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Form 990

Department of the TreasuryInternal 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SAINT PETER'S UNIVERSITY HOSPITAL

% GARRICK J STOLDT FHFMA CP

Doing business as

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

254 EASTON AVENUE

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

NEW BRUNSWICK, NJ 08901

F Name and address of principal officer:

LESLIE D HIRSCH FACHE

254 EASTON AVENUE

NEW BRUNSWICK, NJ 08901

D Employer identification number

22-1487330

E Telephone number

(732) 745-8600

G Gross receipts \$ 487,186,110

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 ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES.

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part IISignature 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

GARRICK J STOLDT FHFMA CPA CFO

Type or print name and title

2020-11-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ WithumSmithBrown PC

Firm's address ▶ 200 Jefferson Park Suite 400

Whippany, NJ 079811070

Preparer's signature

Firm's EIN ▶

Phone no. (973) 898-9494

Check ☐ if self-employed

PTIN P00642486

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

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

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

4a	(Code:) (Expenses \$ 359,637,819 including grants of \$ 162,999) (Revenue \$ 472,960,970)
See Additional Data	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)	

4e	Total program service expenses ▶	359,637,819
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	462
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3,776			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	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	
b	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:		
a	The governing body?	Yes	
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,302,893	5,375,574	1,081,951

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 483

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
APG Security Services, 116 North Broadway 2nd floor SOUTH AMBOY, NJ 08879	SECURITY	2,255,309
ATHENAHEALTH INC, PO BOX 415615 BOSTON, MA 02241	IT	1,893,205
PATIENT FINANCIAL CONCEPTS, PO BOX 3081 CLIFTON, NJ 07012	CONS & REV CYCLE SUP	1,408,180
TURNER CONSTRUCTION COMPANY, 200 FRANKLIN SQUARE DRIVE 4TH FLOO SOMERSET, NJ 08873	CONSTRUCTION	1,170,228
MED-METRIX, 9 ENTIN ROAD PARSIPPANY, NJ 07054	CONS & REV CYCLE SUP	959,323

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 94	
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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII ☐													
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d	2,160,500									
	e Government grants (contributions)		1e	2,085,962									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	596,318									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f ▶				4,842,780								
Program Service Revenue			Business Code										
	2a NET PATIENT SERVICE REVENUE		541900	457,097,000		457,097,000							
	b OTHER HEALTHCARE RELATED REVENUE		541900	15,863,970		15,863,970							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶				472,960,970								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			4,219,918						4,219,918			
	4 Income from investment of tax-exempt bond proceeds ▶			407,260						407,260			
	5 Royalties ▶			0									
			(i) Real	(ii) Personal									
	6a Gross rents		6a	2,260,236									
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c	2,260,236	0								
	d Net rental income or (loss) ▶			2,260,236						2,260,236			
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a		60,376								
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c		60,376								
	d Net gain or (loss) ▶			60,376						60,376			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	0									
	b Less: direct expenses		8b	0									
	c Net income or (loss) from fundraising events . . . ▶			0									
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities . . . ▶			0									
	10a Gross sales of inventory, less returns and allowances . . .		10a	0									
	b Less: cost of goods sold . . .		10b	0									
	c Net income or (loss) from sales of inventory . . . ▶			0									
Miscellaneous Revenue			Business Code										
11a CAFETERIA/RESTAURANT			900099	1,747,138						1,747,138			
b PARKING REVENUE			812930	434,067						434,067			
c VENDING MACHINE			900099	62,643						62,643			
d All other revenue				190,722						190,722			
e Total. Add lines 11a-11d ▶				2,434,570									
12 Total revenue. See instructions ▶				487,186,110		472,960,970				9,382,360			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	162,999	162,999		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,796,842	2,153,568	643,274	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	222,453,783	171,289,413	51,164,370	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,147,734	7,043,755	2,103,979	
9 Other employee benefits	24,013,554	18,490,437	5,523,117	
10 Payroll taxes	17,107,096	13,172,464	3,934,632	
11 Fees for services (non-employees):				
a Management	2,540,156	1,955,920	584,236	
b Legal	3,208,668	2,470,674	737,994	
c Accounting	464,762	357,867	106,895	
d Lobbying	127,213	97,954	29,259	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	302,275	232,752	69,523	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,656,318	10,515,365	3,140,953	
12 Advertising and promotion	2,833,216	2,181,576	651,640	
13 Office expenses	11,721,251	9,025,363	2,695,888	
14 Information technology	834,219	642,349	191,870	
15 Royalties	0			
16 Occupancy	9,977,022	7,682,307	2,294,715	
17 Travel	487,689	375,521	112,168	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	189,088	145,598	43,490	
20 Interest	8,535,114	6,572,038	1,963,076	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,703,942	19,022,035	5,681,907	
23 Insurance	4,492,630	3,459,325	1,033,305	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	56,049,060	43,157,776	12,891,284	0
b CONTRACTED SERVICES	17,204,408	13,247,394	3,957,014	0
c REPAIRS & MAINTENANCE	15,815,253	12,177,745	3,637,508	0
d STATE ASSESSMENT	2,892,792	2,227,450	665,342	0
e All other expenses	15,296,329	11,778,174	3,518,155	
25 Total functional expenses. Add lines 1 through 24e	467,013,413	359,637,819	107,375,594	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		4,113	1	4,413	
	2	Savings and temporary cash investments		19,161,558	2	19,510,677	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		48,986,762	4	51,189,683	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		5,013,072	8	5,449,656	
	9	Prepaid expenses and deferred charges		2,846,736	9	2,754,481	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	587,816,460			
	b	Less: accumulated depreciation	10b	411,331,623	184,760,536	10c	176,484,837
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		127,039,200	13	145,228,286	
	14	Intangible assets		1,621,709	14	1,451,016	
	15	Other assets. See Part IV, line 11		24,849,314	15	40,732,228	
16	Total assets. Add lines 1 through 15 (must equal line 34)		414,283,000	16	442,805,277		
Liabilities	17	Accounts payable and accrued expenses		53,427,049	17	55,438,955	
	18	Grants payable		0	18	0	
	19	Deferred revenue		27,240	19	108,391	
	20	Tax-exempt bond liabilities		138,481,657	20	133,241,672	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		14,382,362	23	11,756,049	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		167,128,692	25	192,113,210	
26	Total liabilities. Add lines 17 through 25		373,447,000	26	392,658,277		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		34,160,000	27	43,789,000	
	28	Net assets with donor restrictions		6,676,000	28	6,358,000	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		40,836,000	32	50,147,000		
33	Total liabilities and net assets/fund balances		414,283,000	33	442,805,277		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	487,186,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	467,013,413
3	Revenue less expenses. Subtract line 2 from line 1	3	20,172,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,836,000
5	Net unrealized gains (losses) on investments	5	6,166,323
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,028,020
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,147,000

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

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

Additional Data

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

Form 990 (2019)

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.

