
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2021

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAINT PETER'S UNIVERSITY HOSPITAL		D Employer identification number 22-1487330
	Doing business as		E Telephone number (732) 745-8600
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 254 EASTON AVENUE		G Gross receipts \$ 579,936,246.
	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 254 EASTON AVENUE, NEW BRUNSWICK, NJ 08901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.SAINTPETERSHCS.COM		H(c) Group exemption number ▶ 0928
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1907	M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3,777
	6 Total number of volunteers (estimate if necessary)	6	72
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	41,461,483.	52,341,954.
	9 Program service revenue (Part VIII, line 2g)	445,477,538.	506,000,117.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,490,499.	5,356,306.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,338,375.	16,237,869.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	493,767,895.	579,936,246.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	92,016.
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		282,687,444.	305,683,745.
16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
b Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,275,616.	203,695,591.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	475,055,076.	509,478,261.	
19 Revenue less expenses. Subtract line 18 from line 12	18,712,819.	70,457,985.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	551,676,690.	561,403,535.
	21 Total liabilities (Part X, line 26)	495,698,690.	398,372,535.
	22 Net assets or fund balances. Subtract line 21 from line 20	55,978,000.	163,031,000.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT J MARIANI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Phone no. 973-898-9494	
	Firm's address ▶ 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE 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 \$ 396,905,427. including grants of \$ 98,925.) (Revenue \$ 506,000,117.)

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.

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses ▶ 396,905,427.

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)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II.</i>	<input checked="" type="checkbox"/>	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I.</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part IV.</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part IX.</i>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X.</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	<input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

Part VII 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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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.

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE D. HIRSCH, FACHE TRUSTEE - PRESIDENT/CEO	55.00 NONE	X		X				NONE	1,475,365.	249,648.
(2) ARKADY BRODER, M.D. GASTROENTEROLOGIST	55.00 NONE					X		941,686.	NONE	50,511.
(3) DAVID JACOB, M.D. CARDIOLOGIST	55.00 NONE					X		885,634.	NONE	32,544.
(4) GARRICK J. STOLDT, FHFMA, CPA TREASURER - CFO SPHCS	55.00 NONE			X				NONE	703,184.	101,956.
(5) CARLOS BENITO, M.D. CHAIRMAN OBGYN	55.00 NONE					X		745,026.	NONE	43,967.
(6) KIANOUSH SHEYKHOLESAMI, M.D. OTOLARYNGOLOGY SURGEON	55.00 NONE					X		762,511.	NONE	21,156.
(7) ANDREW KORMAN, M.D. GASTROENTEROLOGIST	55.00 NONE					X		721,902.	NONE	44,110.
(8) ALMA S. RATCLIFFE, M.D. VP; CHIEF CLIN TRANS OFFICER	55.00 NONE					X		NONE	679,385.	77,706.
(9) JORDAN M. TANNENBAUM, MD, MBA VP; CIO/CMIO	55.00 NONE					X		NONE	620,492.	88,062.
(10) NIRANJAN V. RAO, M.D. CHIEF MEDICAL OFFICER	55.00 NONE			X				NONE	549,008.	73,811.
(11) NAYAN K. KOTHARI, M.D. CHIEF ACADEMIC OFFICER	55.00 NONE					X		570,789.	NONE	32,774.
(12) GOPAL R. DESAI, M.D. TRUSTEE (TERMED 01/12/2021)	55.00 NONE	X						581,041.	NONE	10,729.
(13) LINDA CARROLL, MSN, RN-BC CNO/VP PATIENT CARE SVS	55.00 NONE					X		488,915.	NONE	78,762.
(14) BIPIN N. PATEL, M.D. PHYS IN CHIEF; CH HOSP @ SPUH	55.00 NONE					X		532,590.	NONE	34,829.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALYSSA A. VERDERAMI, ESQ. SECRETARY-VP LEGAL & RISK MGMT	55.00 NONE				X		NONE	473,466.	77,794.	
(16) DAVID A. LASKOW, M.D. CHIEF, DIVISION OF SURGERY	55.00 NONE				X		508,522.	NONE	33,180.	
(17) LISA M. DRUMBORE VP; CHIEF EXPERIENCE OFFICER	55.00 NONE				X		NONE	367,483.	68,835.	
(18) BARBARA J. GRIFFITHS-WELSH CHIEF COMPLIANCE OFFICER	55.00 NONE				X		NONE	317,077.	60,505.	
(19) WILLIAM J. REARS CHIEF TECHNOLOGY OFFICER	55.00 NONE				X		NONE	259,282.	37,364.	
(20) HARRY DIEUVEUIL VP; CHIEF HR OFF. (EFF. 06/21)	55.00 NONE				X		NONE	273,392.	17,875.	
(21) PAMELA A. TEUFEL VP; CHIEF HR OFF. (TERM 04/21)	55.00 NONE				X		NONE	193,319.	20,843.	
(22) VINCENT J. DICKS CHAIRMAN - TRUSTEE	1.00 NONE	X		X			NONE	NONE	NONE	
(23) RACHEAL ANKRAH-FOSU TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(24) JUDITH T. CARUSO, DNP, MBA TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(25) REV. TIMOTHY A. CHRISTY TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							6,738,616.	5,911,453.	1,256,961.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							6,738,616.	5,911,453.	1,256,961.	

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 ▶ 582

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LEONARDO DECANDIA TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(27) REV. MONSIGNOR JOHN N. FELL TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(28) ALFRED J. GABURO, JR. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(29) CHRISTOPHER GRIBBON, M.D. TRUSTEE - PRES MEDICAL STAFF	1.00 NONE	X					NONE	NONE	NONE	
(30) MICHAEL LIGORANO, ESQ., KM TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(31) KEVIN NINI, M.D. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(32) CAROL A. PURCELL TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(33) DAVID SAMUEL, PE, PP, CME TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(34) BORISLAV STOEV, D.O., FACEP TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 83

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	1,214,433.				
	e	Government grants (contributions) . .	1e	50,711,923.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	415,598.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶		52,341,954.				
	Program Service Revenue				Business Code			
2a		NET PATIENT SERVICE REVENUE		622110	492,045,908.	492,045,908.		
b		OTHER HEALTHCARE RELATED REVENUE		622110	13,954,209.	13,954,209.		
c								
d								
e								
g		Total. Add lines 2a-2f ▶			506,000,117.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			5,176,739.		5,176,739.	
	4	Income from investment of tax-exempt bond proceeds . ▶			172,553.		172,553.	
	5	Royalties ▶			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
						2,572,851.		
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	2,572,851.	NONE			
	d	Net rental income or (loss) ▶			2,572,851.		2,572,851.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
							7,014.	
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c		7,014.			
d	Net gain or (loss) ▶			7,014.		7,014.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	8b		NONE				
c	Net income or (loss) from fundraising events ▶			NONE				
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	9b		NONE				
c	Net income or (loss) from gaming activities ▶			NONE				
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
				NONE				
b	Less: cost of goods sold	10b		NONE				
c	Net income or (loss) from sales of inventory ▶			NONE				
Miscellaneous Revenue				Business Code				
	11a	INSURANCE SETTLEMENT		900099	12,250,000.		12,250,000.	
	b	CAFETERIA/VENDING		900099	1,211,046.		1,211,046.	
	c	PARKING REVENUE		812930	203,972.		203,972.	
	d	All other revenue						
e	Total. Add lines 11a-11d ▶			13,665,018.				
12	Total revenue. See instructions ▶				579,936,246.	506,000,117.	21,594,175.	

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	13,303.	13,303.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	85,622.	85,622.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,897,131.	2,256,865.	640,266.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	246,843,605.	192,291,168.	54,552,437.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,197,723.	7,944,026.	2,253,697.	
9 Other employee benefits	27,506,241.	21,427,362.	6,078,879.	
10 Payroll taxes	18,239,045.	14,208,216.	4,030,829.	
11 Fees for services (nonemployees):				
a Management	2,444,135.	1,903,981.	540,154.	
b Legal	4,212,343.	3,281,415.	930,928.	
c Accounting	495,693.	386,145.	109,548.	
d Lobbying	126,801.	98,778.	28,023.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	304,100.	236,894.	67,206.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	33,500,647.	26,097,004.	7,403,643.	
12 Advertising and promotion	2,323,939.	1,810,348.	513,591.	
13 Office expenses	8,841,763.	6,887,733.	1,954,030.	
14 Information technology	175,153.	136,444.	38,709.	
15 Royalties	NONE			
16 Occupancy	10,013,737.	7,800,701.	2,213,036.	
17 Travel	295,470.	230,171.	65,299.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	77,408.	60,301.	17,107.	
20 Interest	7,729,247.	6,021,083.	1,708,164.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	25,178,387.	19,613,963.	5,564,424.	
23 Insurance	5,702,594.	4,442,321.	1,260,273.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	59,657,797.	46,473,424.	13,184,373.	NONE
b REPAIRS & MAINTENANCE	17,719,400.	13,803,413.	3,915,987.	NONE
c GOV'T TAXES & ASSESSMENTS	10,740,541.	8,366,881.	2,373,660.	NONE
d PHYSICIAN SERVICES	7,225,643.	5,628,776.	1,596,867.	NONE
e All other expenses _____	6,930,793.	5,399,089.	1,531,704.	
25 Total functional expenses. Add lines 1 through 24e	509,478,261.	396,905,427.	112,572,834.	NONE
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	622,458.	1	NONE
	2 Savings and temporary cash investments	123,887,753.	2	70,172,136.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	46,313,777.	4	49,666,480.
	5 Loans and other receivables from 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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	8,204,638.	8	8,563,380.
	9 Prepaid expenses and deferred charges	2,390,701.	9	2,826,375.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 612,270,290.		
	b Less: accumulated depreciation	10b 455,805,472.		
		163,618,641.	10c	156,464,818.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	161,123,335.	13	229,866,365.
	14 Intangible assets	1,287,731.	14	1,172,579.
15 Other assets. See Part IV, line 11	44,227,656.	15	42,671,402.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	551,676,690.	16	561,403,535.	
Liabilities	17 Accounts payable and accrued expenses	59,169,525.	17	60,864,650.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	77,200.	19	364,103.
	20 Tax-exempt bond liabilities	127,731,010.	20	121,939,635.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	8,860,802.	23	6,330,382.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	299,860,153.	25	208,873,765.
	26 Total liabilities. Add lines 17 through 25	495,698,690.	26	398,372,535.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	44,384,411.	27	149,551,381.
	28 Net assets with donor restrictions	11,593,589.	28	13,479,619.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	55,978,000.	32	163,031,000.
33 Total liabilities and net assets/fund balances	551,676,690.	33	561,403,535.	

Part XI Reconciliation of Net Assets

Check 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	579,936,246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	509,478,261.
3	Revenue less expenses. Subtract line 2 from line 1	3	70,457,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,978,000.
5	Net unrealized gains (losses) on investments	5	1,402,574.
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 on Schedule O)	9	35,192,441.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	163,031,000.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

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

2021

**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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of 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)				

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

Schedule C (Form 990) 2021

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 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).

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

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."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for providing supplemental information as required by Part IV.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINES 1G & 1I

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
2021 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, NATIONAL PERINATAL INFORMATION
CENTER (C-WISH) AND 340B HEALTH 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 \$66,801 IN 2021.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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., 1b If the organization elected, as permitted under FASB 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 FASB 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.

Schedule D (Form 990) 2021

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 make 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 program
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	11,593,589.	6,357,732.	6,677,335.	8,161,875.	10,643,565.
b Contributions	6,051.		150.	17,017.	56,586.
c Net investment earnings, gains, and losses	1,881,030.	5,236,075.	-316,657.	-1,476,862.	-2,374,981.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,051.	218.	3,096.	24,695.	163,295.
f Administrative expenses					
g End of year balance	13,479,619.	11,593,589.	6,357,732.	6,677,335.	8,161,875.

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

- a Board designated or quasi-endowment 100.0000 %
- b Permanent endowment _____ %
- c Term 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
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		347,831,125.	242,372,614.	105,458,511.
c Leasehold improvements		5,014,772.	5,014,772.	NONE
d Equipment		251,470,777.	207,524,685.	43,946,092.
e Other		2,810,732.	893,401.	1,917,331.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				156,464,818.

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	209,572,686.	FMV
(2) BENEFICIAL INTEREST IN FDN	12,729,786.	FMV
(3) OTHER INVESTMENTS	7,563,893.	FMV
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	229,866,365.	

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) EST. 3RD PARTY SETTLEMENTS	1,208,017.
(2) DUE FROM RELATED PARTIES	9,369,439.
(3) OPERATING LEASE ASSETS	4,400,108.
(4) OTHER RECEIVABLES	9,170,816.
(5) OTHER ASSETS	18,523,022.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	42,671,402.

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	
(2) ACCRUED INTEREST	3,645,900.
(3) OPERATING LEASE LIABILITY	4,400,108.
(4) EST. 3RD PARTY PAYOR SETTLEMENTS	36,582,382.
(5) DUE TO RELATED PARTIES	16,371,664.
(6) ACCRUED PENSION LIABILITY	117,480,370.
(7) OTHER LIABILITIES	30,393,341.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	208,873,765.

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 FASB 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. <i>(This must equal Form 990, Part I, line 12.)</i>		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. <i>(This must equal Form 990, Part I, line 18.)</i>		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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, QUESTION 3A

ARTWORK IS DISPLAYED IN THE HOSPITAL FACILITY FOR THE BENEFIT AND PLEASURE OF PATIENTS, EMPLOYEES AND VISITORS. IT IS A BEAUTIFICATION OF THE FACILITY TO ENHANCE PATIENT EXPERIENCE.

