIMARY CARE AND SPECIALIZED FERTILITY AND FAMILY PLANNING TECHNIQUES ARE USED TO UNMASK THE TRUE CAUSES OF INFERTILITY FOR ALL WOMEN, REGARDLESS OF FAITH</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AFFILIATIONS ===== SAINT PETER'S UNIVERSITY HOSPITAL IS AFFILIATED WITH THE CHILDRE N'S HOSPITAL OF PHILADELPHIA (CHOP) FOR PEDIATRIC CARDIOLOGY SERVICES, ESTABLISHING THE CH OP CARDIAC CENTER AT SAINT PETER'S UNIVERSITY HOSPITAL THE CENTER SPECIALIZES IN MONITORING AND TREATING CARDIAC ABNORMALITIES IN INFANTS AND CHILDREN IN SUPPORT OF OUR MISSION T O PROVIDE QUALITY MEDICAL EDUCATION, SAINT PETER'S BECAME AN ACADEMIC AFFILIATE OF RUTGERS BIOMEDICAL AND HEALTH SCIENCES SPECIALTY SERVICES ===== REGIONAL PERINATAL CENTER (RPC) DELIVERING NEARLY 5,450 BABIES ANNUALLY, SAINT PETER'S OFFERS ONE OF THE LARGEST, MOST SOPHISTICATED MATERNITY PROGRAMS IN THE COUNTRY THE HOSPITAL WAS THE FIRST REGIONAL PERINATAL CENTER IN NEW JERSEY AND SPECIALIZES IN HIGH-RISK PREGNANCY THE ANTENATAL TESTING UNIT IS ONE OF THE LARGEST UNITS OF ITS KIND AND FEATURES 3-D AND 4-D ULTRASOUND TESTING SPECIALTY MATERNAL FETAL MEDICINE PROGRAMS INCLUDE THE INFANT AND PERINATAL LOSS EVALUATION PROGRAM AND THE INFANT PREMATURITY ASSESSMENT AND PREVENTION PROGRAM NEONATAL INTENSIVE CARE UNIT (NICU) SAINT PETER'S OPERATES A 54-BASSINETT NICU, THE LARGEST IN CENTRAL NEW JERSEY AND THE FIRST IN THE STATE, WHICH INCLUDES THE NEONATAL RETINA CENTER, PROVIDING LASER SURGERY FOR RETINOPATHY OF 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 AND SURGERY 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 SAINT PETERS PHYSICIAN ASSOCIATES WITH LOCATIONS IN MONROE AND NEW BRUNSWICK THE THYROID AND DIABETES CENTER RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF PATIENT DIABETES EDUCATION, THE CENTER DIAGNOSES, TREATS, EDUCATES AND HELPS PATIENTS MANAGE THIS CHRONIC DISEASE CERTIFIED DIABETES EDUCATORS SERVE ALL INPATIENTS THROUGHOUT SAINT PETER'S , AND THE HOSPITAL HAS A DEDICATED METABOLIC UNIT FOR INPATIENTS WITH DIABETES THE CENTER PROVIDES EXTENSIVE INPATIENT AND OUTPATIENT EDUCATION AND THE MOST CURRENT DIAGNOSTICS AND TREATMENTS, INCLUDING PUMP THERAPY SURGERY ORTHOPEDIC PROCEDURES, INCLUDING HIPS, KNEES AND SPINES GENERAL, VASCULA</p>