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			
LESLIE D HIRSCH FACH TRUSTEE - PRESIDENT/CEO	55.0 0.0	X		X				0	1,193,659	154,274
GARRICK J STOLDT FHF TREASURER - SPHCS CFO	55.0 0.0			X				0	591,346	108,473
John Gallucci md physician	55.0 0.0					X		643,956	0	35,160
DAVID A LASKOW MD CHAIRMAN SURGERY	55.0 0.0				X			608,111	0	33,045
ALMA S RATCLIFFE VP;CHIEF CLIN TRANS OFFICER	55.0 0.0				X			0	554,251	54,156
GOPAL R DESAI MD TRUSTEE	55.0 0.0	X						564,076	0	10,344
JORDAN M TANNENBAUM CIO	55.0 0.0				X			0	492,562	77,479
I MARK HIATT MD DIRECTOR NEONATOLOGY	55.0 0.0					X		548,117	0	19,884
BIPIN N PATEL MD CHAIRMAN PEDIATRICS	55.0 0.0				X			536,778	0	31,019
CHRISTOPHER M HOULIHA PHYSICIAN - MATERNAL-FETAL MED	55.0 0.0					X		528,285	0	29,668

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			
SIVA P JONNA MD CHIEF PEDIATRIC CRITICAL CARE	55.0 0.0					X		509,632	0	46,408
NAYAN K KOTHARI MD CHAIRMAN MEDICINE	55.0 0.0				X			491,036	0	31,835
PAMELA A TEUFEL VP; CHIEF HR OFFICER	55.0 0.0				X			0	436,621	60,533
LINDA CARROLL CHIEF NURSING OFFICER	55.0 0.0				X			422,712	0	67,886
ALYSSA A VERDERAMI E VP; LEGAL AND RISK MGMT	55.0 0.0				X			0	405,923	71,684
NIRANJAN V RAO MD CHIEF MEDICAL OFFICER	55.0 0.0			X				0	421,643	54,953
DEBRA-LYNN DAY-SALVATO CHAIRMAIN - GENETICS & GENOMIC	55.0 0.0					X		450,190	0	19,145
Lisa M Drumbore VP; CHIEF PATIENT EXP OFFICER	55.0 0.0				X			0	325,010	59,543
BARBARA J Griffiths-W CHIEF COMPLIANCE OFFICER	55.0 0.0				X			0	269,775	62,005
RONALD C RAK JD FORMER	0.0 0.0						X	0	282,815	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			
DAVID SAMUEL PE P TRUSTEE	1.0 0.0	X						0	0	0
BORISLAV STOEV DO FA TRUSTEE - PRESIDENT MED STAFF	1.0 0.0	X						0	0	0
CHRISTOPHER KOLASA M TRUSTEE - (TERMED)	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

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

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

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

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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
---	--

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		127,213	127,213
c Total lobbying expenditures (add lines 1a and 1b)		127,213	127,213
d Other exempt purpose expenditures		466,886,200	488,012,787
e Total exempt purpose expenditures (add lines 1c and 1d)		467,013,413	488,140,000
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000	1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	301,007	284,647	119,645	127,213	832,512
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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 2019 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 \$67,213 IN 2019.

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,677,335	8,161,875	10,643,565	8,622,000	9,298,000
b Contributions	150	17,017	56,586	172,758	74,000
c Net investment earnings, gains, and losses	-316,657	-1,476,862	-2,374,981	1,928,859	-642,000
d Grants or scholarships					
e Other expenditures for facilities and programs	3,096	24,695	163,295	80,052	108,000
f Administrative expenses					
g End of year balance	6,357,732	6,677,335	8,161,875	10,643,565	8,622,000

2

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

a

Board designated or quasi-endowment

100.000 %

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,142,884		5,142,884
b Buildings		340,504,667	218,160,661	122,344,006
c Leasehold improvements		5,014,772	5,014,484	288
d Equipment		235,298,977	187,289,858	48,009,119
e Other		1,855,159	866,620	988,540
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				176,484,837

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIMITED USE ASSETS	133,715,604	F
(2) BENEFICIAL INTEREST IN FDN	5,612,680	F
(3) INVESTMENT IN RISK ASSURANCE	5,900,002	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	145,228,286	

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	12,883,322
(2) EST. 3RD PARTY PAY SETTLEMENTS	1,023,000
(3) MALPRACTICE INS RECOVERY REC	14,692,469
(4) DUE FROM RELATED PARTIES	3,299,213
(5) OTHER INVESTMENTS	1,663,891
(6) RIGHT OF USE LEASED ASSETS	7,170,333
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	40,732,228

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	192,113,210

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					30,939,452
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					30,939,452

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America and the Caribbean	HLTH CENTERS	89,803				

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

3 Enter total number of other organizations or entities ►

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

Part III can be duplicated if additional space is needed.

[illegible]

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

Part V **Supplemental Information**

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

ReturnReference	Explanation

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	4,636,398
Central America and the Caribbean			Investments		26,303,054