SCHEDULE D, PART V

NET ASSETS WITH DONOR RESTRICTIONS ARE THOSE WHOSE USE BY THE SYSTEM HAS BEEN LIMITED BY DONORS TO A SPECIFIC TIME FRAME OR PURPOSE OR HAVE BEEN RESTRICTED BY DONORS AS PERMANENT ENDOWMENTS TO BE MAINTAINED IN PERPETUITY. WHEN DONOR RESTRICTIONS EXPIRE, THAT IS, WHEN A TIME RESTRICTION ENDS OR A PURPOSE RESTRICTION IS ACCOMPLISHED, NET ASSETS WITH DONOR RESTRICTIONS ARE RECLASSIFIED TO NET ASSETS WITHOUT DONOR RESTRICTIONS AND REPORTED AS NET ASSETS RELEASED FROM RESTRICTION. NET ASSETS WITH DONOR RESTRICTIONS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	FINANCIAL VEHICLE	5,133,956.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		34,826,284.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					39,960,240.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					39,960,240.

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

Schedule F (Form 990) 2021

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)
(1)			CENT. AMERICA/CARIBBEAN	HLTH CENTERS	85,622.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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).

SCHEDULE F, PART I

THIS ORGANIZATION ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO RISK
ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL; A FINANCIAL
VEHICLE, \$5,133,956 FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL
AND CERTAIN RELATED ORGANIZATIONS.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I 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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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 <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

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)			19,273,146.	12,777,246.	6,495,900.	1.28
b Medicaid (from Worksheet 3, column a)			128,671,898.	92,850,999.	35,820,899.	7.03
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			147,945,044.	105,628,245.	42,316,799.	8.31
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,568,641.	2,261,821.	2,306,820.	0.45
f Health professions education (from Worksheet 5)			14,023,153.	9,134,569.	4,888,584.	0.96
g Subsidized health services (from Worksheet 6)			8,946,511.	6,333,996.	2,612,515.	0.51
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			100,953.		100,953.	0.02
j Total. Other Benefits			27,639,258.	17,730,386.	9,908,872.	1.94
k Total. Add lines 7d and 7j			175,584,302.	123,358,631.	52,225,671.	10.25

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

Schedule H (Form 990) 2021

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?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
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		
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	64,411,359.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	66,166,207.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,754,848.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 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
1 SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK NJ 08901 WWW.SAINTPETERSHCS.COM	X	X	X	X			X			1
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2019</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>WWW.HEALTHIERMIDDLESEX.COM</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2019</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

		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:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> 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):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

		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?		X
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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group SAINT PETER'S UNIVERSITY HOSPITAL

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

SCHEDULE H, PART V; SECTION B, QUESTIONS 3I

THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") CAN BE FOUND WITHIN APPENDIX A OF THE ORGANIZATION'S 2019 CHNA.

SCHEDULE H, PART V, SECTION B, QUESTION 5

IN ITS MOST RECENTLY CONDUCTED CHNA THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED.

THE ORGANIZATION DEVELOPED AN EVIDENCED-BASED PROCESS TO DETERMINE THE HEALTH NEEDS OF MIDDLESEX COUNTY RESIDENTS. CHNA DATA SOURCES INCLUDE BOTH PRIMARY AND SECONDARY DATA TO PROVIDE QUALITATIVE AND QUANTITATIVE INFORMATION ABOUT THE COMMUNITIES. THE CHNA UTILIZED DETAILED PRIMARY AND SECONDARY PUBLIC HEALTH DATA AT THE STATE, COUNTY, AND COMMUNITY LEVELS, FROM VARIOUS SOURCES INCLUDING: THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION, CENSUS BUREAU, HEALTHY PEOPLE 2020, THE COUNTY HEALTH RANKINGS, HOSPITAL DISCHARGE DATA AND COMMUNITY NEEDS SURVEYS. DATA FROM THESE SOURCES WERE REVIEWED BY THE STEERING COMMITTEE TO IDENTIFY AND PRIORITIZE THE TOP ISSUES FACING RESIDENTS IN OUR SERVICE AREA.

IN REVIEWING THE INFORMATION THAT FOLLOWS, IT IS IMPORTANT TO NOTE THAT THE QUANTITATIVE DATA UTILIZED PRECEDES THE ACTIVITIES OF THE CURRENT COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), WHILE THE QUALITATIVE WORK COINCIDES WITH THE CHIP WORK FROM 2016-2020. THE TIME DELAY OF THE QUANTITATIVE DATA IS DUE TO THE REPORTING PROCEDURES OF THE DATA SOURCES USED, WHICH ARE STANDARD AMONG RESEARCH AGENCIES. THE DELAY DOES NOT DISRUPT OR NEGATIVELY INFLUENCE THE VALUE OF THE INFORMATION, AS IT ALLOWS ANALYSIS OF THE HEALTH TRENDS THAT ARE PREVALENT IN THE HOSPITAL SERVICE AREA OVER A PERIOD OF FOUR YEARS, DEFINING THOSE AREAS THAT ARE THE MOST IMPACTFUL IN THE COMMUNITY.

IDENTIFYING PERVASIVE TRENDS AND ALIGNING THEM WITH 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 PREVIOUS CHNA. CONSISTENCY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

THROUGHOUT THE ASSESSMENT WAS OF PARAMOUNT IMPORTANCE, LEADING TO A FOCUS ON THE QUANTITATIVE MEASURES, COMMUNITY HEALTH NEEDS SURVEYS AND FOCUS GROUP DISCUSSIONS, ALLOWING PERVASIVE TRENDS TO EMERGE MORE READILY.

THESE DECISIONS REPRESENT THE CORRECT APPROACH TO NOT ONLY EFFECTIVELY EVALUATE THE COMMUNITY, BUT THE RIGHT STRATEGIC APPROACH TO PROVIDING THE ACTUAL IMPLEMENTATION OF THE PROGRAMS AND POLICIES THAT AFFECT THE HEALTH OF THE COMMUNITY IN MIDDLESEX AND SOMERSET COUNTIES.

PRIMARY DATA SOURCES

COMMUNITY HEALTH NEEDS SURVEYS: IN ORDER TO OBTAIN A SERVICE AREA-SPECIFIC ANALYSIS FOR THE ORGANIZATION'S SERVICE AREA, ON-LINE SURVEY INTERVIEWS WERE CONDUCTED AMONG 1,185 RESIDENTS. 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 COUNSELORS, INDIVIDUALS, AND REPRESENTATIVES FROM 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 FOCUS 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. FOCUS GROUP MEETINGS WERE CONDUCTED ON AUGUST 27TH AND 30TH, 2019 BY NEW SOLUTIONS, INC.

SECONDARY DATA SOURCES

OVER 100 SECONDARY DATA SOURCES WERE UTILIZED IN COMPILING OUR CHNA, PRESENTING DATA BY INDICATOR BY COUNTY AND STATE. SOURCES INCLUDE: THE UNITED STATES CENSUS BUREAU, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NEW JERSEY DEPARTMENT OF HEALTH (NJDOH), AND BEHAVIORAL RISK FACTOR APPENDIX C CONTAINS A DETAILED REPORT OF CANCER INCIDENCE AND MORTALITY BY CANCER 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: SECTION 5 OF THE ORGANIZATION'S CHNA PROVIDES A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

COMPREHENSIVE PRESENTATION OF HEALTH OUTCOMES AS WELL AS THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH FACTORS THAT CONTRIBUTE TO THE HEALTH AND WELL-BEING OF MIDDLESEX 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 TARGETS, COUNTY HEALTH RANKINGS BENCHMARKS, AND NEW JERSEY STATE DATA. DATA BY RACE/ETHNICITY 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 FOR NEW JERSEY, HEALTHY PEOPLE 2020, OR COUNTY HEALTH RANKINGS BENCHMARKS. IF THE COUNTY VALUE 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 MIDDLESEX COUNTY VALUE IS MORE THAN 20% WORSE OR LOWER THAN THE INDICATOR VALUE. IF THE MIDDLESEX COUNTY VALUE IS 20% BETTER OR HIGHER THAN THE INDICATOR VALUE, THE TABLE WILL BE GREEN. COMPARATIVE COUNTIES ARE ALSO PRESENTED PROVIDING ADDITIONAL CONTEXT FOR SELECT HEALTH INDICATORS.

ASSETS AND GAPS: SECTION 6 OF THE ORGANIZATION'S CHNA, ASSETS AND GAPS, SUMMARIZES THE PRECEDING COMPONENTS OF THE CHNA. ASSETS HIGHLIGHT COUNTY INFORMATION INDICATING IMPROVEMENT OVER TIME, IN COMPARISON TO OTHER COUNTIES AND THE STATE, OR IN COMPARISON TO OTHER RACES OR GENDERS. GAPS FOCUS ON DISPARITIES IN MIDDLESEX COUNTY OR THE ORGANIZATION'S SERVICE AREA THAT HAVE A NEGATIVE TREND, IN COMPARISON TO OTHER COUNTIES IN THE STATE OR TO OTHER RACES OR GENDERS.

SCHEDULE H, PART V, SECTION B, QUESTION 6A & 6B

UNDER THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), NON-PROFIT HOSPITALS MUST CONDUCT A CHNA 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 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AGAIN TEAMED TOGETHER AND ENGAGED WITH NEW SOLUTIONS, INC., TO COMPLETE A SERIES OF MULTI-METHOD ANALYTIC ACTIVITIES TO PERFORM THE THIRD ROUND OF THE HEALTHIER MIDDLESEX COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY.

HEALTHIER MIDDLESEX IS A DIVERSE, MULTI-SECTOR, COMMUNITY-FOCUSED CONSORTIUM COMPRISED OF A WIDE VARIETY OF STAKEHOLDERS INCLUDING COMMUNITY-BASED ORGANIZATIONS, HOSPITALS, ACADEMIC INSTITUTIONS, AND HEALTH DEPARTMENTS. THROUGH THIS PARTNERSHIP, HEALTHIER MIDDLESEX IS ABLE TO PROVIDE ITS COMMUNITY WITH THE BEST PROGRAMS AND POLICIES AVAILABLE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

HEALTHIER MIDDLESEX CONSTANTLY STRIVES TO DEVELOP MORE EFFECTIVE STRATEGIES TO POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY. THE CONSORTIUM IS FOCUSED ON IDENTIFYING THE STRENGTHS AND OPPORTUNITIES WITHIN THE COMMUNITY, ALIGNING THE EFFORTS AND RESOURCES OF ITS PARTNERS, WHILE DEVELOPING STRUCTURE AND SUSTAINABLE STRATEGIES THAT INTEGRATE HEALTH AND WELLNESS INTO ALL ASPECTS OF ITS COMMUNITY. RWJUH AND SPUH ARE FOUNDING MEMBERS OF THE CONSORTIUM AND PROVIDE SPONSORSHIP FOR THE DEVELOPMENT OF THE CHNA. THE CHNA IS DESIGNED TO ENSURE THAT THE HOSPITALS AND OTHER COMMUNITY STAKEHOLDERS CONTINUE TO SERVE THE HEALTH NEEDS OF ITS SERVICE AREA EFFECTIVELY AND EFFICIENTLY.

THE CHNA'S DEVELOPMENT CONSULTANTS, NEW SOLUTIONS, INC. ("NSI"), HAVE PLANNED AND CONDUCTED NUMEROUS COMMUNITY NEEDS ASSESSMENTS AND IMPLEMENTATION PLANS WITH MULTIPLE ORGANIZATIONS INCLUDING INDIVIDUAL HOSPITALS, HEALTH SYSTEMS, OTHER HEALTH CARE AND COMMUNITY ORGANIZATIONS SUCH AS CONSORTIA COMPRISED OF A WIDE RANGE OF PARTICIPANT ORGANIZATIONS. THE NSI TEAM INCLUDES: PLANNING CONSULTANTS, MARKET RESEARCHERS, EPIDEMIOLOGISTS, COMPUTER PROGRAMMERS AND DATA ANALYSTS. NSI HAS EXTENSIVE REGIONAL AND LOCAL COMMUNITY KNOWLEDGE OF HEALTH ISSUES, COMMUNITY SERVICES AND PROVIDER RESOURCES. THIS EXPERTISE, AS WELL AS THE METHODOLOGICAL AND TECHNICAL SKILLS OF THE ENTIRE STAFF, WAS BROUGHT TO BEAR IN CONDUCTING THIS NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN.

SCHEDULE H, PART V; SECTION B, QUESTION 7A

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. 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/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASS
ESSMENT](https://www.saintpetershcs.com/community-health/community-health-needs-assessment)

SCHEDULE H, PART V; SECTION B, QUESTION 10A

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:
[HTTPS://WWW.SAINTPETERSHCS.COM/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASS
ESSMENT](https://www.saintpetershcs.com/community-health/community-health-needs-assessment)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

ESSMENT

SCHEDULE H, PART V, SECTION B, QUESTION 11

HEALTHIER MIDDLESEX USED THE DATA COLLECTED THROUGH THE CHNA TO DETERMINE THE COUNTIES' TOP HEALTH ISSUES. AFTER OBTAINING FEEDBACK FROM THE MEMBERSHIP, CONSULTANTS DEVELOPED A LIST OF 17 ISSUES IDENTIFIED AS COMMON THEMES OF THE RESEARCH. THE ISSUES IDENTIFIED WERE PRESENTED TO THE COMMITTEE AND REVIEWED TO ENSURE AGREEMENT ON MAJOR THEMES.