**990 Schedule O, Organizational Information**

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>R AND OTHER SURGICAL PROCEDURES ARE ALSO AVAILABLE SAME-DAY PROCEDURES ARE PERFORMED IN THE CARES 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 DISEASE, GENERAL OB/GYN, MIDWIFERY SERVICES, AND GYNECOLOGIC ONCOLOGY 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 THROUGH SAINT PETERS BREAST CENTER DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE COUNSELS, DIAGNOSES AND TREATS INDIVIDUALS AND FAMILIES WITH A HISTORY OF INHERITED DISEASES, INCLUDING PRENATAL THROUGH ADULT SERVICES THE DEPARTMENT SERVES AS BOTH A REGIONAL CENTER FOR INHERITED METABOLIC DISORDERS AND A REGIONAL CENTER FOR MEDICAL GENETIC SERVICES FOR CENTRAL NEW JERSEY IT PROVIDES COMPREHENSIVE TESTING, TREATMENT AND LIFETIME MANAGEMENT FOR INFANTS FOUND TO HAVE AN INHERITED METABOLIC DISORDER PRENATAL SERVICES ARE ALSO PROVIDED THE TEAM INCLUDES GENETICISTS, GENETIC COUNSELORS, ENDOCRINOLOGISTS, NUTRITIONISTS AND A PATHOLOGIST WOUND CARE CENTER AND HYPERBARIC SERVICES PROVIDES TREATMENT FOR NON-HEALING WOUNDS CAUSED BY DIABETES, RADIATION THERAPY, ETC, INCLUDING 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 HEALTH SERVICES THE 34-FOOT-LONG SPECIALLY EQUIPPED WINNEBAGO TRAVELS THROUGHOUT CENTRAL NEW JERSEY WITH STAFF PROVIDING HEALTH SCREENINGS, VACCINATIONS AND WELLNESS EDUCATION TO BUSINESSES, SENIOR CENTERS, SOUP KITCHENS AND OTHERS REFERRALS ARE PROVIDED THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL A STATE-DESIGNATED ACUTE CARE SPECIALTY HOSPITAL, THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL OFFERS SERVICES THAT INCLUDE THE CHOP CARDIAC CENTER, A PEDIATRIC EMERGENCY DEPARTMENT, INPATIENT ACUTE CARE, INTENSIVE CARE, A NEONATAL AND PEDIATRIC TRANSPORT TEAM, ADOLESCENT MEDICINE, AUTISM, EPILEPSY, HEMATOLOGY-ONCOLOGY, RADIOLOGY, NEPHROLOGY, SURGERY, INCLUDING PEDIATRIC ORTHOPEDIC SURGERY, ANESTHESIOLOGY, SLEEP AND BREATHING DISORDERS, INFECTIOUS DISEASE MEDICINE, OTOLARYNGOLOGY, PHYSICAL THERAPY, AUDIOLOGY AND MORE OTHER SERVICES ===== THE CENTER FOR DIABETES SELF-MANAGEMENT EDUCATION DIAGNOSES AND TREATS CHILDREN WITH DIABETES AND OTHER ENDOCRINE DISORDERS, EMPHASIZING FAMILY MANAGEMENT AND SUPPORT THE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>CENTER OFFERS PUMP THERAPY TO APPROPRIATE PATIENTS AND SUPPORT GROUPS CRANIOFACIAL AND NE UROSURGICAL CENTER OFFERS CORRECTIVE SURGERY, MULTIDISCIPLINARY SUPPORT AND FOLLOW-UP SER VICES AND SUPPORT GROUPS FOR CHILDREN BORN WITH CLEFT LIP, CLEFT PALATE AND OTHER FACIAL D EFORMITIES MEMBERS OF THE MULTIDISCIPLINARY MEDICAL TEAM ARE ACTIVE WITH OPERATION SMILE AND HEAL THE CHILDREN DOROTHY B HERSH REGIONAL CHILD PROTECTION CENTER A STATE-DESIGNAT ED REGIONAL DIAGNOSTIC AND TREATMENT CENTER FOR CHILD ABUSE PREVENTION THE CENTER IDENTIF IES ABUSE, PROVIDES MEDICAL AND PSYCHOLOGICAL EVALUATION AND REFERRALS TO VICTIMS AND FAMI LIES, SERVES AS EXPERT WITNESSES AND EDUCATES CHILD CARE AND LAW ENFORCEMENT PROFESSIONALS IT SERVES MIDDLESEX, SOMERSET, MERCER, HUNTERDON, MONMOUTH, OCEAN AND UNION COUNTIES FO R KEEPS - KIDS EMBRACED AND EMPOWERED THROUGH PSYCHOLOGICAL SERVICES PROVIDES MENTAL HEAL TH 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 THROUG H COLLABORATION AMONG DOCTORS, NURSES, SOCIAL WORKERS AND COUNSELORS ALSO, MEETING THE NE EDS OF THE POOR AND UNDERSERVED, SAINT PETER'S UNIVERSITY HOSPITAL TREATS ALL PATIENTS, RE GARDLESS 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 - OP ERATING MORE THAN 50 CLINICS AND MORE THAN 142,000 VISITS IN PEDIATRIC AND PEDIATRIC SUBSP ECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S HEALTH AND SUBSPECIALTIES, AND GERIA TRIC MEDICINE AND SUBSPECIALTIES</p>