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 500 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,425,629	4,333,481	19,092,148	4.090 %
b Medicaid (from Worksheet 3, column a)			34,432,347	26,072,904	8,359,443	1.790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			57,857,976	30,406,385	27,451,591	5.880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,672,420	3,104,888	2,567,532	0.550 %
f Health professions education (from Worksheet 5)			13,745,019	8,448,043	5,296,976	1.130 %
g Subsidized health services (from Worksheet 6)			9,257,000	6,426,564	2,830,436	0.610 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			122,604	0	122,604	0.030 %
j Total. Other Benefits			28,797,043	17,979,495	10,817,548	2.320 %
k Total. Add lines 7d and 7j			86,655,019	48,385,880	38,269,139	8.200 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,912,704	
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	137,989	
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	72,342,619	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	75,860,607	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,517,988	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☒ Cost accounting system	☐ Cost to charge ratio	☐ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
b ☒ Other website (list url): <u>WWW.HEALTHIERMIDDLESEX.COM</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.SAINTPETERSHCS.COM</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SAINT PETER'S UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	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
SCHEDULE H, PART III, SECTION A; QUESTIONS 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS. THE SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM"), INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE SAINT PETER'S HEALTHCARE SYSTEM, INC. CHARITY CARE THE SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("DOH") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE. THE SYSTEM'S RECORDS IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES AND INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED. DOH ALLOWS RETROACTIVE APPLICATION FOR CHARITY CARE UP TO TWO YEARS FROM THE DATE OF SERVICE. FOR PATIENTS WHO WERE DETERMINED BY THE SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE EXPECTED UNCOLLECTED AMOUNTS ARE CLASSIFIED AS AN IMPLICIT PRICE CONCESSION WHICH REDUCES NET PATIENT SERVICE REVENUE (\$15,819,000 AND \$17,494,000 IN 2019 AND 2018, RESPECTIVELY). DISTINGUISHING BETWEEN CHARITY CARE AND IMPLICIT PRICE CONCESSIONS IS DIFFICULT, IN PART BECAUSE SERVICES ARE OFTEN RENDERED PRIOR TO THE SYSTEMS FULL EVALUATION OF THE PATIENTS ABILITY TO PAY. 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: 2019(000's) 2018(000's) COMMUNITY BENEFITS PROVIDED TO THE INDIGENT: CHARITY CARE PROVIDED \$23,426 \$20,896 UNPAID COST OF PUBLIC PROGRAMS, MEDICAID AND OTHER INDIGENT CARE PROGRAMS 8,359 9,773 COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY: NON-BILLED SERVICES FOR THE COMMUNITY 5,297 4,754 ----- ESTIMATED COST OF COMMUNITY BENEFITS \$42,566 \$39,287 ===== THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED 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 9.1 PERCENT AND 8.6 PERCENT OF TOTAL HOSPITAL OPERATING EXPENSES IN 2019 AND 2018, RESPECTIVELY, BEFORE CONSIDERATION OF CHARITY CARE SUBSIDIES. THE SYSTEM RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY \$4,333,000 AND \$3,423,000 FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY.

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B; QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE 2019 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

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B; QUESTION 8	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, DESP

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	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.

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.

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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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	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). ST. PETER'S FOUNDATION ----- ST. PETER'S FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SPUH; A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION ----- SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH; A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. ST. PETER'S PROPERTIES CORPORATION ----- ST. PETER'S PROPERTIES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2). NEW BRUNSWICK AFFILIATED HOSPITALS, INC. ----- NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). GIANNA PHYSICIAN PRACTICE OF NEW YORK, P.C. ----- GIANNA PHYSICIAN PRACTICE OF NEW YORK, P.C. IS A PROFESSIONAL CORPORATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2). DUE TO STATE OF NEW YORK CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	H 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. 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.

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

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 WWW.SAINTPETERSHCS.COM 11205	X	X	X	X			X			1

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 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), THE ORGANIZATIONS IMPLEMENTATION STRATEGY OUTLINES THE IMPACT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2019 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, questionS 5, 6A, 6B & 11	IN REVIEWING THE INFORMATION THAT FOLLOWS, IT IS IMPORTANT TO NOTE THAT THE QUANTITATIVE D ATA UTILIZED PRECEDES THE ACTIVITIES OF THE CURRENT COMMUNITY HEALTH IMPROVEMENT PLAN (CHI P), WHILE THE QUALITATIVE WORK COINCIDES WITH THE CHIP WORK FROM 2016-2019. THE TIME DELAY OF THE QUANTITATIVE DATA IS DUE TO THE REPORTING PROCEDURES OF THE DATA SOURCES USED, WHI CH ARE STANDARD AMONG RESEARCH AGENCIES. THE DELAY DOES NOT DISRUPT OR NEGATIVELY INFLUENC E THE VALUE OF THE INFORMATION, AS IT ALLOWS ANALYSIS OF THE HEALTH TRENDS THAT ARE PREVAL ENT IN THE HOSPITAL SERVICE AREA OVER A PERIOD OF THREE YEARS, DEFINING THOSE AREAS THAT A RE THE MOST IMPACTFUL IN THE COMMUNITY. IDENTIFYING PERVASIVE TRENDS AND ALIGNING THEM WIT H THE 2016 CHIP FOCUS AREAS WILL LEAD TO THE CREATION OF A MORE ROBUST AND EVIDENCE-BASED 2020 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 2016-20 19 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). CONSISTENCY THROUGHOUT THE ASSESSMENT WAS OF PARAMOUNT IMPORTANCE, LEADING TO A FOCUS ON THE QUANTITATIVE MEASURES, COMMUNITY HEALTH NE EDS SURVEYS AND FOCUS GROUP DISCUSSIONS, ALLOWING PERVASIVE TRENDS TO EMERGE MORE READILY. TWO FOCUS GROUPS WERE UNDERTAKEN TO UNCOVER ADDITIONAL INFORMATION FROM KEY COMMUNITY GRO UPS AND INDIVIDUALS WITH RESPECT TO HEALTH NEEDS, CHALLENGES AND BARRIERS, AND SUGGESTIONS FOR IMPROVING ACCESS TO HEALTH CARE SERVICES. ONE FOCUS GROUP WAS MADE UP OF YOUTH COUNSE LLORS, INDIVIDUALS, AND COMMUNITY ORGANIZATIONS PROVIDING SERVICES TO YOUTH AND ADOLESCENT S. ANOTHER GROUP WAS MADE UP OF UNDOCUMENTED HISPANIC/LATINA WOMEN TO DISCUSS THEIR HEALTH NEEDS AND THE BARRIERS THEY FACED IN ACCESSING CARE, AND IN LEADING HEALTHY LIFESTYLES. F URTHERMORE, BY SHIFTING SOME ALLOCATION OF RESOURCES FROM THE ASSESSMENT TO IMPLEMENTATION , THE HOSPITALS CAN CONTINUE FUNDING CURRENT AND FUTURE PROGRAMS THAT FOCUS ON IMPROVING T HE HEALTH OUTCOMES OF COMMUNITY RESIDENTS. THESE DECISIONS REPRESENT THE CORRECT APPROACH TO NOT ONLY EFFECTIVELY EVALUATE THE COMMUNITY, BUT THE RIGHT STRATEGIC APPROACH TO PROVID ING THE ACTUAL IMPLEMENTATION OF THE PROGRAMS AND POLICIES THAT AFFECT THE HEALTH OF THE C OMMUNITY IN MIDDLESEX AND SOMERSET COUNTIES. UNDER THE 2010 PATIENT PROTECTION AND AFFORDA BLE 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 PETER'S UNIVERSITY HOSPITAL AND ROBER T WOOD JOHNSON UNIVERSITY HOSPITAL AGAIN TEAMED TOGETHER AND ENGAGED WITH NEW SOLUTIONS, I NC., TO COMPLETE A SERIES OF MULTI-METHOD ANALYTIC ACTIVITIES TO PERFORM THE THIRD ROUND O F THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY. AS PART OF THAT WORK, NEW SOLUTIONS, INC., CONDUCTE