ON JULY 31, 2019, MEMBERS MET TO RANK THE MAJOR THEMES INTO PRIORITY AREAS FOR ACTIONS USING A VOTING PROCESS THAT ASKED MEMBERS TO RANK EACH OF THE MAJOR THEMES IDENTIFIED IN THE CHNA USING THE FOLLOWING CRITERIA.

- NUMBER OF PEOPLE IMPACTED
- RISK OF MORTALITY AND MORBIDITY ASSOCIATED WITH THE PROBLEM
- IMPACT OF THE PROBLEM ON VULNERABLE POPULATIONS
- MEANINGFUL PROGRESS CAN BE MADE WITHIN A THREE-YEAR TIMEFRAME
- COMMUNITY'S CAPABILITY AND COMPETENCY TO IMPACT

THE STEERING COMMITTEE REVIEWED THE RESULTS OF THE PRIORITIZATION PROCESS AND THROUGH DISCUSSION DETERMINED THAT THE TOP THREE PRIORITY ISSUES OF THE PLAN WOULD ADDRESS INCLUDED: ACCESS TO CARE AND SERVICES, PREVENTIVE CARE AND VACCINE USE, AND NUTRITION AND PHYSICAL ACTIVITY. SPECIFIC AREAS OF CONCERN WITHIN THE MAJOR AREAS INCLUDED:

1) ACCESS TO CARE AND SERVICES

- TRANSPORTATION, INSURANCE, AVAILABILITY OF SERVICES, HEALTH LITERACY
- BEHAVIORAL/MENTAL HEALTH/SUBSTANCE ABUSE USE FOR ADULTS AND CHILDREN

2) PREVENTATIVE CARE AND VACCINATION USE

- CHRONIC DISEASES PREVENTION AND MANAGEMENT (VARIOUS, HEART DISEASE, DIABETES, CANCER)
- STI PREVENTION/SCREENING
- VACCINATION USE
- MATERNAL CHILD HEALTH/PRENATAL CARE AND WELL BABY

3) NUTRITION AND PHYSICAL ACTIVITY

- FOOD SECURITY
- OBESITY

THE ORGANIZATION PLANS TO ADDRESS THE ABOVE HEALTH NEEDS BY DOING THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

FOLLOWING AS INDICATED WITHIN ITS COMMUNITY HEALTH IMPROVEMENT PLAN.

PRIORITY AREA I: ACCESS TO CARE/PRIORITY GROUP I - TRANSPORTATION

GOAL: UTILIZING A TECHNOLOGY PLATFORM, INCREASE ACCESSIBILITY OF TRANSPORT SERVICES THROUGH COORDINATION OF EXISTING SERVICES.

OBJECTIVE: DEVELOP A COMPREHENSIVE ELECTRONIC DATABASE OF AVAILABLE TRANSPORTATION SERVICES BY 2021.

ACTION ITEMS: (1) FORM DATA COMMITTEE TO COLLECT INFORMATION ON EXISTING TRANSPORTATION RESOURCES IN MIDDLESEX/SOMERSET COUNTY; (2) REVIEW NATIONWIDE BEST PRACTICES ON HOW TO COORDINATE TRANSPORTATION RESOURCE INFORMATION; (3) BEGIN DATA COLLECTION; (4) SET MEETING WITH MCDOT TO OBTAIN BUY-IN FOR ASSISTANCE IN DEVELOPING ELECTRONIC DATABASE OF RESOURCES; (5) WORK WITH MCDOT TO DEVELOP AND TEST THE ELECTRONIC DATA PLATFORM.

OBJECTIVE: BY 2022, ENSURE THAT ACCESS TO TRANSPORTATION RESOURCES ARE WIDELY AVAILABLE TO THE COMMUNITY VIA HEALTHIER MIDDLESEX WEBSITE AND VIA DISSEMINATION TO COMMUNITY PARTNERS.

ACTION ITEMS: (1) COMMUNITY PARTNERS WITH ACCESS TO THE ELECTRONIC DATABASE WILL BE RESPONSIBLE FOR TRAINING OF THEIR FRONT LINE/OUTREACH STAFF; (2) PRINTED INFORMATION WILL BE TRANSLATED INTO TOP 3 LANGUAGES SPOKEN IN THE COMMUNITY.

PRIORITY AREA I: ACCESS TO CARE/PRIORITY GROUP II - BEHAVIORAL HEALTH/TRAUMA INFORMED CARE

GOAL: INCREASE ACCESS TO BEHAVIORAL HEALTH CARE AND BEHAVIORAL HEALTH EDUCATION FOR ADULTS AND CHILDREN.

OBJECTIVE: BY 2022, TRAIN 200 PEOPLE IN MENTAL HEALTH FIRST AID AND MENTAL HEALTH FIRST AID FOR YOUTH.

ACTION ITEMS: (1) IDENTIFY MENTAL HEALTH FIRST AID AND YOUTH MENTAL HEALTH FIRST AID TRAINERS; (2) IDENTIFY LOCATIONS THROUGHOUT MIDDLESEX COUNTY TO HOST TRAININGS; (3) IDENTIFY ORGANIZATIONS AND POPULATIONS WITHIN EACH MUNICIPALITY WHO SERVE YOUTH TO MARKET YMHFA TRAINING; (4) HOLD TRAININGS AND CERTIFY 100 PEOPLE IN MENTAL HEALTH AND YOUTH MENTAL HEALTH FIRST AID.

OBJECTIVE: BY 2022, DEVELOP A HOSPITAL-BASED PROGRAM TO IDENTIFY, REFER AND SERVICE VICTIMS OF VIOLENCE AND BUILD A CRIME VICTIM SURVIVORS CONSORTIUM OF COMMUNITY-BASED ORGANIZATIONS TO PROVIDE EDUCATION,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

RESOURCES AND REFERRALS FOR VICTIMS AND SURVIVORS OF VIOLENT CRIMES AND THEIR FAMILIES.

ACTION ITEMS: (1) BY THE END OF 2020, TRAIN AND ON BOARD RWJUH AND PRAB STAFF AND IMPLEMENT PROGRAM; (2) BY THE END OF 2020, CREATE AND IMPLEMENT AN ALGORITHM IN THE RWJUH ELECTRONIC MEDICAL RECORDS (EMR) SYSTEM TO SCREEN 100% OF IN-PATIENT IN THE TRAUMA DEPARTMENT AND IDENTIFY VIOLENTLY-INJURED PATIENTS FOR REFERRAL TO THE HVIP; (3) BY THE END OF 4Q - 2020, COLLECT DATA TO CREATE BASELINE OF PROGRAM EVALUATION MEASURES (E.G. NUMBERS OF VIOLENTLY INJURED PATIENTS IDENTIFIED, REFERRED, CONSENTED, AND ENROLLED); (4) RECRUIT COMMUNITY-BASED ORGANIZATION (CBOS) TO CREATE A HOSPITAL-BASED VIOLENCE COMMUNITY CONSORTIUM (HVCC) TO SUPPORT THE PATIENT CASE CONFERENCING INTERVENTION MODEL FOR THE RWJUH HVIP; (5) BY THE END OF Q4 - 2020, EXPAND NUMBER OF CBO PARTNERS TO INCLUDE ORGANIZATIONS IN UNION, MIDDLESEX AND SOMERSET COUNTIES; (6) BY THE END OF Q4 - 2020, CREATE A PATIENT GUN SAFETY INTERVENTION; (7) BY THE END OF Q4 - 2020, GUN SAFETY HANDOUTS WILL BE CREATED, AND TRAUMA NAVIGATORS TRAINED TO PROVIDE GUN SAFETY EDUCATION AND DISTRIBUTE GUN LOCKS; (8) BY 2020, DEVELOP PROGRAM EVALUATION TOOLS AND RECRUIT TRAINERS FOR HVIP COMMUNITY CONSORTIUM (HVCC) MEMBER PROGRAMS; (9) BY THE END OF Q3 - 2020, IMPLEMENT EVALUATIONS TOOLS.

OBJECTIVE: BY 2022, INCREASE PROVIDERS' AND COMMUNITY MEMBERS' KNOWLEDGE OF ADVERSE CHILDHOOD EXPERIENCES (ACES).

ACTION ITEMS: (1) PARTNER WITH FAMILY SUCCESS CENTERS TO PROVIDE AND IMPLEMENT ACES TRAINING; (2) IMPLEMENT 20 PRESENTATIONS YEARLY WITH A MINIMUM OF 10 MUNICIPALITIES REPRESENTED, UNTIL 2022; (3) IDENTIFY AND TRAIN A MINIMUM OF 5 COMMUNITY HEALTH AMBASSADORS (CHA) TO BECOME ACES EXPERTS AND PROVIDE TRAININGS TO THE COMMUNITY (JULY 2020); (4) IMPLEMENT 10 ACES WORKSHOPS TARGETING 75 RESIDENTS FACILITATED BY CHA IN THE COMMUNITY (DECEMBER 2020).

OBJECTIVE: DURING 2020 TO 2022 ADVOCATE FOR THE NEED, AND GARNER SUPPORT FOR THE DEVELOPMENT OF A YOUTH DETOX CENTER IN MIDDLESEX COUNTY.

ACTION ITEMS: (1) A GATHER DATA TO DEMONSTRATE NEED FOR YOUTH DETOX CENTER IN MIDDLESEX COUNTY AND PROCESS TO DEVELOP CENTER, 2020; (2) BY 2021, CONTACT LOCAL OFFICIALS AND SEND LETTERS WITH CHNA DATA AND INFORMATION REGARDING YOUTH OPIOID CASES IN THE COUNTY; (3) PRESENT DATA TO STATE, COUNTY OF LOCAL OFFICIALS, 2021; (4) SUPPORT COMMUNITY EFFORTS FOR THE CREATION OF A YOUTH DETOX CENTER IN MIDDLESEX COUNTY, 2022.

OBJECTIVE: BY 2022, UPDATE, EXPAND, AND INCREASE UTILIZATION OF THE BEHAVIORAL HEALTH REFERRAL AND RESOURCE GUIDE (BHRRG).

ACTION ITEMS: (1) UPDATE, DISTRIBUTE AND TRAIN COMMUNITY PROVIDERS ON THE BHRRG; (2) TRANSLATE PRESENTATION AND HOLD BHRRG TRAINING IN SPANISH,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

2021; (3) MARKET TRAININGS AND BHRRG TO APPROPRIATE COMMUNITY PROVIDERS, ANNUALLY; (4) ADD BHRRG TO THE HEALTHIER MIDDLESEX WEBSITE AND TRACK UTILIZATION.

OBJECTIVE: BY 2022, ENCOURAGE SCHOOLS, CAMPS, AFTER SCHOOL PROGRAMS AND FAITH-BASED ORGANIZATIONS TO OFFER PROGRAMS DESIGNED TO PROVIDE CHILDREN AND FAMILIES WITH THE TOOLS AND RESOURCES THEY NEED TO NAVIGATE THE CHALLENGES THEY FACE ON A DAILY BASIS.

ACTION ITEMS: (1) UTILIZE FAMILY SUCCESS CENTER'S ACES TRAINING FOR PROVIDERS AND MAKE AVAILABLE FOR HEALTHY KIDS CAMP STAFF; (2) B IMPLEMENT THE FOOTPRINTS FOR LIFE PROGRAM IN 5 SCHOOLS THROUGHOUT THE COUNTY (ANNUALLY).

PRIORITY AREA I: ACCESS TO CARE/PRIORITY GROUP III - HEALTH LITERACY

GOAL: TO CREATE HEALTHY COMMUNITIES THROUGHOUT MIDDLESEX COUNTY BY MOBILIZING LIBRARIANS TO DISSEMINATE UNDERSTANDABLE AND ACTIONABLE HEALTH INFORMATION TO EMPOWER INDIVIDUALS TO ACHIEVE AND MAINTAIN A HEALTHY QUALITY OF LIFE.

OBJECTIVE: BY 2020, INCREASE THE NUMBER OF LIBRARIANS IN THE GREATER MIDDLESEX REGION TRAINED IN CONSUMER HEALTH INFORMATION SCIENCE (CHIS) BY THE NATIONAL NETWORK OF LIBRARIES OF MEDICINE (NNLM) BY 10%.

ACTION ITEMS: (1) RECRUIT AND PROVIDE FUNDING FOR LIBRARIANS TO RECEIVE CHIS TRAINING.

OBJECTIVE: BY 2021, INCREASE THE NUMBER OF LIBRARIES IN THE GREATER MIDDLESEX REGION THAT OFFER HEALTH INFORMATION AS PART OF THE HILOW INITIATIVE BY 10%.

ACTION ITEMS: (1) RECRUIT LIBRARIANS IN MIDDLESEX COUNTY TO PARTICIPATE IN THE HILOW INITIATIVE.

OBJECTIVE: BY 2021, DEPLOY LIBRARIANS TO COMMUNITY SITES TO DISSEMINATE HEALTH INFORMATION AND PROMOTE HEALTH LITERACY.

ACTION ITEMS: (1) BY 2020, DEVELOP A LIST OF TOPICS MOST OFTEN REQUESTED BY COMMUNITY MEMBERS FOR LECTURES/WORKSHOPS; (2) BY 2021, CONDUCT 5 LECTURES, WORKSHOPS, AND/OR SCREENING EVENTS IN COLLABORATION WITH HEALTHIER MIDDLESEX PARTNERS.

PRIORITY AREA II: PREVENTIVE CARE AND VACCINE USE - PRIORITY GROUP IV - CHRONIC DISEASE PREVENTION & MANAGEMENT

GOAL: INCREASE UTILIZATION OF COMMUNITY RESOURCES FOR PREVENTION AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

MANAGEMENT OF CHRONIC DISEASES.