**990 Schedule O, Supplement Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS - ADULT COMMUNITIES CONCORDIA, CLEARBROOK, THE PONDS, GREENBRIAR AT - WHITTINGHAM, ROSSMOOR, STONEBRIDGE, REGENCY - COMMUNITY HEALTH SERVICES MOBILE HEALTH VAN - PEDIATRIC CALL CENTER - FAMILY HEALTH CENTER ADULT, CHILDREN AND WOMEN'S AMBULATORY SERVICES - THYROID AND DIABETES CENTER - DIABETES AND HYPERTENSION CENTER A PATIENT-CENTERED MEDICAL HOME - GERIATRICS - CHILD PROTECTION CENTER - INFECTION CONTROL - MARKETING AND MEDIA RELATIONS - PHARMACY - EMPLOYEE HEALTH SERVICES - MAIN KITCHEN FOOD SERVICES - PERINATAL SERVICES - MIDWIFERY SERVICES - COMMUNITY OUTREACH - PASTORAL CARE - VOLUNTEER SERVICES - MEDICAL LIBRARY - CRANIOFACIAL-NEUROSURGICAL CENTER - ABSTINENCE EDUCATION - FERTILITY AWARENESS - 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 - ALZHEIMER'S CAREGIVERS - BEREAVEMENT SUPPORT GROUP - CAREGIVERS SUPPORT GROUP - PREGNANCY AFTER LOSS SUPPORT GROUP - SHARE SUPPORT GROUP - BLOOD PRESSURE AND BLOOD SUGAR SCREENINGS - OSTEOPOROSIS SCREENINGS - BODY MASS INDEX SKIN SCREENINGS - SKIN CANCER SCREENINGS - BREAST HEALTH INFORMATION AND SELF-EXAM INSTRUCTION - PARENT EDUCATION - BABY CARE - BREASTFEEDING - BREASTFEEDING SUPPORT GROUP - NEW DADDY CLASS - NEW FAMILY SUPPORT GROUP - PRENATAL NUTRITION CLASS - SIBLING CLASS - TINY TOTS - CYBERKNIFE ROBOTIC RADIOSURGERY - BREAST CENTER PLEASE NOTE THAT THIS IS NOT AN ALL-INCLUSIVE LIST</p> <p>Commitment to Teaching ===== Saint Peter's University Hospital ("SPUH") is committed to the education of healthcare professions at many levels SPUH is affiliated with Rutgers Medical School and Saint Georges Medical School Both organizations send some of their third and fourth year medical students to SPUH to complete their graduate education SPUH sponsors its' own medical residency programs in internal medicine, pediatrics, obstetrics and gynecology along with fellowships in gastroenterology and pulmonology In addition, Rutgers and the New Jersey Medical School send SPUH rotations of medical residents in orthopedics, general surgery, radiology and fellows in neonatology Rutgers school of pharmacy has pharmacy student rotations at SPUH The following colleges, Chamberlain, College of New Jersey, Rutgers and Seton Hall, send their BSN students to SPUH for their practical experience as part of their undergraduate degree program</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") SAINT PETER'S HEALTHCARE SYSTEM, INC IS THE TAX-EXEMPT PARENT OF THE SYSTEM THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE SAINT PETER'S HEALTH CARE SYSTEM, INC AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE CHIEF FINANCIAL OFFICER, CONTROLLER AND OTHER SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE, FOR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS APPROVAL, THE SYSTEM'S AUDIT AND COMPLIANCE COMMITTEE REVIEWED THE FORM 990 AT A REGULARY SCHEDULED MEETING FINALLY, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 15	RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE HOSPITAL. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII AND SCHEDULE J	CERTAIN INDIVIDUALS WERE REPORTED AS OFFICERS ON THE PREVIOUS FORM 990, CORE FORM, PART VII AND SCHEDULE J UPON REVIEW OF THEIR RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THESE INDIVIDUALS DO NOT SATISFY THE CRITERIA TO BE AN OFFICER UNDER (1) FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, (2) STATE OF NEW JERSEY LAW, OR (3) THE ORGANIZATION'S BYLAWS HOWEVER, IT WAS DETERMINED THAT THESE INDIVIDUALS SATISFY THE CRITERIA TO BE CLASSIFIED AS A KEY EMPLOYEE FOR FORM 990 REPORTING PURPOSES ACCORDINGLY, CORE FORM, PART VII OF THIS FORM 990 HAS BEEN UPDATED TO REPORT THESE INDIVIDUALS AS KEY EMPLOYEES OF THE ORGANIZATION