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 5, 6A, 6B & 11	D SECONDARY DATA ANALYSES OF THE 2016 BEHAVIORAL RISK FACTOR AND SURVEILLANCE SYSTEM (BRFS S) DATA AND UNIFORM BILLING HOSPITAL DISCHARGE DATA OVER THE PERIOD 2013-2016. A SEPARATE QUALITATIVE PART OF THE PROJECT REACHED OUT TO BROAD CONSTITUENCIES VIA A SERIES OF FOCUS GROUP DISCUSSIONS. FINDINGS CONVERGED IN SEVERAL KEY THEMES ACROSS ALL THREE DATA COMPONENTS. THE HOSPITALS ENGAGED NEW SOLUTIONS, INC. TO COMPLETE A SERIES OF MULTI-METHOD ANALYTIC ACTIVITIES TO PERFORM THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY. AS PART OF THAT WORK, NEW SOLUTIONS, INC. CONDUCTED SECONDARY DATA ANALYSES OF THE 2016 BEHAVIORAL RISK FACTOR AND SURVEILLANCE ANALYSIS (BRFSS) DATA AND UNIFORM BILLING (UB) HOSPITAL DISCHARGE DATA OVER THE PERIOD 2013-2016. 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 FOCUS GROUP DISCUSSIONS AND COMMUNITY HEALTH NEEDS SURVEYS. FINDINGS FROM ALL THREE OF THESE RESEARCH EFFORTS ARE COMPILED IN THIS REPORT. A BRIEF DESCRIPTION OF EACH DATA SOURCE IS PROVIDED BELOW. PRIMARY DATA SOURCES COMMUNITY HEALTH NEEDS SURVEYS IN ORDER TO OBTAIN A SERVICE AREA-SPECIFIC ANALYSIS FOR THE RWJUH/SPUH SERVICE AREA, ON-LINE SURVEY INTERVIEWS WERE CONDUCTED AMONG 1,185 RESIDENTS OF THE RWJUH/SPUH PSA. INTERVIEWS WERE CONDUCTED ONLINE AND BY TELEPHONE. A LINK TO THE ONLINE SURVEY WAS DISPLAYED ON HOSPITAL WEB PAGES AND SOCIAL MEDIA SITES. ADDITIONALLY, POSTCARDS WERE HANDED OUT AT AREA BUSINESSES AND LIBRARIES, DIRECTING RESIDENTS TO THE ONLINE SURVEY LINK. A TELEPHONE AUGMENT WAS CONDUCTED TO CAPTURE ADDITIONAL INTERVIEWS IN SPECIFIC AREAS AND AMONG SPECIFIC ETHNIC GROUPS. FOCUS GROUP DISCUSSIONS TWO FOCUS GROUPS WERE UNDERTAKEN TO UNCOVER ADDITIONAL INFORMATION FROM KEY COMMUNITY GROUPS AND INDIVIDUALS WITH RESPECT TO HEALTH NEEDS, CHALLENGES AND BARRIERS , AND SUGGESTIONS FOR IMPROVING ACCESS TO HEALTH CARE SERVICES. ONE FOCUS GROUP WAS MADE UP OF YOUTH COUNSELLORS, INDIVIDUALS, AND COMMUNITY ORGANIZATIONS PROVIDING SERVICES TO YOUTH AND ADOLESCENTS. THIS GROUP WAS DESIGNED TO UNCOVER MAJOR ISSUES ABOUT CONCERNS FACING MIDDLE AND HIGH SCHOOL AGED ADOLESCENTS. ANOTHER GROUP WAS MADE UP OF UNDOCUMENTED HISPANIC/LATINA WOMEN TO DISCUSS THEIR HEALTH NEEDS AND THE BARRIERS THEY FACED IN ACCESSING CARE , AND IN LEADING HEALTHY LIFESTYLES. THE FOCUS GROUP REPORTS ARE FOUND IN SECTION 4. (SEE SECTION 4) FOCUS GROUP MEETINGS WERE CONDUCTED ON AUGUST 27TH AND 30TH, 2019 BY NEW SOLUTIONS, INC. SECONDARY DATA SOURCES OVER 100 SECONDARY DATA SOURCES ARE COMPILED IN THIS CHNA , PRESENTING DATA BY INDICATOR

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 5, 6A, 6B & 11	BY COUNTY AND STATE. SOURCES INCLUDE: THE UNITED STATES CENSUS BUREAU, CENTERS FOR DISEASE E CONTROL AND PREVENTION (CDC), NEW JERSEY DEPARTMENT OF HEALTH (NJDOH), AND BEHAVIORAL RI SK FACTOR APPENDIX C CONTAINS A DETAILED REPORT OF CANCER INCIDENCE AND MORTALITY BY CANCE R SITE FOR MIDDLESEX COUNTY FOR THE YEARS 2010-2017. IN ADDITION, HOSPITAL TUMOR REGISTRY DATA IS UTILIZED TO UNDERSTAND STAGE OF CANCER AT TIME OF DIAGNOSIS. HEALTH PROFILE SECTIO N 5 PROVIDES A COMPREHENSIVE PRESENTATION OF HEALTH OUTCOMES AS WELL AS THE SOCIAL DETERMI NANTS OF HEALTH AND OTHER HEALTH FACTORS THAT CONTRIBUTE TO THE HEALTH AND WELL-BEING OF M IDDLESEX COUNTY RESIDENTS. COLOR INDICATOR TABLES THROUGHOUT THE HEALTH PROFILE SECTION OF THIS CHNA, THE COLOR INDICATOR TABLES COMPARE COUNTY LEVEL DATA TO HEALTHY PEOPLE 2020 TA RGETS, COUNTY HEALTH RANKINGS BENCHMARKS, AND NEW JERSEY STATE DATA. DATA BY RACE/ETHNICIT Y ARE COMPARED TO DATA FOR ALL RACES IN THE COUNTY, UNLESS OTHERWISE INDICATED. MIDDLESEX COUNTY WAS THE MIDPOINT VALUE COMPARED TO A RANGE 20% HIGHER THAN THE VALUE FOR NEW JERSEY , HEALTHY PEOPLE 2020, OR COUNTY HEALTH RANKINGS BENCHMARKS, OR 20% LOWER THAN THE VALUE F OR NEW JERSEY, HEALTHY PEOPLE 2020, OR COUNTY HEALTH RANKINGS BENCHMARKS. IF THE COUNTY VA LUE WAS WITHIN THE RANGE 20% LOWER OR 20% HIGHER THAN THE COMPARISON INDICATOR, OR CONSIDERED WITHIN REASONABLE RANGE, THE INDICATOR WILL BE YELLOW. THE TABLE WILL BE RED IF THE MI DDLESEX COUNTY VALUE IS MORE THAN 20% WORSE OR LOWER THAN THE INDICATOR VALUE. IF THE MIDD LESEX COUNTY VALUE IS 20% BETTER OR HIGHER THAN THE INDICATOR VALUE, THE TABLE WILL BE GRE EN. COMPARATIVE COUNTIES ARE ALSO PRESENTED PROVIDING ADDITIONAL CONTEXT FOR SELECT HEALTH INDICATORS. ASSETS AND GAPS SECTION 6, ASSETS AND GAPS, SUMMARIZES THE PRECEDING COMPONENTS OF THE CHNA. ASSETS HIGHLIGHT COUNTY INFORMATION INDICATING IMPROVEMENT OVER TIME, IN C OMPARISON TO OTHER COUNTIES AND THE STATE, OR IN COMPARISON TO OTHER RACES OR GENDERS. GAP S FOCUS ON DISPARITIES IN MIDDLESEX COUNTY OR THE RWJUH/SPUH SERVICE AREA THAT HAVE A NEGA TIVE TREND, IN COMPARISON TO OTHER COUNTIES IN THE STATE OR TO OTHER RACES OR GENDERS.