OBJECTIVE: INCREASE THE NUMBER OF CHRONIC DISEASE SELF-MANAGEMENT PEER LEADERS BY TRAINING 10 NEW PEER EDUCATORS EACH YEAR.

ACTION ITEMS: (1) RECRUIT TRAINING VOLUNTEERS THROUGH EXISTING COMMUNITY PARTNERSHIPS; (2) BY 2022, IDENTIFY MECHANISMS TO ENHANCE CONTINUED PARTICIPATION IN CLASSES (E.G., INTRODUCTORY SESSIONS, INCENTIVES, ETC.)

OBJECTIVE: INCREASE PARTICIPATION IN COMMUNITY HEALTH SCREENINGS RELATED TO CHRONIC DISEASE BY 5% OVER THE NEXT 3 YEARS.

ACTION ITEMS: (1) INCREASE PARTICIPATION IN COMMUNITY HEALTH SCREENINGS RELATED TO CHRONIC DISEASE BY 5% OVER THE NEXT 3 YEARS; (2) EXPAND COMMUNITY OUTREACH TO NEW SCREENING SITES, AIMED AT UNDER-SERVED AREAS OF THE REGION; (3) DEVELOP LONG-TERM STRATEGY FOR MEASURING PROGRAM COMPLIANCE / BEHAVIORAL MODIFICATION; (4) PROVIDE CANCER (BREAST, LUNG, SKIN AND COLORECTAL) SCREENINGS WITH TARGETED APPROACH FOR AT RISK POPULATIONS.

PRIORITY AREA II: PREVENTIVE CARE AND VACCINE USE - PRIORITY GROUP V - VACCINE USE/STI PREVENTION/SCREENING

GOAL: IMPROVE EDUCATION ABOUT AND INCREASE ACCESS TO VACCINE USE AND DISEASE PREVENTION.

OBJECTIVE: BY 2021, INCREASE AWARENESS AND EDUCATION OF VECTOR BORNE DISEASE PREVENTION AND RESPONSES TO PREVENTABLE DISEASE OUTBREAKS.

ACTION ITEMS: (1) IDENTIFY SOURCES OF EDUCATIONAL MATERIALS ON VECTOR BORNE DISEASE PREVENTION; (2) DISTRIBUTE CDC AND OTHER RELEVANT EDUCATIONAL MATERIALS ABOUT VECTOR BORNE DISEASE PREVENTION THROUGHOUT THE REGION; (3) BY 2020, COUNTY AND LOCAL HEALTH DEPARTMENTS SHOULD DEVELOP OR UPDATE RESPONSE PLANS FOR PREVENTABLE DISEASE OUTBREAKS AND SHARE DOCUMENTS WITH EACH OTHER.

OBJECTIVE: REDUCE INCIDENCE OF VACCINE PREVENTABLE DISEASES BY INCREASED USE OF VACCINES FOR: (A) FLU (67%), BY 5%, (B) PNEUMONIA (74.7%), BY 5%, (C) MAINTAIN THE LEVEL OF CHILDREN WHO RECEIVE IMMUNIZATIONS, (D) DECREASE NUMBER OF MIDDLESEX/SOMERSET HEPATITIS A CASES (15) BY 20%, BY 2021, AND (E) REDUCE THE RATE OF SEXUALLY TRANSMITTED INFECTIONS (STIS) BY 5%, BY 2022.

ACTION ITEMS: (1) SUPPORT COMMUNICATIONS TO ENHANCE INFORMED VACCINE DECISION MAKING, INCLUDING AUGUST CAMPAIGN TO REMIND PARENTS ABOUT GETTING CHILDREN VACCINATED BEFORE SCHOOL STARTS; (2) BY 2021 DEVELOP AT LEAST 1 NEW CAMPAIGN TO EDUCATE RESIDENTS ABOUT THE BENEFITS OF VACCINE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

USE IN THE PREVENTION OF FLU AND PNEUMONIA; (3) IN 2020, OFFER PROGRAM TO FOOD HANDLERS ON HEPATITIS A PREVENTION AND PROVIDE ACCESS TO FREE OR LOW-COST VACCINES; (4) WORK WITH COMMUNITY PARTNERS TO INCREASE THE NUMBER OF COMMUNITY SITES PROVIDING FREE OR LOW-COST FLU AND PNEUMONIA VACCINES; (5) ENHANCE EDUCATION OF SEXUALLY TRANSMITTED INFECTION PREVENTION AND AVAILABILITY OF SCREENING SERVICES IN THE REGION.

PRIORITY AREA II: PREVENTIVE CARE AND VACCINE USE - PRIORITY GROUP VI - MATERNAL CHILD HEALTH/PRENATAL AND WELL-BABY CARE

GOAL: IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, INFANTS AND CHILDREN.

OBJECTIVE: BY 2022, DECREASE THE RATE OF MATERNAL MORBIDITY AND MORTALITY, AND BUILD AWARENESS OF THE IMPORTANCE OF PRECONCEPTUAL, PRE-NATAL AND POST-PARTUM CARE.

ACTION ITEMS: (1) ASSESS CURRENT RESOURCES IN MIDDLESEX AND SOMERSET HOSPITALS TO ADDRESS EDUCATION TO REDUCE C-SECTION RATES TO 23.9%; (2) DEVELOP AN EDUCATIONAL CONFERENCE FOR HEALTH PROFESSIONALS DEALING WITH ISSUES OF PRECONCEPTUAL CARE, TIMELY PRENATAL CARE, POSTPARTUM DEPRESSION, MATERNAL MORTALITY, NEONATAL ABSTINENCE, ETC; (3) ADOPT HOSPITAL-BASED BEST PRACTICES TO REDUCE THE INCIDENCE OF MATERNAL COMPLICATIONS AND MORBIDITY; (4) ENHANCE EDUCATION FOR NEW FAMILIES AND THEIR SUPPORT SYSTEMS BY REVIEWING CONTENTS OF GIFT PACKAGES PROVIDED BY HOSPITALS FOR INCLUSION OF EDUCATIONAL MATERIALS ON POSTNATAL AND INFANT CARE; (5) SPONSOR COMMUNITY EDUCATION/ BABY SHOWERS WITH A FOCUS ON PRENATAL AND POSTNATAL CARE; (6) BY 2022, WORK WITH CENTRAL NEW JERSEY FAMILY HEALTH CONSORTIUM ON AN INITIATIVE TO REDUCE DISPARITIES IN INFANT MORTALITY AMONG RACIAL/ETHNIC GROUPS.

PRIORITY AREA III: NUTRITION AND PHYSICAL ACTIVITY - PRIORITY GROUP VII - FOOD SECURITY AND OBESITY

GOAL: ENSURE THE PUBLIC HAS ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD AND OPPORTUNITIES TO PARTICIPATE IN PHYSICAL ACTIVITY.

OBJECTIVE: BY THE END OF 2021, INCREASE PUBLIC EDUCATION EFFORTS TO INFORM RESIDENTS OF FREE OR LOW-COST OPTIONS FOR HEALTHY FOOD.

ACTION ITEMS: (1) BY 2020, USE GIS MAPPING TOOLS TO LOCATE AND IDENTIFY FREE OR LOW-COST HEALTHY FOOD SOURCES WITHIN EACH MUNICIPALITY IN MIDDLESEX COUNTY; (2) BY 2021, PROMOTE FREE AND LOW COST FOOD DISTRIBUTION SERVICES (FOOD PANTRIES, SOUP KITCHENS, FARMER'S MARKETS) BY DEVELOPING MARKETING AND PROMOTIONAL MATERIALS AND PROVIDE TO MUNICIPALITIES AND OTHER SOCIAL SERVICES; (3) SUPPORT FOOD RETAIL STORES TO PROMINENTLY DISPLAY HEALTHY OPTIONS WITHIN KEY MUNICIPALITIES IN NEED,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

OUTLINED IN THE CHNA; (4) WORK WITH FOOD SOURCES AND PANTRIES TO MAXIMIZE THE NUMBER OF THE DAYS/HOURS OF OPERATION FOR INCREASED ACCESS AREA-WIDE.

PRIORITY AREA III: NUTRITION AND PHYSICAL ACTIVITY - PRIORITY GROUP VIII
- PHYSICAL ACTIVITY

GOAL: ENSURE THE PUBLIC HAS ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD AND OPPORTUNITIES TO PARTICIPATE IN PHYSICAL ACTIVITY.

OBJECTIVE: BY 2022, INCORPORATE PHYSICAL ACTIVITY AND WELLNESS INITIATIVES INTO EXISTING PROGRAMS THROUGH PARTNER ORGANIZATIONS AND EXPAND THE UTILIZATION OF HEALTHY KIDS CAMP, WALK WITH A DOC, PARKSRX.

ACTION ITEMS: (1) REDEVELOP HEALTHY KIDS CAMP MOU AND PROGRAMMING TO INCREASE PARTICIPATION IN HEALTHY KIDS CAMP YEARLY BY 10%; (2) INCREASE PARTICIPATION IN MIDDLESEX COUNTY'S WALK WITH A DOC PROGRAM BY 10 % YEARLY; (3) INCORPORATE PARKSRX PROGRAM INTO WELLNESS INITIATIVES AND BUILD NETWORK OF PROVIDERS WHO ARE PRESCRIBING PHYSICAL ACTIVITY THROUGH PARKSRX; (4) BY 2022, INCREASE THE AMOUNT OF ORGANIZATIONS OFFERING WORKPLACE WELLNESS INITIATIVE THROUGH THE RUTGERS COOPERATIVE EXTENSION'S WORKPLACE WELLNESS INITIATIVE BY 10%.

SCHEDULE H, PART V; SECTION B, QUESTION 16

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTP://WWW.SAINTPETERSHCS.COM/PATIENTS/BILLING-AND-PAYMENT/FINANCIAL-ASSISTANCE-PROGRAM](http://www.saintpetershcs.com/patients/billing-and-payment/financial-assistance-program)

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? 11

Name and address	Type of Facility (describe)
1 SAINT PETER'S FAMILY HEALTH CENTER 123 HOW LANE NEW BRUNSWICK NJ 08901	PRIMARY CARE
2 SAINT PETER'S CANCER CENTER 215 EASTON AVENUE NEW BRUNSWICK NJ 08901	RADIATION ONCOLOGY & INFUSION
3 SAINT PETER'S SPORTS MEDICINE INSTITUTE 562 EASTON AVENUE SOMERSET NJ 08873	PHYSICAL THERAPY & REHAB
4 CLEARBROOK ADULT COMMUNITY CLEARBROOK CLUBHOUSE MONROE TOWNSHIP NJ 08831	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
5 THE PONDS 100 WATERSIDE BLVD MONROE TOWNSHIP NJ 08831	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
6 ROSSMOOR COMMUNITY 128 SUSSEX WAY MONROE TOWNSHIP NJ 08831	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
7 GREENBRIAR AT WHITTINGHAM 100 WHITTINGHAM DRIVE MONROE TOWNSHIP NJ 08831	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
8 COMMUNITIES OF CONCORDIA 1 CLUBHOUSE DRIVE MONROE TOWNSHIP NJ 08831	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
9 STONEBRIDGE AT MONTGOMERY 100 HOLLINSHEAD SPRING ROAD SKILLMAN NJ 08558	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
10 DOROTHY B. HERSH CHILD PROTECTION CENTER 123 HOW LANE NEW BRUNSWICK NJ 08901	CHILD PROTECTION SVCS

Schedule H (Form 990) 2021

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? _____

Name and address	Type of Facility (describe)
1 THE WOUND CARE CENTER AT MONROE 294 APPLGARTH ROAD, BUILDING A MONROE TOWNSHIP NJ 08831	WOUND CARE
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.

SCHEDULE H, PART I, LINE 3C

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE. OTHER FACTORS TO DETERMINE ELIGIBILITY INCLUDE:

- ASSET LEVEL;
- MEDICAL INDIGENCY;
- INSURANCE STATUS;
- UNDERINSURANCE STATUS; AND
- RESIDENCY.

ADDITIONAL INFORMATION WITH RESPECT TO SPUH'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW.

NEW JERSEY CHARITY CARE

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.

NJ CHARITY CARE IS FREE OR REDUCED CHARGE CARE WHICH IS PROVIDED TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. CHARITY CARE IS AVAILABLE ONLY FOR EMERGENCY OR MEDICALLY NECESSARY HOSPITAL CARE. SOME SERVICES SUCH AS PHYSICIAN FEES, ANESTHESIOLOGY FEES, RADIOLOGY INTERPRETATION, AND OUTPATIENT PRESCRIPTIONS ARE SEPARATE FROM HOSPITAL CHARGES AND MAY NOT BE ELIGIBLE FOR REDUCTION.

IN ACCORDANCE WITH CHARITY CARE GUIDELINES, PAYMENT ASSISTANCE IS AVAILABLE TO NEW JERSEY RESIDENT PATIENTS WHOSE HOUSEHOLD GROSS INCOME IS AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES AND WHO:

1. HAVE NO HEALTH COVERAGE OR HAVE COVERAGE THAT PAYS ONLY PART OF THE BILL;
2. ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE (SUCH AS MEDICAID): AND
3. MEET THE INCOME AND ASSETS CRITERIA DESCRIBED BELOW.

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.

CHARITY CARE IS AVAILABLE TO THOSE THAT DO NOT QUALIFY FOR STATE OR FEDERAL PROGRAMS.

INCOME CRITERIA - PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES ("FPG") ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE. PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% BUT LESS THAN OR EQUAL TO 300% OF FPG ARE ELIGIBLE FOR DISCOUNTED CARE UNDER THE CHARITY CARE PROGRAM.