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART X, LINES 27-29	IN AUGUST 2016, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING STANDARDS UPDATE ("ASU") 2016-14, NOT-FOR-PROFIT FINANCIAL STATEMENT PRESENTATION, WHICH ELIMINATES THE REQUIREMENT FOR NOT-FOR-PROFITS ("NFPS") TO CLASSIFY NET ASSETS AS UNRESTRICTED, TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED INSTEAD, NFPS ARE REQUIRED TO CLASSIFY NET ASSETS AS NET ASSETS WITH DONOR RESTRICTIONS OR WITHOUT DONOR RESTRICTIONS THE GUIDANCE ALSO MODIFIES REQUIRED DISCLOSURES AND REPORTING RELATED TO NET ASSETS, INVESTMENT EXPENSES AND QUALITATIVE INFORMATION REGARDING LIQUIDITY NFPS ARE ALSO REQUIRED TO REPORT ALL EXPENSES BY BOTH FUNCTIONAL AND NATURAL CLASSIFICATION IN ONE LOCATION THE PROVISIONS OF ASU 2016-14 ARE EFFECTIVE FOR THE SYSTEM FOR ANNUAL PERIODS BEGINNING AFTER DECEMBER 15, 2017 THE SYSTEM ADOPTED ASU 2016-14 EFFECTIVE FOR ITS CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - NON-OPERATING NET PERIODIC PENSION COST, (\$1,367,879), - CHANGE IN PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS, \$4,086,000, - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION, (\$25,000), - NET CHANGE IN BENEFICIAL INTEREST IN ST PETER'S FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, (\$1,477,000), AND - DONATED EQUIPMENT AND OTHER INCREASES IN NET ASSETS, \$3,998,000

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS SAINT PETER'S HEALTHCARE SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT PETER'S HEALTHCARE SYSTEM, INC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR THE SYSTEM'S AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT PETER'S UNIVERSITY HOSPITAL

**Employer identification number**

22-1487330

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

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

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> SAINT PETERS SOLAR ENERGY SOLUTIONS INC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3351339	SOLAR ENERGY	NJ	NA	C CORP					No
<b>(2)</b> PARK AVENUE COLLECTIONS CORP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 20-8498534	INACTIVE	NJ	SPUH	C CORP					No
<b>(3)</b> RISK ASSURANCE CO OF SPUH 94 SOLARIS AVENUE 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0417672	FOREIGN CORP	CJ	SPUH	FOREIGN CORP					No
<b>(4)</b> SAINT PETER'S SPECIALTY PHYSICIANS PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 36-4761935	INACTIVE	NJ	SPUH	C CORP	200,000	32,656	100 000 %	Yes	
<b>(5)</b> SAINT PETERS ADVANCED CARE PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 47-2597921	HEALTHCARE	NJ	SPUH	C CORP	104,181	400	100 000 %	Yes	

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST PETER'S FOUNDATION	C	886,000	COST
(2) ST PETER'S FOUNDATION	Q	356,000	COST
(3) RISK ASSURANCE CO OF SPUH	R	4,361,098	COST
(4) SAINT PETER'S HEALTHCARE SYSTEM INC	R	17,878,680	COST



**Part VII Supplemental Information**

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

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

Schedule Form 2016

**Additional Data**

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

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

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