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: HTTPS://WWW.SAINTPETERSHCS.COM/SAINTPETERS/MEDIA/SAINTPETERS/HOME/HEALTHIE R-MIDDLESEX-CHNA-FINAL_121819.PDF

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: HTTPS://WWW.SAINTPETERSHCS.COM/SAINTPETERS/MEDIA/SAINTPETERS/SERVICES/HM-C HIP-FINAL-2020-5-22-20.PDF

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: HTTP://WWW.SAINTPETERSHCS.COM/PATIENTS/BILLING-AND-PAYMENT/FINANCIAL-ASSIS TANCE-PROGRAM

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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 for instructions and the latest information.	
Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL		Employer identification number 22-1487330

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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 INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN THEIR 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: RONALD C. RAK, J.D., \$282,815.
SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, AS TAXABLE MEDICARE WAGES: LESLIE D. HIRSCH, FACHE, \$120,891; GARRICK J. STOLDT, FHFMA, CPA, \$31,141; NIRANJAN V. RAO, M.D., \$22,199; JORDAN M. TANNENBAUM, \$25,616; LINDA CARROLL, \$22,328; BARBARA J. GRIFFITHS-WELSH, \$22,328; ALMA S. RATCLIFFE, \$28,797; PAMELA A. TEUFEL, \$22,761; ALYSSA A. VERDERAMI, ESQ., \$21,660 AND LISA M. DRUMBORE, \$16,892.
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 2019 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2019 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				
1LESLIE D HIRSCH FACHE TRUSTEE - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	948,303	207,423	37,933	132,791	21,483	1,347,933	0
1GARRICK J STOLDT FHFMA CPA TREASURER - SPHCS CFO	(i)	0	0	0	0	0	0	0
	(ii)	478,229	84,679	28,438	71,355	37,118	699,819	0
2John Gallucci md physician	(i)	638,486	0	5,470	6,802	28,358	679,116	0
	(ii)	0	0	0	0	0	0	0
3DAVID A LASKOW MD CHAIRMAN SURGERY	(i)	530,976	55,000	22,135	6,302	26,743	641,156	0
	(ii)	0	0	0	0	0	0	0
4ALMA S RATCLIFFE VP;CHIEF CLIN TRANS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	442,442	78,523	33,286	36,522	17,634	608,407	0
5GOPAL R DESAI MD TRUSTEE	(i)	509,536	0	54,540	7,915	2,429	574,420	0
	(ii)	0	0	0	0	0	0	0
6JORDAN M TANNENBAUM CIO	(i)	0	0	0	0	0	0	0
	(ii)	376,859	71,062	44,641	33,204	44,275	570,041	0
7I MARK HIATT MD DIRECTOR NEONATOLOGY	(i)	520,883	19,200	8,034	6,300	13,584	568,001	0
	(ii)	0	0	0	0	0	0	0
8BIPIN N PATEL MD CHAIRMAN PEDIATRICS	(i)	451,965	50,000	34,813	6,300	24,719	567,797	0
	(ii)	0	0	0	0	0	0	0
9CHRISTOPHER M HOULIHAN MD PHYSICIAN - MATERNAL-FETAL MED	(i)	522,815	0	5,470	6,300	23,368	557,953	0
	(ii)	0	0	0	0	0	0	0
10SIVA P JONNA MD CHIEF PEDIATRIC CRITICAL CARE	(i)	485,088	0	24,544	6,300	40,108	556,040	0
	(ii)	0	0	0	0	0	0	0
11NAYAN K KOTHARI MD CHAIRMAN MEDICINE	(i)	475,413	7,094	8,529	6,300	25,535	522,871	0
	(ii)	0	0	0	0	0	0	0
12PAMELA A TEUFEL VP; CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	371,103	63,955	1,563	30,221	30,312	497,154	0
13LINDA CARROLL CHIEF NURSING OFFICER	(i)	361,011	57,466	4,235	37,623	30,263	490,598	0
	(ii)	0	0	0	0	0	0	0
14ALYSSA A VERDERAMI ESQ VP; LEGAL AND RISK MGMT	(i)	0	0	0	0	0	0	0
	(ii)	346,898	57,644	1,381	35,650	36,034	477,607	0
15NIRANJAN V RAO MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	342,198	61,481	17,964	30,766	24,187	476,596	0
16DEBRA-LYNN DAY-SALVATORE MD CHAIRMAIN - GENETICS & GENOMIC	(i)	426,937	0	23,253	6,300	12,845	469,335	0
	(ii)	0	0	0	0	0	0	0
17Lisa M Drumbore VP; CHIEF PATIENT EXP OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	274,665	47,110	3,235	29,580	29,963	384,553	0
18BARBARA J Griffiths-WELSH CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	208,697	38,019	23,059	29,533	32,472	331,780	0
19RONALD C RAK JD FORMER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	282,815	0	0	282,815	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				
21WILLIAM J REARS CHIEF TECHNOLOGY OFFICER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	225,072	0	1,185	9,886	32,177	268,320	0
1DAVID OVIEDO VP; SUPPLY CHAIN MANAGEMENT	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	126,589	37,661	11,462	8,971	3,423	188,106	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