ASSETS CRITERIA - INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED \$15,000. SHOULD AN APPLICANT'S ASSETS EXCEED THESE LIMITS, HE/SHE MAY "SPEND DOWN" THE ASSETS TO THE ELIGIBLE LIMITS THROUGH PAYMENT OF THE EXCESS TOWARD THE HOSPITAL BILL AND OTHER APPROVED OUT-OF-POCKET MEDICAL EXPENSES.

CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, SUBJECT TO SPECIFIC PROVISIONS (SUCH AS EMERGENCY MEDICAL CONDITIONS).

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.

ALL EMPLOYED PHYSICIANS OF SAINT PETER'S UNIVERSITY HOSPITAL AND
 AFFILIATED ENTITIES (OVER 200 PROVIDERS) ACCEPT CHARITY CARE PATIENTS AND
 DO NOT BILL FOR THEIR SERVICES.

NEW JERSEY UNINSURED DISCOUNT CARE RATE

UNINSURED NEW JERSEY STATE RESIDENT PATIENTS WHO DO NOT QUALIFY FOR
 CHARITY CARE AND WHOSE INCOME FALLS LESS THAN OR EQUAL TO 500% OF THE
 FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR A DISCOUNT BASED UPON
 MEDICARE RATES AS PER THE NJ STATE STATUTE P.L. 2008, CHAPTER 60,
 APPROVED ON AUGUST 8, 2008, ASSEMBLY, NO. 2609, AS ENACTED BY THE SENATE
 AND GENERAL ASSEMBLY OF THE STATE OF NEW JERSEY.

AMOUNT GENERALLY BILLED ("AGB")

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.

PER INTERNAL REVENUE CODE 501(R)(5) CHARGES FOR EMERGENCY OR OTHER
MEDICALLY NECESSARY CARE FOR FAP-ELIGIBLE INDIVIDUALS UNDER SPUH'S FAP
WILL BE LIMITED TO BUT NOT BILLED MORE THAN THE AMOUNTS GENERALLY BILLED
TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I; QUESTION 7G

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

Part VI Supplemental Information

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.

SCHEDULE H, PART I, QUESTION 7

THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED.

SCHEDULE H, PART I, QUESTION 7B

SAINT PETER'S UNIVERSITY HOSPITAL PARTNERED WITH MIDDLESEX COUNTY AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO HOSPITAL USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THESE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING REVENUE. DURING CALENDAR YEAR 2021, SAINT PETER'S UNIVERSITY HOSPITAL ALSO EXPERIENCED A MEDICAID COST PER CASE INCREASE FOR MEDICAID PATIENTS WHICH THE COSTS ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; TOTAL COMMUNITY BENEFIT EXPENSE.

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.

SCHEDULE H, PART II

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

Part VI Supplemental Information

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.

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.

SAINT PETER'S HEALTHCARE SYSTEM, INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE BELOW WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE SYSTEM AND SUBSIDIARIES.

ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE

NET PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE SYSTEM EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING HEALTH INSURERS AND GOVERNMENT PROGRAMS), AND OTHERS AND INCLUDES PROVISIONS FOR VARIABLE CONSIDERATION (REDUCTIONS TO

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.

REVENUE) FOR RETROACTIVE REVENUE ADJUSTMENTS, INCLUDING ADJUSTMENTS DUE TO THE SETTLEMENT OF ONGOING AND FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS.

THE SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYOR CLASSES FOR INPATIENT REVENUE AND MAJOR PAYOR CLASSES AND TYPES OF SERVICES PROVIDED FOR OUTPATIENT REVENUE. BASED ON HISTORICAL COLLECTION TRENDS AND OTHER ANALYSES, THE SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.

THE SYSTEM'S INITIAL ESTIMATE OF THE TRANSACTION PRICE FOR SERVICES PROVIDED TO PATIENTS IS DETERMINED BY REDUCING THE TOTAL STANDARD CHARGES RELATED TO THE PATIENT SERVICES PROVIDED BY VARIOUS ELEMENTS OF VARIABLE CONSIDERATION, INCLUDING CONTRACTUAL ADJUSTMENTS, DISCOUNTS, IMPLICIT PRICE CONCESSIONS, AND OTHER REDUCTIONS TO THE SYSTEM'S STANDARD CHARGES.

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.

THE SYSTEM DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL OR FORMULA-DRIVEN RATES FOR THE SERVICES RENDERED (SEE DESCRIPTION OF THIRD-PARTY PAYOR PAYMENT PROGRAMS BELOW). THE ESTIMATES FOR CONTRACTUAL ALLOWANCES AND DISCOUNTS ARE BASED ON CONTRACTUAL AGREEMENTS, THE SYSTEM'S DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE SYSTEM DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES ON THE BASIS OF CHARGES REDUCED BY IMPLICIT PRICE CONCESSIONS.

IMPLICIT PRICE CONCESSIONS INCLUDED IN THE ESTIMATE OF THE TRANSACTION PRICE ARE BASED ON THE SYSTEM'S HISTORICAL COLLECTION EXPERIENCE FOR APPLICABLE PATIENT PORTFOLIOS. UNDER THE SYSTEM'S POLICY FOR SELF-PAY PATIENTS, A PATIENT WHO HAS NO INSURANCE AND IS INELIGIBLE FOR ANY GOVERNMENT ASSISTANCE PROGRAM HAS HIS OR HER BILL REDUCED TO THE AMOUNT WHICH WOULD BE BILLED TO A COMMERCIALY INSURED PATIENT.

GENERALLY, THE SYSTEM BILLS PATIENTS AND THIRD-PARTY PAYORS SEVERAL DAYS

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.

AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DISCHARGED. NET PATIENT SERVICE REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE SYSTEM. NET PATIENT SERVICE REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL CHARGES. THE SYSTEM BELIEVES THAT THIS METHOD PROVIDES A REASONABLE DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE SERVICES NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS RECEIVING INPATIENT ACUTE CARE SERVICES OR PATIENTS RECEIVING SERVICES IN THE SYSTEM'S OUTPATIENT AND AMBULATORY CARE CENTERS. THE SYSTEM MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE HOSPITAL OR THE COMMENCEMENT OF AN OUTPATIENT SERVICE TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE OR THE COMPLETION OF THE OUTPATIENT SERVICE.

SUBSTANTIALLY ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH

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.

A DURATION OF LESS THAN ONE YEAR. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS PRIMARILY RELATE TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD FOR PATIENTS WHO REMAIN ADMITTED AT THAT TIME (IN-HOUSE PATIENTS). THE PERFORMANCE OBLIGATIONS FOR IN-HOUSE PATIENTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH FOR THE MAJORITY OF THE SYSTEM'S IN-HOUSE PATIENTS OCCURS WITHIN DAYS OR WEEKS AFTER THE END OF THE REPORTING PERIOD.

SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE (DETERMINED ON A PORTFOLIO BASIS WHEN APPLICABLE) ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, CHANGES IN THE SYSTEM'S ESTIMATES OF IMPLICIT PRICE CONCESSIONS, DISCOUNTS, CONTRACTUAL ADJUSTMENTS OR OTHER REDUCTIONS TO EXPECTED PAYMENTS FOR PERFORMANCE OBLIGATIONS SATISFIED IN PRIOR PERIODS WERE NOT SIGNIFICANT. PORTFOLIO COLLECTION ESTIMATES ARE UPDATED QUARTERLY BASED ON COLLECTION TRENDS. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY (DETERMINED ON A PORTFOLIO BASIS

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.

WHEN APPLICABLE) ARE RECORDED AS BAD DEBT EXPENSE.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2021 MEDICARE COST REPORT.

THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER 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

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.

STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE

ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE

ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION

IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE

DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE

TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED

LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE

RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND

THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT

EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF

EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM

"CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE

CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE

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.

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.

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.

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.

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

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.

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 TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE

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.

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.

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.

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 85 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT

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.

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

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.

CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40 PERCENT OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE.

- AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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.

CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF THE SAINT PETER'S UNIVERSITY HOSPITAL'S BUSINESS OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY.

THE FOLLOWING CRITERIA HAS BEEN ESTABLISHED TO ENSURE THAT ALL EFFORTS HAVE BEEN EXHAUSTED TO ENSURE THAT THE PATIENT IS NOT ELIGIBLE FOR A GOVERNMENTAL PROGRAM, THEY DO HAVE ACCESS OR MEANS TO OBTAIN THIRD-PARTY

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.

HEALTH INSURANCE COVERAGE, AND WE HAVE EXHAUSTED ALL REASONABLE EFFORTS TO COLLECT THE OUTSTANDING PAYMENT OBLIGATION - INCLUDING FAP-ELIGIBILITY STATUS (AND IF ELIGIBLE, ENSURE THAT FEES/CHARGES HAVE BEEN ADJUSTED TO THE APPLICABLE LEVELS). THE CRITERIA ARE INCLUSIVE OF THE FOLLOWING:

1) THE ACCOUNTS RECEIVABLE BALANCE MUST BE CONFIRMED AS A PATIENT (OR GUARANTOR) RESPONSIBILITY AMOUNT. IF THE ACCOUNT HAS A PRIOR HISTORY OF MEDICAID OR CHARITY CARE ELIGIBILITY, WE WILL MAKE ALL EFFORTS TO REVIEW CURRENT DOCUMENTATION AND CHECK FOR POTENTIAL ELIGIBILITY.

2) THERE MUST BE DOCUMENTATION IN ACCOUNT NOTES THAT AT LEAST FOUR (4) POST-DISCHARGE BILLING STATEMENTS WITH THE CONFIRMED PATIENT BALANCE HAVE BEEN SENT TO THE CURRENT ADDRESS ON FILE. THE MESSAGES ON THE STATEMENT ARE PROGRESSIVE IN NATURE - WITH THE LAST ONE PROVIDING A CLEAR MESSAGE THAT, AFTER 30 DAYS FROM THE DATE OF THIS NOTICE, IF THE BALANCE IS NOT SATISFIED IN FULL, OR A PAYMENT PLAN ESTABLISHED, THE ACCOUNT QUALIFIES FOR PLACEMENT WITH ONE OF OUR EXTERNAL COLLECTION AGENCIES. PLEASE NOTE THAT THIS "30-DAY" NOTICE MUST ALSO:

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.

- PROVIDE THE INDIVIDUAL WITH WRITTEN NOTICE THAT STATES FINANCIAL

ASSISTANCE IS AVAILABLE FOR ELIGIBLE INDIVIDUALS;

- INCLUDE A DESCRIPTION OF ANY OTHER ECAS THAT SPUH INTENDS ON

UNDERTAKING IN ADDITION TO SENDING TO AN EXTERNAL COLLECTION AGENCY

(PLEASE REFER TO NUMBER 5 BELOW); AND

- INCLUDE A COPY OF THE PLS.

IN ADDITION, SPUH MUST MAKE A REASONABLE EFFORT TO ORALLY NOTIFY THE

INDIVIDUAL ABOUT THE FAP.

3) THERE MUST BE A MINIMUM SPAN OF 120 DAYS, FROM THE DATE OF THE FIRST

POST-DISCHARGE BILLING STATEMENT, PRIOR TO ANY BAD DEBT WRITE-OFF AND

POTENTIAL REFERRAL TO ONE OF OUR EXTERNAL COLLECTION AGENCIES.

4) IF AT ANY TIME OUR EXTERNAL COLLECTION AGENCY IS NOTIFIED THAT THE

PATIENT/GUARANTOR IS FAP-ELIGIBLE THE HOSPITAL RETAINS THE OPTION TO:

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.

- RECALL THE ACCOUNT FROM THE COLLECTION AGENCY AND RE-START THE COLLECTION PROCESS WITH THE BALANCE ADJUSTED SUCH THAT THE PATIENT/GUARANTOR IS PAYING NO MORE THAN THEY ARE RESPONSIBLE FOR AS A FAP-ELIGIBLE INDIVIDUAL AND REFUND ANY PAYMENTS ALREADY MADE IN EXCESS OF THE ADJUSTED BALANCE (IF GREATER THAN \$5); OR

- HAVE THE COLLECTION AGENCY RETAIN THE ACCOUNT AND RE-START THE COLLECTION PROCESS WITH THE BALANCE ADJUSTED SUCH THAT THE PATIENT/GUARANTOR IS PAYING NO MORE THAN THEY ARE RESPONSIBLE FOR AS A FAP-ELIGIBLE INDIVIDUAL AND REFUND ANY PAYMENTS ALREADY MADE IN EXCESS OF THE ADJUSTED BALANCE (IF GREATER THAN \$5).

5) IN ADDITION TO NUMBER FOUR (DETAILED ABOVE - "4"), AFTER DETERMINING FAP-ELIGIBILITY SPUH CAN UNDERTAKE ADDITIONAL ECAS INCLUDING, BUT NOT LIMITED TO:

- TAKING ACTIONS THAT REQUIRE LEGAL OR JUDICIAL PROCESS - INCLUDING LIENS, FORECLOSURES, CIVIL ACTIONS;

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.

- REPORTING ADVERSE INFORMATION TO CREDIT AGENCIES OR BUREAUS; AND

- DEFERRING, DENYING, OR REQUIRING A PAYMENT BEFORE REQUIRING

NON-MEDICALLY NECESSARY OR EMERGENT CARE BECAUSE OF NON-PAYMENT FOR

PREVIOUSLY PROVIDED CARE THAT IS COVERED UNDER THE FAP.

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).

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.

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.

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.

SCHEDULE H, PART VI; QUESTION 3

IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) SPUH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE. THE AVAILABILITY OF FINANCIAL ASSISTANCE IS WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

A) SPUH'S FAP AND A PLAIN LANGUAGE SUMMARY ("PLS") OF THE FAP ARE ALL AVAILABLE VIA OUR WEBSITE -- WWW.SAINTPETERSHCS.COM.

B) PAPER COPIES OF THE FAP AND PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AS WELL AS PROVIDED IN VARIOUS AREAS THROUGHOUT THE HOSPITAL FACILITIES - INCLUDING ADMISSIONS, PATIENT REGISTRATION, EMERGENCY ROOM DEPARTMENT, RESOURCE SERVICES, AND PATIENT DISCHARGE. ALL WRITTEN REQUESTS SHOULD BE SENT TO:

SAINT PETER'S UNIVERSITY HOSPITAL

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.

ATTN: RESOURCE SERVICES

254 EASTON AVENUE

NEW BRUNSWICK, NJ 08901

C) VERBAL REQUESTS FOR PAPER COPIES OF THE FAP AND PLS WILL BE AVAILABLE
BY CONTACTING:

SAINT PETER'S UNIVERSITY HOSPITAL

DEPARTMENT: RESOURCE SERVICES

TELEPHONE #: 732.745.8600 EXTENSION: 5019

D) SPUH IS COMMITTED TO OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE
PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY FOR THEIR MEDICAL SERVICES IN
WHOLE OR IN PART. IN ORDER TO ACCOMPLISH THIS CHARITABLE GOAL, SPUH, AND
ALL SUBSTANTIALLY RELATED ENTITIES, WILL WIDELY PUBLICIZE THIS FAP AND
THE PLS IN THE COMMUNITIES THAT WE SERVE.

E) THE FAP AND THE PLS ARE AVAILABLE IN ENGLISH AND OTHER LANGUAGES THAT

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.

CONSTITUTE THE LESSER OF 5% OR 1,000 INDIVIDUALS WITHIN SPUH'S PRIMARY SERVICE AREA.

F) SIGNAGE NOTIFYING PATIENTS/GUARANTORS OF OUR FAP WILL BE PLACED IN CONSPICUOUS LOCATIONS, INCLUDING THE ADMISSION DEPARTMENT, AMBULATORY SERVICES, AND EMERGENCY ROOM AREAS, AND WILL PROVIDE A TELEPHONE NUMBER AND OFFICE LOCATIONS THAT CAN PROVIDE INFORMATION ON APPLYING FOR OUR FAP.

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 ENCOMPASSES A LAND MASS OF 323 SQUARE MILES COMPRISED OF 25 URBAN AND SUBURBAN MUNICIPALITIES. THE COUNTY'S MUNICIPALITIES ARE

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.

DIVERSE, ENCOMPASSING INNER-CITY COMMUNITIES, SUCH AS NEW BRUNSWICK AND PERTH AMBOY, AND THE SUBURBAN COMMUNITIES OF PLAINSBORO, CRANBURY AND MONROE TOWNSHIP. ECONOMIC WEALTH IS NOT UNIFORMLY DISTRIBUTED ACROSS MUNICIPALITIES; URBAN AREAS INCLUDE A HIGH NUMBER OF POOR AND MINORITY POPULATIONS.

IN 2016, 8.9% OF PEOPLE AND 6.5% OF MIDDLESEX COUNTY FAMILIES WERE LIVING IN POVERTY COMPARED TO 10.9% OF PEOPLE AND 8.1% OF FAMILIES STATEWIDE.

- IN 2016, 36.0% OF PEOPLE AND 28.9% OF FAMILIES WERE LIVING IN POVERTY IN NEW BRUNSWICK.

- IN 2016, 8.4% OF FAMILIES WERE LIVING IN POVERTY IN THE HIGHLAND PARK ZIP CODE.

IN 2016, 4.6% OF MIDDLESEX COUNTY RESIDENTS WERE UNEMPLOYED, LOWER THAN THE STATE (5.2%).

- THE UNEMPLOYMENT RATE IN NEW BRUNSWICK (5.4%) EXCEEDED THE COUNTY RATE

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.

(4.6%) AND WAS HIGHER THAN THE STATE RATE (5.2%).

- THE MONROE UNEMPLOYMENT RATE WAS 3.4%, THE LOWEST IN THE SERVICE AREA

AND LOWER THAN THE MIDDLESEX COUNTY RATE OF 4.6%.

IN 2016, THE MIDDLESEX COUNTY MEDIAN HOUSEHOLD INCOME WAS \$80,716, MORE THAN \$7,000 ABOVE THE STATE AVERAGE.

- THE 2016 MEDIAN HOUSEHOLD INCOME OF NEW BRUNSWICK RESIDENTS (\$40,428)

WAS A LITTLE MORE THAN HALF THE STATEWIDE FIGURE (\$73,702).

- EAST BRUNSWICK HAD THE HIGHEST MEDIAN HOUSEHOLD INCOME IN THE

RWJUH/SPUH SERVICE AREA AT \$101,245.

- BETWEEN 2014-2016, INCOME LEVELS ACROSS THE COUNTY AND THE RWJUH/SPUH

SERVICE AREA SHOWED LITTLE INCREASE OR DECLINE.

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.

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.

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.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES THAT COMPRISE SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES.

SAINT PETER'S HEALTHCARE SYSTEM, INC.

SAINT PETER'S HEALTHCARE SYSTEM, INC. ("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 SYSTEM OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY SAINT PETER'S HEALTHCARE 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

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.

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

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.

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.

ST. PETER'S FOUNDATION

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.

ST. PETER'S FOUNDATION 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

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.

ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT

PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE

FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

SAINT PETER'S PROPERTIES CORPORATION

SAINT PETER'S PROPERTIES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(2).

NEW BRUNSWICK AFFILIATED HOSPITALS, INC.

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.

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).

SAINT PETER'S HEALTHCARE SYSTEM PHYSICIAN ASSOCIATES, P.C.

SAINT PETER'S HEALTHCARE SYSTEM PHYSICIAN ASSOCIATES, P.C. IS A PROFESSIONAL CORPORATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN 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

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.

OF SAINT PETER'S UNIVERSITY HOSPITAL.

SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC.

AN 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 ORGANIZATION.

RISK ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL

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.

A CONTROLLED FOREIGN CORPORATION BY SPUH. THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN THE CAYMAN ISLANDS.

SAINT PETER'S SPECIALTY PHYSICIANS, P.C.

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

SAINT PETER'S ADVANCED CARE, P.C.

AN INACTIVE ORGANIZATION.

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.

SCHEDULE H, PART VI; QUESTION 7

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LESLIE D. HIRSCH, FACH TRUSTEE - PRESIDENT/C	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,064,441.	369,326.	41,598.	227,131.	22,517.	1,725,013.
2 ARKADY BRODER, M.D. GASTROENTEROLOGIST	(i)	596,941.	324,405.	20,340.	8,700.	41,811.	992,197.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
3 DAVID JACOB, M.D. CARDIOLOGIST	(i)	597,999.	282,091.	5,544.	8,700.	23,844.	918,178.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
4 GARRICK J. STOLDT, FHF TREASURER - CFO SPHCS	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	552,187.	110,270.	40,727.	67,144.	34,812.	805,140.
5 CARLOS BENITO, M.D. CHAIRMAN OBGYN	(i)	688,211.	49,333.	7,482.	8,700.	35,267.	788,993.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
6 KIANOUSH SHEYKHOLESLAM OTOLARYNGOLOGY SURGEO	(i)	745,579.	15,000.	1,932.	8,700.	12,456.	783,667.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
7 ANDREW KORMAN, M.D. GASTROENTEROLOGIST	(i)	370,594.	350,468.	840.	9,150.	34,960.	766,012.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
8 ALMA S. RATCLIFFE, M.D. VP; CHIEF CLIN TRANS	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	470,062.	95,659.	113,664.	58,204.	19,502.	757,091.
9 JORDAN M. TANNENBAUM, VP; CIO/CMIO	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	416,102.	86,570.	117,820.	53,499.	34,563.	708,554.
10 NIRANJAN V. RAO, M.D. CHIEF MEDICAL OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	365,696.	76,354.	106,958.	48,213.	25,598.	622,819.
11 NAYAN K. KOTHARI, M.D. CHIEF ACADEMIC OFFICE	(i)	485,246.	76,100.	9,443.	8,700.	24,074.	603,563.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
12 GOPAL R. DESAI, M.D. TRUSTEE (TERMED 01/12)	(i)	526,500.	15,000.	39,541.	8,700.	2,029.	591,770.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
13 LINDA CARROLL, MSN, RN CNO/VP PATIENT CARE S	(i)	407,888.	76,021.	5,006.	50,322.	28,440.	567,677.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
14 BIPIN N. PATEL, M.D. PHYS IN CHIEF; CH HOS	(i)	454,321.	45,000.	33,269.	8,700.	26,129.	567,419.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
15 ALYSSA A. VERDERAMI, E SECRETARY-VP LEGAL &	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	392,920.	77,921.	2,625.	48,869.	28,925.	551,260.
16 DAVID A. LASKOW, M.D. CHIEF, DIVISION OF SU	(i)	432,766.	59,593.	16,163.	8,700.	24,480.	541,702.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LISA M. DRUMBORE 1 VP; CHIEF EXPERIENCE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	309,804.	34,448.	23,231.	40,023.	28,812.	436,318.	NONE
BARBARA J. GRIFFITHS-W 2 CHIEF COMPLIANCE OFFI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	236,552.	51,390.	29,135.	34,922.	25,583.	377,582.	NONE
WILLIAM J. REARS 3 CHIEF TECHNOLOGY OFFI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	245,088.	12,957.	1,237.	7,661.	29,703.	296,646.	NONE
HARRY DIEUVEUIL 4 VP; CHIEF HR OFF. (EF	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	202,454.	67,323.	3,615.	2,946.	14,929.	291,267.	NONE
PAMELA A. TEUFEL 5 VP; CHIEF HR OFF. (TE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	114,901.	77,911.	507.	12,149.	8,694.	214,162.	NONE
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES A CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THIS AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: ALMA S. RATCLIFFE, M.D., \$76,207; JORDAN M. TANNENBAUM, M.D., MBA, \$82,143 AND NIRANJAN V. RAO, M.D., \$73,279.

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, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, AS TAXABLE MEDICARE WAGES: LESLIE D. HIRSCH, FACHE, \$218,431;

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.

GARRICK J. STOLDT, FHFMA, CPA, \$58,444; ALMA S. RATCLIFFE, M.D., \$49,504;
JORDAN M. TANNENBAUM, M.D., MBA, \$44,799; NIRANJAN V. RAO, M.D., \$39,513;
LINDA CARROLL, MSN, RN-BC, \$41,622; ALYSSA A. VERDERAMI, ESQ., \$40,169;
LISA A. DRUMBORE, \$31,323; BARBARA J. GRIFFITHS-WELSH, \$26,896 AND PAMELA
A. TEUFEL, \$8,990.

SCHEDULE J, PART I; QUESTION 7

THE INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING
CALENDAR YEAR 2021 WHICH WAS INCLUDED IN COLUMN (II) HEREIN AND IN EACH
INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE
REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY
PERSON BY AMOUNT.

SCHEDULE J, PART II, COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED
BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER

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.

SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled 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
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			84,163,069.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	67,469,850.		100,604,659.					
4 Gross proceeds in reserve funds	6,699,083.		8,523,218.					
5 Capitalized interest from proceeds	2,839,321.							
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,284,750.		2,063,899.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	56,646,696.		5,854,473.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013		2011					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a 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 a 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					

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

Schedule K (Form 990) 2021

Part III Private Business Use

TAX EXEMPT BONDS

	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				
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 ▶	1.2100 %		0.1570 %					
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 ▶	NONE %		NONE %					
6 Total of lines 4 and 5	1.2100 %		0.1570 %					
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?								
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?		X						
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				

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

SCHEDULE K, PART I, COLUMN C

THE AUGUST 9, 2011 TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES THE FOLLOWING ADDITIONAL CUSIP #'S: 64579FQ30; 64579FQ48; 64579FQ55; 64579FQ22; AND 64579FP98.

THE DECEMBER 18, 2007 TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES THE FOLLOWING ADDITIONAL CUSIP #'S: 64579FSL8; AND 64579FSM6.

SCHEDULE K, PART I, COLUMN F

THE PURPOSE OF THE SERIES 2007 BONDS WERE TO (I) REFUND A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE ST. PETER'S MEDICAL CENTER ISSUE, SERIES F; (II) PAY OR REIMBURSE THE COSTS OF THE CONSTRUCTION AND RENOVATION OF CERTAIN PORTIONS OF THE HOSPITAL'S 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.

THE PURPOSE OF THE SERIES 2011 BOND 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 HOSPITAL'S 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.

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

SCHEDULE K, PART IV, LINE 2C

THE REBATE CALCULATION FOR THE 2007 BOND ISSUANCE WAS PERFORMED ON
OCTOBER 31, 2017. THE REBATE CALCULATION FOR THE 2011 BOND ISSUANCE WAS
PERFORMED ON AUGUST 9, 2021.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1487330

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;

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

4. CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS, CLERGY 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 AVENUE, 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ALSO A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL AND A REGIONAL PERINATAL CENTER AND IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOR PEDIATRIC CARDIOLOGY SERVICES. SAINT PETER'S WAS THE FIRST HOSPITAL IN MIDDLESEX COUNTY AND HAS SERVED THE HEALTHCARE NEEDS OF CENTRAL NEW JERSEY CONTINUOUSLY SINCE 1907, PROVIDING SUBSTANTIAL COMMUNITY BENEFIT.