22-1487330

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FSH7	12-18-2007	65,617,402	SEE PART VI		X		X		X
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	
1	Amount of bonds retired	0		84,163,069					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	67,469,850		100,604,659					
4	Gross proceeds in reserve funds	6,584,588		8,622,909					
5	Capitalized interest from proceeds	2,839,321		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,284,750		2,063,899					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	56,744,418		5,545,865					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2013		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.210 %		0.100 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	1.210 %		0.100 %					
7	Does the bond issue meet the private security or payment test? . . .	X		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	THE PROCEEDS OF THE SERIES 2007 WERE TO (i) refund a portion of the outstanding principal amount of the St. Peters Medical Center Issue, Series F; (ii) pay or reimburse the costs of the construction and renovation of certain portions of the Hospitals facilities and the acquisition of various capital equipment; (iii) pay capitalized interest on a portion of the Series 2007 Bonds; (iv) fund the Debt Service Reserve Fund related to the Series 2007 Bonds; and (v) pay or reimburse the costs of issuance of the Series 2007 Bonds.

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	THE PROCEEDS OF THE SERIES 2011 WERE TO (i) refund all of the outstanding Series F Revenue Bonds, Series 2000A Revenue Bonds, and Series 2000B Bonds; (ii) pay or reimburse the costs of certain capital expenditures relating to the renovation of portions of the Hospitals facilities and the acquisition and installation of various equipment to be used by the Hospital at its facilities (approximately \$5,500,000); (iii) fund the Debt Service Reserve Fund relating to the Series 2011 Bonds; and (iv) pay the costs of issuance of the Series 2011 Bonds.

Return Reference	Explanation
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
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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493321197650
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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL		Employer identification number 22-1487330	

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BACKGROUND ===== SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION . PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX , SEXUAL IDENTITY AND ORIENTATION, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, SPUH OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS THAT IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR; 3. SPUH MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY ; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF SPUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SPUH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. SAINT PETER'S UNIVERSITY HOSPITAL, LOCATED AT 254 EASTON AVE., NEW BRUNSWICK, N.J. IS A 478-BED NONPROFIT ACUTE-CARE TEACHING HOSPITAL SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF METUCHEN. SAINT PETER'S, A MEMBER OF THE SAINT PETER'S HEALTHCARE SYSTEM, IS A MAJOR CLINICAL AFFILIATE OF RUTGERS UNIVERSITY BIOMEDICAL AND HEALTH SCIENCES DIVISION AND SPONSORS ITS OWN FREESTANDING RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE AND FELLOWSHIP PROGRAMS IN PULMONOLOGY AND GASTROENTEROLOGY. 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

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PROFESSIONALS TO THE BEDSIDE. HOSPITAL STAFF TREATS APPROXIMATELY 24,000 INPATIENTS AND 2 70,000 OUTPATIENTS ANNUALLY. SAINT PETER'S EMPLOYS 3,500 HEALTHCARE PROFESSIONALS AND SUPP ORT 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 SO PHISTICATED MATERNITY PROGRAMS AND OPERATES ONE OF THE LARGEST, MOST ADVANCED NEONATAL INT ENSIVE CARE UNITS IN THE COUNTRY AS A STATE-DESIGNATED REGIONAL PERINATAL CENTER AND HAS B EEN RECOGNIZED WITHIN THE TOP 50 NICUS IN THE COUNTRY BY US NEWS AND WORLD REPORT. SAINT P ETER'S IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATI ON AND IS NEW JERSEYS FIRST DESIGNATED AGE-FRIENDLY HEALTH SYSTEM. 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, INDI VIDUAL 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, P HYSICIANS AND VOLUNTEERS AND TO THE EDUCATION AND TRAINING OF HEALTHCARE PERSONNEL ." "WE A RE WITNESSES IN OUR COMMUNITY TO THE HIGHEST ETHICAL AND MORAL PRINCIPLES IN PURSUIT OF EX CELLENCE AND PATIENT SAFETY." FACTS ===== - NEW JERSEY'S FIRST STATE-DESIGNATED REGIONAL P ERINATAL CENTER (LEVEL 3) AND NEONATAL INTENSIVE CARE UNIT (LEVEL 3), ESTABLISHED IN 1981. - DELIVERS APPROXIMATELY 5,450 NEWBORNS ANNUALLY. ADMITS APPROXIMATELY 900 NEWBORNS TO TH E 54-BASSINETT NICU, WHICH IS ONE OF THE LARGEST ON THE EAST COAST. SAINT PETER'S INTRODUC ED A NEW MIDWIFERY PROGRAM WITH THREE CERTIFIED NURSE-MIDWIVES IN 2017 AND OPENED THE STAT E'S FIRST HOSPITAL BASED BIRTH CENTER, THE MARY V. OSHEA BIRTH CENTER IN THE FALL OF 2019. - RENOWNED FOR ITS PRACTICE OF OBSTETRICS, ESPECIALLY IN THE AREA OF HIGH-RISK PREGNANCIE S. SERVICES INCLUDE: MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE); ANTENATAL TESTI NG UNIT (ADVANCED ULTRASOUND TESTING). APPROXIMATELY 14,000 ULTRASOUNDS PERFORMED ANNUALLY ; DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE (GENETIC COUNSELING, TESTING AND TRE ATMENT); PERINATAL EVALUATION AND TREATMENT (PERINATAL EMERGENCY TRIAGE AND TREATMENT); HI GH-RISK ANTEPARTUM UNIT (HOSPITAL INPATIENT CARE FOR PREGNANT WOMEN EXPERIENCING COMPLICAT IONS OR HIGH-RISK PREGNANCIES); INFANT AND PERINATAL LOSS EVALUATION PROGRAM (DIAGNOSTIC A ND TREATMENT CENTER FOR REPEAT

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ED MISCARRIAGE/PREGNANCY LOSS); OBSTETRICAL MEDICINE (TREATS MEDICAL COMPLICATIONS IN PREGNANCY); AND GENERAL OBSTETRICS AND GYNECOLOGY IN 2019, THE HOSPITAL OPENED THE ONLY HOSPITAL BASED BIRTH CENTER IN NEW JERSEY. SAINT PETER'S GIANNA CENTER - THE CHILDREN'S HOSPITAL AT SAINT PETER'S IS A STATE-DESIGNATED ACUTE-CARE CHILDREN'S HOSPITAL. SERVICES INCLUDE: AN EIGHT-BED PEDIATRIC INTENSIVE CARE UNIT (PICU) STAFFED BY PEDIATRIC INTENSIVISTS AND SPECIALLY TRAINED PEDIATRIC NURSES. 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, ORTHOPEDIC SURGERY INCLUDING ANTERIOR SCOLIOSIS CORRECTION. 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 A FREE-STANDING 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, DA VINCI ROBOTICALLY ASSISTED SURGERY, AND SUPPORT GROUPS. - SPECIALIZES IN INTEGRATED GERIATRIC MEDICINE, OFFERING SERVICES AND SATELLITE CENTERS THAT INCLUDE GERIATRIC EVALUATION AND MANAGEMENT SERVICE (INTENSIVE OUTPATIENT PROGRAM FOR FRAIL SENIORS), WITH LOCATIONS IN MONROE AND NEW BRUNSWICK, AND COMMUNITY NURSING CARE AT SIX RETIREMENT COMMUNITIES IN MONROE. - THE SAINT PETER'S THYROID AND DIABETES CENTER, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION. - THE DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE, THE SOLE HOSPITAL-BASED PROVIDER OF GENETICS SERVICES TO INFANTS, CHILDREN AND ADULTS IN CENTRAL NEW JERSEY, COUNSELS, TESTS AND TREATS THOSE WITH A FAMILY HISTORY OF CHROMOSOME ABNORMALITIES, BIRTH DEFECTS, SKELETAL DYSPLASIA, CANCER SYNDROMES AND OTHER TYPES OF INHERITED DISORDERS.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- WOMEN'S HEALTH SERVICES, INCLUDING IMAGING SERVICES, GENERAL OB/GYN, MIDWIFERY SERVICES, BREAST DISEASE, UROGYNECOLOGY, GYNECOLOGIC ONCOLOGY AND SAINT PETERS GIANNA CENTER, DEDICATED TO PROVIDING A MORE NATURAL ALTERNATIVE TO ASSISTED REPRODUCTIVE TECHNOLOGIES SUCH AS IN VITRO FERTILIZATION AND COMPREHENSIVE GYNECOLOGIC PRIMARY CARE AND SPECIALIZED FERTILITY AND FAMILY PLANNING TECHNIQUES USED TO UNMASK THE TRUE CAUSES OF INFERTILITY FOR ALL WOMEN, REGARDLESS OF FAITH. FERTILITY AND FAMILY PLANNING TECHNIQUES USED TO UNMASK THE TRUE CAUSES OF INFERTILITY FOR ALL WOMEN, REGARDLESS OF FAITH. AFFILIATIONS ===== SAINT PETER'S UNIVERSITY HOSPITAL IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) FOR PEDIATRIC CARDIOLOGY SERVICES, ESTABLISHING THE CHOP 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 TO PROVIDE QUALITY MEDICAL EDUCATION, SAINT PETER'S BECAME A MAJOR CLINICAL 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. RANKED 34TH IN THE NATION AND TOPS IN NEW JERSEY IN U.S. NEWS AND WORLD REPORT'S BEST CHILDRENS HOSPITALS 2019-2020. 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 ALZHEIM

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ER'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 AND THE NAVIO SURGICAL SYSTEM. GENERAL, VASCULAR AND OTHER SURGICAL PROCEDURES, INCLUDING BARIATRIC AND COLONRECTAL SURGERY, ARE ALSO AVAILABLE. SAME-DAY PROCEDURES ARE PERFORMED IN THE CARES SURGICAL CENTER. 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 PETER'S 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: A TEAM OF NURSES AND CLINICIANS TRAVELS THROUGHOUT CENTRAL NEW JERSEY WITH STAFF PROVIDING HEALTH SCREENINGS, VACCINATIONS AND WELLNESS EDUCATION TO BUSINESSES, SENIOR CENTERS, SOUP KITCHENS AND OTHERS. A 34-FOOT LONG SPECIALLY EQUIPPED VAN SERVES AS A

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OBILE HEALTH UNIT. 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, CRANIOFACIAL AND CLEFT PALATE, DIABETES, EPILEPSY, GASTROENTEROLOGY, HEMATOLOGY-ONCOLOGY, RADIOLOGY INCLUDING THE EOS LOW-DOSE IMAGING SYSTEM, 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 CENTER OFFERS PUMP THERAPY TO APPROPRIATE PATIENTS AND SUPPORT GROUPS. CRANIOFACIAL AND NEUROSURGICAL CENTER OFFERS CORRECTIVE SURGERY, MULTIDISCIPLINARY SUPPORT AND FOLLOW-UP SERVICES AND SUPPORT GROUPS FOR CHILDREN BORN WITH CLEFT LIP, CLEFT PALATE AND OTHER FACIAL DEFORMITIES. MEMBERS OF THE MULTIDISCIPLINARY MEDICAL TEAM ARE ACTIVE WITH OPERATION SMILE AND HEAL THE CHILDREN. DOROTHY B. HERSH REGIONAL CHILD PROTECTION CENTER IS A STATE-DESIGNATED REGIONAL DIAGNOSTIC AND TREATMENT CENTER FOR CHILD ABUSE PREVENTION. THE CENTER IDENTIFIES ABUSE, PROVIDES MEDICAL AND PSYCHOLOGICAL EVALUATION AND REFERRALS TO VICTIMS AND FAMILIES, SERVES AS EXPERT WITNESSES AND EDUCATES CHILD CARE AND LAW ENFORCEMENT PROFESSIONALS. IT SERVES MIDDLESEX, SOMERSET, MERCER, HUNTERDON, MONMOUTH, OCEAN AND UNION COUNTIES. FOR KEEPS - KIDS EMBRACED AND EMPOWERED THROUGH PSYCHOLOGICAL SERVICES PROVIDES MENTAL HEALTH DIAGNOSES AND INTENSIVE TREATMENT FOR AREA CHILDREN, AGES 5 THROUGH 17, WHO SUFFER FROM EMOTIONAL OR BEHAVIORAL DIFFICULTIES THAT NEGATIVELY INFLUENCE THEIR ABILITY TO FUNCTION SUCCESSFULLY IN A SOCIAL ENVIRONMENT. FOR KEEPS IS A FULL-TIME DAY PROGRAM WHERE CHILDREN RECEIVE ACADEMIC INSTRUCTION IN ADDITION TO BEHAVIORAL AND PSYCHOLOGICAL TREATMENTS THROUGH COLLABORATION AMONG DOCTORS, NURSES, SOCIAL WORKERS AND COUNSELORS.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ALSO, MEETING THE NEEDS OF THE POOR AND UNDERSERVED, SAINT PETER'S UNIVERSITY HOSPITAL TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. THIS IS EVIDENT BY, BUT NOT LIMITED TO, THE FOLLOWING: - ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS OPERATING 24-HOURS-A-DAY, 365-DAYS-A-YEAR. - OPERATING MORE THAN 50 CLINICS AND MORE THAN 142,000 VISITS IN PEDIATRIC AND PEDIATRIC SUBSPECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S HEALTH AND SUBSPECIALTIES, AND GERIATRIC MEDICINE AND SUBSPECIALTIES. - SAINT PETER'S SPORTS MEDICINE INSTITUTE OFFERS A MULTIDISCIPLINARY APPROACH TO TREATMENT THAT RECOGNIZES THE UNIQUE RELATIONSHIP BETWEEN SPORTS MEDICINE, ORTHOPEDIC SURGERY AND PHYSICAL REHABILITATION. A PEDIATRIC CONCUSSION SPECIALIST AND EXPERT STAFF PROVIDE COMPLETE AND COMPREHENSIVE EVALUATIONS AND MANAGEMENT OF CONCUSSIONS WITH THE GOAL OF PREVENTING LONG-TERM CONSEQUENCES FROM THE BRAIN INJURY. - THE SIMULATION CENTER FOR INTERPROFESSIONAL LEARNING OFFERS HAS TWO SEPARATE AND DISTINCT SPECIALTY AREAS AN INSTITUTE FOR BEDSIDE MEDICINE (IBM) AND AN INSTITUTE FOR TECHNICAL SIMULATION (ITS) OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS: - ADULT COMMUNITIES: CONCORDIA, CLEARBROOK, THE PONDS, GREENBRIAR AT WHITTINGHAM, ROSSMOOR, STONEBRIDGE - 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 - OPIOID TASK FORCE - PASTORAL CARE - VOLUNTEER SERVICES - MEDICAL LIBRARY - CRANIOFACIAL-NEUROSURGICAL CENTER - ABSTINENCE EDUCATION - FERTILITY AWARENESS - SOUP KITCHEN - ELIJAH'S PROMISE - SPEAKERS BUREAU - BREAST CANCER SUPPORT GROUP - LEUKEMIA, LYMPHOMA, AND MYELOMA SUPPORT GROUP - LIVING WITH CANCER SUPPORT GROUP - NEW VISIONS SUPPORT GROUP (FOR TEENAGERS WITH CANCER) - STRENGTH FOR CARING (FOR CAREGIVERS OF CANCER PATIENTS) - ADVANCED CARDIAC LIFE SUPPORT - ADVANCED CARDIAC LIFE SUPPORT RENEWAL - BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS - CPR FOR FAMILY AND FRIENDS - FIRST AID - HEARTSAVER AED ADULT/PEDIATRIC - ADULTS WITH DIABETES SUPPORT GROUP - 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. COMMIT