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

SAINT PETER'S BRINGS THE LATEST MEDICAL PRACTICES AND HIGHLY SKILLED PROFESSIONALS TO THE BEDSIDE. HOSPITAL STAFF TREATS APPROXIMATELY 23,000 INPATIENTS AND 280,000 OUTPATIENTS ANNUALLY. SAINT PETER'S EMPLOYS APPROXIMATELY 3,300 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND MORE THAN 1,200 PHYSICIANS AND DENTISTS HAVE PRIVILEGES AT ITS FACILITY.

AS A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL, SAINT PETER'S OFFERS A FULL RANGE OF SPECIALIZED PEDIATRIC HEALTHCARE SERVICES. SAINT PETER'S ALSO OFFERS ONE OF THE MOST SOPHISTICATED MATERNITY PROGRAMS AND OPERATES ONE OF THE LARGEST, MOST ADVANCED LEVEL IV NEONATAL INTENSIVE CARE UNITS IN THE COUNTRY AS A STATE-DESIGNATED REGIONAL PERINATAL CENTER AND HAS BEEN RECOGNIZED AMONG THE TOP 50 BEST CHILDREN'S HOSPITALS FOR NEONATOLOGY IN THE COUNTRY BY U.S. NEWS AND WORLD REPORT. SAINT PETER'S

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF
DIABETES EDUCATION AND IS NEW JERSEY'S 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, INDIVIDUAL
PERSON - SPIRITUALLY, EMOTIONALLY AND PHYSICALLY.

IN 2020, AS A RESULT OF THE COVID-19 PANDEMIC, SAINT PETER'S ESTABLISHED
THE COVID-19 RECOVERY PROGRAM TO ADDRESS THE LINGERING COMPLICATIONS
ENDURED BY MANY POST-COVID PATIENTS. THE PROGRAM PROVIDES PATIENTS THAT
HAVE PREVIOUSLY TESTED POSITIVE WITH COVID-19 ACCESS TO MULTI-SPECIALTY
CARE.

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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

WE ARE PLEDGED TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG
OUR EMPLOYEES, PHYSICIANS AND VOLUNTEERS AND TO THE EDUCATION AND
TRAINING OF HEALTHCARE PERSONNEL.

WE ARE WITNESSES IN OUR COMMUNITY TO THE HIGHEST ETHICAL AND MORAL
PRINCIPLES IN PURSUIT OF EXCELLENCE AND PATIENT SAFETY.

FACTS

=====

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

DELIVERS APPROXIMATELY 5,300 NEWBORNS ANNUALLY. ADMITS APPROXIMATELY 740
NEWBORNS TO THE 54-BASSINETT LEVEL IV NICU, WHICH IS ONE OF THE LARGEST
ON THE EAST COAST. SAINT PETER'S INTRODUCED A NEW MIDWIFERY PROGRAM WITH
THREE CERTIFIED NURSE-MIDWIVES IN 2017 AND OPENED THE STATE'S FIRST
HOSPITAL-BASED BIRTH CENTER, THE MARY V. O'SHEA BIRTH CENTER IN THE FALL
OF 2019. IT IS THE ONLY MIDWIFERY-LED, HOSPITAL-BASED BIRTH CENTER
LICENSED IN THE STATE OF NEW JERSEY.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE);
- ANTENATAL TESTING UNIT (ADVANCED ULTRASOUND TESTING). APPROXIMATELY
14,500 ULTRASOUNDS PERFORMED ANNUALLY;
- DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE (GENETIC
COUNSELING, TESTING AND TREATMENT);
- PERINATAL EVALUATION AND TREATMENT (PERINATAL EMERGENCY TRIAGE AND
TREATMENT);
- HIGH-RISK ANTEPARTUM UNIT (HOSPITAL INPATIENT CARE FOR PREGNANT WOMEN
EXPERIENCING COMPLICATIONS OR HIGH-RISK PREGNANCIES);
- INFANT AND PERINATAL LOSS EVALUATION PROGRAM (DIAGNOSTIC AND TREATMENT
CENTER FOR REPEATED MISCARRIAGE/PREGNANCY LOSS);
- OBSTETRICAL MEDICINE (TREATS MEDICAL COMPLICATIONS IN PREGNANCY); AND
- GENERAL OBSTETRICS AND GYNECOLOGY.

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

IN MONROE AND NEW BRUNSWICK, AND COMMUNITY NURSING CARE AT EIGHT
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.

WOMEN'S HEALTH SERVICES, INCLUDING IMAGING SERVICES, GENERAL OB/GYN,
MIDWIFERY SERVICES, BREAST DISEASE, UROGYNECOLOGY, GYNECOLOGIC ONCOLOGY
AND SAINT PETER'S 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.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SPECIALTY SERVICES

=====

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

REGIONAL PERINATAL CENTER (RPC): DELIVERING NEARLY 5,300 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 3D AND 4D ULTRASOUND TESTING. SPECIALTY MATERNAL-FETAL MEDICINE PROGRAMS INCLUDE THE INFANT AND PERINATAL LOSS EVALUATION PROGRAM AND THE INFANT PREMATURETY ASSESSMENT AND PREVENTION PROGRAM.

NEONATAL INTENSIVE CARE UNIT (NICU): SAINT PETER'S OPERATES A 54-BASSINETT, LEVEL IV NICU, THE LARGEST IN CENTRAL NEW JERSEY AND THE FIRST IN THE STATE, WHICH INCLUDES THE NEONATAL RETINA CENTER, PROVIDING LASER SURGERY FOR RETINOPATHY OF PREMATURETY AND OUTPATIENT OPHTHALMOLOGY SERVICES, AND THE INFANT APNEA CENTER. SPECIAL TRAINING IN CARING FOR THESE FRAGILE BABIES IS PROVIDED TO PARENTS AND SUPPORT GROUPS ARE OFFERED. RANKED AMONG THE TOP 50 BEST CHILDREN'S HOSPITALS FOR NEONATOLOGY IN THE NATION AND TOPS IN NEW JERSEY IN U.S. NEWS AND WORLD REPORT'S BEST CHILDREN'S HOSPITALS FOR THREE CONSECUTIVE YEARS (2019, 2020 AND 2021).

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, CYBERKNIFE® AND BREAST CANCER SERVICES. THE HOSPITAL IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AS A TEACHING HOSPITAL CANCER PROGRAM AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

IS THE RECIPIENT OF THE COMMISSION ON CANCER OUTSTANDING ACHIEVEMENT
AWARD. THE SAINT PETER'S BREAST CENTER IS ACCREDITED BY THE NATIONAL
ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A PROGRAM ADMINISTERED
BY THE AMERICAN COLLEGE OF SURGEONS.

GERIATRIC SERVICES: A COMPLETE AND MULTIDISCIPLINARY PROGRAM OF GERIATRIC
MEDICINE, WITH AN OUTPATIENT GERIATRIC EVALUATION AND MANAGEMENT SERVICE
FOR THE FRAIL ELDERLY, ESPECIALLY THOSE WITH ALZHEIMER'S DISEASE.
OUTPATIENT SERVICES ARE AVAILABLE THROUGH SAINT PETER'S PHYSICIAN
ASSOCIATES WITH LOCATIONS IN MONROE AND NEW BRUNSWICK.

THE THYROID AND DIABETES CENTER: RECOGNIZED BY THE AMERICAN DIABETES
ASSOCIATION IN ALL AREAS OF 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 INPATIENT UNIT FOR
PATIENTS 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, COLORECTAL AND EAR, NOSE AND THROAT, ARE ALSO
AVAILABLE. SAME-DAY PROCEDURES ARE PERFORMED IN THE CARES SURGICENTER.
GENERAL AND SPECIALTY PEDIATRIC SURGERIES ARE PERFORMED AND SUPPORTED BY

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 HOLOGIC@GENIUST3D MAMMOGRAPHYT 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. SAINT PETER'S IS
HOME TO ONE OF THE LARGEST COMPREHENSIVE LYSOSOMAL DISEASE THERAPY
CENTERS IN THE UNITED STATES. THE DEPARTMENT 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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 THROUGH ITS ADULT FACULTY PRACTICE, PEDIATRIC FACULTY
GROUP AND WOMEN'S AMBULATORY CARE SERVICES. THE CENTER ALSO PROVIDES
SOCIAL SERVICES, DIETITIAN SERVICES AND PHYSICAL MEDICINE.

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
MOBILE HEALTH UNIT. REFERRALS ARE PROVIDED.

THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL

CARING FOR CHILDREN HAS ALWAYS BEEN VERY IMPORTANT FOR SAINT PETER'S. AS
A STATE-DESIGNATED CHILDREN'S HOSPITAL, WE OFFER MANY SPECIALTY SERVICES
FOR CHILDREN. WE CARE FOR HIGH-RISK BABIES AND SERIOUSLY ILL CHILDREN IN

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

OUR NEONATAL INTENSIVE CARE AND PEDIATRIC INTENSIVE CARE UNITS. OUR CHILD
LIFE PROGRAM HELPS TO EDUCATE AND PREPARE CHILDREN FOR THEIR STAY AT
SAINT PETER'S, WHILE OUR PEDIATRIC EMERGENCY DEPARTMENT CAN HANDLE ANY
INJURY OR ILLNESS A CHILD MAY HAVE. AT THE CHILDREN'S HOSPITAL AT SAINT
PETER'S, WE CARE FOR 9,000 INPATIENTS AND OVER 45,000 OUTPATIENTS EACH
YEAR IN OUR FACILITIES AND THE DOROTHY B. HERSH PEDIATRIC EMERGENCY
DEPARTMENT. 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 24,500
CHILDREN ANNUALLY (THE NEWLY RECONSTRUCTED FACILITY OPENED IN APRIL
2013).
- CHOP CARDIAC CENTER.
- COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALLY INVASIVE SERVICES
AND PEDIATRIC 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 DIVISION RECOGNIZED BY THE AMERICAN DIABETES
ASSOCIATION IN DIABETES EDUCATION.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

MARY V. O'SHEA BIRTH CENTER

IN 2019, THE HOSPITAL OPENED THE ONLY MIDWIFERY-LED, HOSPITAL-BASED BIRTH CENTER IN NEW JERSEY. THE MARY V. O'SHEA BIRTH CENTER EXPERIENCE IS BASED ON THE MIDWIFERY MODEL OF CARE THAT EMBRACES PREGNANCY AND BIRTH AS A NORMAL PHYSIOLOGIC PROCESS, HIGHLIGHTING SHARED DECISION-MAKING, MINIMAL INTERVENTIONS, AND THE EMPOWERMENT OF WOMEN AS PARTNERS IN THEIR CARE.

THE BIRTH CENTER, STAFFED BY CERTIFIED NURSE-MIDWIVES, SUPPORTS A NATURAL BIRTH WITHOUT ANY PAIN MEDICATION. THE CENTER IS EQUIPPED TO OFFER A VARIETY OF NONPHARMACEUTICAL PAIN MANAGEMENT OPTIONS INCLUDING:

- HYDROTHERAPY
- AROMATHERAPY
- NERVE STIMULATION
- STERILE WATER PAPULES
- VARIOUS MASSAGE TECHNIQUES

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OTHER SERVICES
=====

THE CENTER FOR DIABETES SELF-MANAGEMENT EDUCATION: DIAGNOSES AND TREATS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. THE STAFF OF THE CENTER IS RECOGNIZED AS A
"CROSS-SPECIALTY TEAM" ONE OF THE HIGHEST RECOGNITIONS DESIGNATED BY THE
AMERICAN CLEFT PALATE-CRANIOFACIAL ASSOCIATION (ACPA).

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, UNION AND WARREN
COUNTIES. THE CHILD PROTECTION CENTER WAS THE ONLY CENTER OF ITS TYPE
OPEN DURING THE PANDEMIC.

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

SUCCESSFULLY IN A SOCIAL ENVIRONMENT. FOR KEEPS IS A FULL-TIME DAY PROGRAM WHERE CHILDREN RECEIVE ACADEMIC INSTRUCTION IN ADDITION TO BEHAVIORAL AND PSYCHOLOGICAL TREATMENTS THROUGH COLLABORATION AMONG DOCTORS, NURSES, SOCIAL WORKERS AND COUNSELORS.

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

- OPERATING MORE THAN 50 CLINICS AND MORE THAN 146,000 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.