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MENT 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.

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

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Return Reference	Explanation
CORE FORM, PART V, QUESTIONS 3A & 3B	ON DECEMBER 20, 2019 CONGRESS PASSED TWO BILLS WHICH INCLUDED THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE ("IRC") 512(A)(7). AS A RESULT OF THIS TAX REPEAL, QUALIFIED TRANSPORTATION BENEFITS WOULD NO LONGER BE TREATED AS UNRELATED BUSINESS INCOME ("UBI") AND REPORTED WITHIN THE FORM 990-T. PLEASE NOTE, QUESTIONS 3A AND 3B WITHIN CORE FORM, PART V OF THIS FORM 990 ARE MARKED "YES" BECAUSE PRIOR TO THIS TAX REPEAL, THE ORGANIZATION REMITTED ESTIMATED TAXES WITH RESPECT TO IRC 512 (A)(7). SINCE THE ORGANIZATION DOES NOT ENGAGE IN ANY ADDITIONAL UBI ACTIVITIES, IT HAS FILED A FINAL FORM 990-T WHICH REFLECTS NO UBI FOR THE YEAR ENDED DECEMBER 31, 2019 AND REQUESTS A REFUND OF THE ESTIMATED TAXES REMITTED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	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. THE PRIOR YEAR 990 HAS NOT BEEN AMENDED TO REFLECT THIS CLASSIFICATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES. LESLIE D. HIRSCH IS LISTED AS AN OFFICER AND A TRUSTEE ON THIS FORM 990. THIS IS HIS SOLE ROLE WITH THE ORGANIZATION. HE PROVIDES NO SERVICES TO OR FOR THE ORGANIZATION AND IS NOT INVOLVED IN THE MANAGEMENT OR DAY TO DAY ACTIVITIES OF THIS ORGANIZATION. MR. HIRSCH IS EMPLOYED BY A RELATED ORGANIZATION AND WORKS FULL TIME IN THIS CAPACITY FOR SAINT PETERS HEALTHCARE SYSTEM, INC. ACCORDINGLY HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH SAINT PETERS HEALTHCARE SYSTEM, INC. (EIN: 26-2019056). SAINT PETERS HEALTHCARE SYSTEM, INC. FILED A 2019 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. HIRSCH'S COMPENSATION IN EXCESS OF \$1M.

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 XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE: - NON-OPERATING NET PERIODIC PENSION COST - (\$3,951,344); - CHANGE IN PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS - (\$14,263,159); - TRANSFER OF EQUITY - (\$628,517); - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION - (\$10,000); - NET CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - (\$320,000); AND - DONATED EQUIPMENT AND OTHER - \$2,145,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS SAINT PETER'S HEALTHCARE SYSTEM, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT PETER'S HEALTHCARE SYSTEM, INC. AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018; 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.

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As Filed Data -

DLN: 93493321197650

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number
22-1487330

Part I

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

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

Part II

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SAINT PETERS SOLAR ENERGY SOLUTIONS INC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-3351339	SOLAR ENERGY	NJ	NA	C CORP.					
(2) PARK AVENUE COLLECTIONS CORP 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 20-8498534	INACTIVE	NJ	SPUH	C CORP.					
(3) 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.					
(4) SAINT PETER'S SPECIALTY PHYSICIANS PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 36-4761935	INACTIVE	NJ	SPUH	C CORP.	89,134	39,378	100.000 %	Yes	
(5) SAINT PETERS ADVANCED CARE PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 47-2597921	HEALTHCARE	NJ	SPUH	C CORP.	0	0	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST PETER'S FOUNDATION	C	1,687,000	COST
(2) ST PETER'S FOUNDATION	Q	361,000	COST
(3) RISK ASSURANCE CO OF SPUH	R	4,407,416	COST
(4) SAINT PETER'S HEALTHCARE SYSTEM INC	R	16,862,830	COST

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF SAINT PETER'S HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE SAINT PETER'S HEALTH ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

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