- THE SIMULATION CENTER FOR INTERPROFESSIONAL LEARNING OFFERS 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, ENCORE AND RENAISSANCE

- COMMUNITY HEALTH SERVICES MOBILE HEALTH VAN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- PEDIATRIC CALL CENTER
- FAMILY HEALTH CENTER - ADULT, CHILDREN AND WOMEN'S AMBULATORY SERVICES
- THYROID AND DIABETES CENTER
- 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 AND 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- NEW VISIONS SUPPORT GROUP
- 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
- DIABETES SELF-MANAGEMENT EDUCATION
- GESTATIONAL DIABETES SELF-MANAGEMENT EDUCATION
- PREVENT T2 PROGRAM (DIABETES)
- 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
- BIRTH CENTER CLASS
- PRENATAL YOGA AND EXERCISE CLASS
- PREPARED CHILDBIRTH/LAMAZE CLASS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

- BREASTFEEDING
- BREASTFEEDING SUPPORT GROUP
- NEW DADDY CLASS
- NEW MOM SUPPORT GROUP
- PRENATAL NUTRITION CLASS
- SIBLING CLASS
- GRANDPARENTS CLASS
- MARVELOUS MULTIPLES
- HYPNOBIRTHING CLASS
- CYBERKNIFE® ROBOTIC RADIOSURGERY
- BREAST CENTER

AFFILIATIONS

=====

SAINT PETER'S HAS DEVELOPED AFFILIATIONS WITH SOME OF THE LEADING MEDICAL INSTITUTIONS IN THE COUNTRY IN ORDER TO BRING THE BEST CARE POSSIBLE TO CENTRAL NEW JERSEY. AS A TEACHING HOSPITAL, SAINT PETER'S SPONSORS RESIDENCY PROGRAMS IN INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, AND PEDIATRICS. THE HOSPITAL IS A MAJOR CLINICAL AFFILIATE OF RUTGERS BIOMEDICAL AND HEALTH SCIENCES. THROUGH THIS RELATIONSHIP, RUTGERS MEDICAL STUDENTS SPEND THEIR ENTIRE THIRD AND FOURTH YEARS OF MEDICAL SCHOOL AT SAINT PETER'S TO GAIN KNOWLEDGE AND EXPERIENCE IN A HOSPITAL SETTING. THIS TEACHING ENVIRONMENT FOSTERS AN EXCHANGE OF IDEAS AND COLLABORATION AMONG THE PHYSICIANS OF TODAY AND THOSE OF TOMORROW.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

AN AGREEMENT WITH KEAN UNIVERSITY ENHANCES OUR EDUCATIONAL PROGRAMS AND,
IN TURN, PROVIDES MEDICAL STUDENTS AND RESIDENTS WITH OPPORTUNITIES TO
BECOME THE BEST DOCTORS POSSIBLE.

AS A STATE-DESIGNATED CHILDREN'S HOSPITAL, WE ARE COMMITTED TO PROVIDING
THE BEST CARE POSSIBLE, WHICH IS WHY WE HAVE AN AFFILIATION WITH THE
CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP). OUR ASSOCIATION WITH THE MOST
RESPECTED CHILDREN'S HOSPITAL IN THE NATION MEANS THAT AMERICA'S TOP
SPECIALISTS IN PEDIATRIC MEDICINE AND, IN PARTICULAR, PEDIATRIC CARDIAC
CARE, ARE AVAILABLE TO FAMILIES LIVING IN CENTRAL NEW JERSEY.

COMMITMENT TO TEACHING

=====

SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED TO THE EDUCATION OF
HEALTHCARE PROFESSIONS AT MANY LEVELS. SPUH IS AFFILIATED WITH RUTGERS
ROBERT WOOD JOHNSON 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, AND
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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

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.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM,
INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM
("SYSTEM"). SAINT PETER'S 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION'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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

"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.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION AFTER FILING ITS FORM 990 WITH THE IRS.

CORE FORM, PART VI, SECTION C; QUESTION 19

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

CORE FORM, PART VII AND SCHEDULE J

LESLIE D. HIRSCH, FACHE, IS A VOTING BOARD MEMBER/OFFICER OF THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ORGANIZATION'S BOARD OF TRUSTEES; AN UNCOMPENSATED POSITION. MR. HIRSCH IS EMPLOYED BY A RELATED ORGANIZATION AND IS INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF SAINT PETER'S HEALTHCARE SYSTEM, INC. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH SAINT PETER'S HEALTHCARE SYSTEM, INC. (EIN: 26-2019056). SAINT PETER'S HEALTHCARE SYSTEM, INC. FILED A 2021 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. HIRSCH'S COMPENSATION IN EXCESS OF \$1M.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, 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.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR KEY EMPLOYEES 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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 IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- NON-OPERATING NET PERIODIC PENSION COST - (\$1,213,547);
- CHANGE IN PENSION LIABILITY - \$32,970,958;
- NET CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - \$1,881,030;
- NET TRANSFER OF EQUITY FROM A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$51,000;
- RESTRICTED GIFTS AND CONTRIBUTIONS - \$6,051;
- NET ASSETS RELEASED FROM RESTRICTIONS - (\$1,051); AND
- DONATED EQUIPMENT AND OTHER CHANGES IN NET ASSETS - \$1,498,000.

CORE FORM, PART XII; QUESTION 2

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE ORGANIZATION IS AN AFFILIATE WITHIN 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, 2021 AND DECEMBER 31, 2020; 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.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT.

Name of the organization

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

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

=====

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

Name of the organization

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SYMMETRY WORKFORCE SOLUTIONS P.O. BOX BOX 392800 PITTSBURGH, PA 15251-9800	STAFFING	3,362,881.
ALLIED UNIVERSAL SECURITY SERVICES, LLC P.O. BOX 828854 PHILADELPHIA, PA 19182-8854	SECURITY	2,165,909.
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY & P 666 THIRD AVENUE NEW YORK, NY 10017	LEGAL	1,846,408.
SILLS CUMMIS & GROSS P.O. BOX 404398 ATLANTA, GA 30384	LEGAL	1,637,363.
ATHENAHEALTH, INC. P.O. BOX 415615 BOSTON, MA 02241-5615	IT/EHR	1,319,601.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST. PETER'S FOUNDATION 22-2329197 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	SPHCS		X
(2) SAINT PETER'S HEALTH & MGMT. SVCS. CORP. 27-0045088 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SUPPORT SPUH	NJ	501(C)(3)	509(A)(3)	SPHCS		X
(3) ST. PETER'S HEALTHCARE SYSTEM, INC. 26-2019056 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOLDING CO.	NJ	501(C)(3)	509(A)(3)	N/A		X
(4) ST. PETER'S PROPERTIES CORPORATION 22-2428823 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	REAL ESTATE	NJ	501(C)(2)	N/A	SPHCS		X
(5) NEW BRUNSWICK AFFILIATED HOSPITALS, INC. 22-1946837 120 ALBANY STREET, SUITE 750 NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	RWJHCC		X
(6) SAINT PETER'S HEALTHCARE SYST PHYS ASSOC 27-4645523 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	SPUH	X	
(7) MARGARET MCLAUGHLIN MCCARRICK CARE CNTR 22-2577732 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	501(C)(3)	509(A)(1)	SPUH	X	

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SOLAR ENERGY	NJ	N/A	C CORP.					X
(2) PARK AVENUE COLLECTIONS CORP. 20-8498534 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	SPUH	C CORP.	NONE	NONE	100.0000	X	
(3) RISK ASSURANCE CO. OF SPUH 98-0417672 94 SOLARIS AVENUE, 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS	FINANCIAL VEHICLE	CJ	SPUH	FOREIGN CORP.	4,243,956.	34,826,284.	100.0000	X	
(4) SAINT PETER'S SPECIALTY PHYSICIANS, P.C. 36-4761935 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HEALTHCARE SVCS.	NJ	SPUH	C CORP.	135,784.	4,470.	100.0000	X	
(5) SAINT PETER'S ADVANCED CARE, P.C. 47-2597921 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	SPUH	C CORP.	NONE	NONE	100.0000	X	
(6)									
(7)									

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

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

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

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) RISK ASSURANCE CO. OF SPUH	R	5,133,956.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; 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. THESE 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.

RENT AND ROYALTY INCOME

Taxpayer's Name SAINT PETER'S UNIVERSITY HOSPITAL	Identifying Number 22-1487330
---	---

DESCRIPTION OF PROPERTY
 RENTAL INCOME

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:
 REAL RENTAL INCOME

OTHER INCOME: RENTAL INCOME	2,572,851.	
TOTAL GROSS INCOME		2,572,851.

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		2,572,851.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		2,572,851.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME

2,572,851.

2,572,851.
=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	2,572,851.	-----	-----	2,572,851.
TOTALS	2,572,851.	-----	-----	2,572,851.
	=====	=====	=====	=====

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form4797 for instructions and the latest information.**

Attachment
Sequence No. **27**

Name(s) shown on return SAINT PETER'S UNIVERSITY HOSPITAL	Identifying number 22-1487330
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
							7,014.
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable.						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16.						17 7,014.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions							
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4.							
18a						18a	
18b						18b	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20.	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a.	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Saint Peter's Healthcare System, Inc.
Years Ended December 31, 2021 and 2020
With Report of Independent Auditors

Ernst & Young LLP



Saint Peter’s Healthcare System, Inc.

Consolidated Financial Statements
and Supplementary Information

Years Ended December 31, 2021 and 2020

Contents

Report of Independent Auditors	1
Consolidated Financial Statements	
Consolidated Balance Sheets	4
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	8
Supplementary Information	
Consolidating Balance Sheet	51
Consolidating Statement of Operations and Changes in Net Assets	52



Ernst & Young LLP
99 Wood Avenue South
Metropark
P.O. Box 751
Iselin, NJ 08830-0471

Tel: +1 732 516 4200
Fax: +1 732 516 4429
ey.com

Report of Independent Auditors

The Board of Governors
Saint Peter's Healthcare System, Inc.

Opinion

We have audited the consolidated financial statements of Saint Peter's Healthcare System, Inc. (the System), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, based on our audits and the report of the other auditors, the accompanying financial statements present fairly, in all material respects, the financial position of the System at December 31, 2021 and 2020, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Risk Assurance Company of Saint Peter's University Hospital (RAC), a wholly owned subsidiary, which statements reflect total assets of \$34,826,000 and \$30,110,000, as of December 31, 2021 and 2020, respectively. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for RAC, is based solely on the report of the other auditors.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating balance sheet as of December 31, 2021 and consolidating statement of operations and changes in net assets for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, based on our audits, the procedures performed as described above, and the report of other auditors, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst + Young LLP

April 29, 2022

Saint Peter's Healthcare System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 73,010	\$ 127,023
Short-term investments	34,740	–
Patient accounts receivable, net	49,667	46,314
Assets whose use is limited, current portion	166,547	132,500
Supplies	8,563	8,205
Estimated third-party payor settlements, current portion	552	6,643
Other current assets	16,377	14,086
Total current assets	349,456	334,771
Assets whose use is limited, less current portion	52,191	47,813
Property, plant, equipment, and construction, net	166,898	175,006
Estimated third-party payor settlements, less current portion	–	348
Operating lease assets	7,732	9,930
Investments in joint ventures and other assets	5,514	5,220
	\$ 581,791	\$ 573,088
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 8,893	\$ 9,084
Accounts payable	29,610	30,839
Accrued expenses and other liabilities	40,576	37,259
Accrued interest	3,646	3,793
Current portion of operating lease liability	1,694	2,459
Estimated third-party payor settlements, current portion	34,897	66,024
Total current liabilities	119,316	149,458
Long-term debt, less current portion	123,336	132,002
Operating lease liability, less current portion	6,038	7,471
Estimated third-party payor settlements, less current portion	1,139	25,239
Accrued pension liability	124,214	162,685
Other liabilities	30,740	28,383
Total liabilities	404,783	505,238
Commitments and contingencies		
Net assets:		
Net assets without donor restrictions	166,051	57,492
Net assets with donor restrictions	10,957	10,358
Total net assets	177,008	67,850
	\$ 581,791	\$ 573,088

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Operations and Changes in Net Assets
(In Thousands)

	Year Ended December 31	
	2021	2020
Revenue, gains, and other support:		
Net patient service revenue	\$ 499,557	\$ 438,081
Other operating revenue	87,657	62,674
Net assets released from restriction	899	1,031
Total revenue, gains, and other support	588,113	501,786
Expenses:		
Salaries and wages	256,831	240,856
Resident and physician fees	10,404	9,333
Employee benefits	57,697	52,100
Supplies and other	146,346	141,553
Governmental taxes, fees, and assessments	11,663	3,815
Interest	8,146	8,554
Depreciation and amortization	25,986	25,505
Total expenses	517,073	481,716
Income from operations	71,040	20,070
Equity in net earnings (loss) of joint ventures and other income	774	(720)
Loss on sale of property, plant, and equipment	(170)	(57)
Net change in unrealized gains and losses on equity investments	6,165	6,187
Non-operating net periodic pension cost	(1,223)	(2,363)
Excess of revenue over expenses	76,586	23,117
Net change in unrealized gains and losses on fixed income investments	(2,496)	2,005
Change in pension liability to be recognized in future periods	32,971	(23,088)
Donated equipment and other	1,498	842
Increase in net assets without donor restrictions	108,559	2,876

Continued on next page.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Operations and Changes in Net Assets (continued)
(In Thousands)

	Year Ended December 31	
	2021	2020
Increase in net assets without donor restrictions	\$ 108,559	\$ 2,876
Net assets with donor restrictions:		
Restricted gifts and contributions and related items, net	1,498	6,440
Net assets released from restriction	(899)	(1,031)
Increase in net assets with donor restrictions	599	5,409
Increase in net assets	109,158	8,285
Net assets at beginning of year	67,850	59,565
Net assets at end of year	\$ 177,008	\$ 67,850

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended December 31	
	2021	2020
Operating activities		
Increase in net assets	\$ 109,158	\$ 8,285
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	25,986	25,505
Net change in unrealized gains and losses on investments	(3,669)	(8,192)
Equity in net (earnings) loss of joint ventures	(774)	720
Donated equipment	(1,498)	(842)
Loss on sale of equipment	170	57
Changes in operating assets and liabilities:		
Patient accounts receivable, net	(3,353)	4,876
Supplies and other assets	(2,921)	(2,158)
Accounts payable, accrued expenses, and other liabilities	4,298	3,734
Estimated third-party payor settlements, net	(48,788)	80,256
Accrued pension liability	(38,471)	19,882
Net cash provided by operating activities	<u>40,138</u>	<u>132,123</u>
Investing activities		
Cash received from joint ventures	726	430
Net purchases of short-term investments and assets whose use is limited	(69,342)	(9,400)
Purchases of property, plant, equipment, and construction, net	(16,286)	(10,893)
Net cash used in investing activities	<u>(84,902)</u>	<u>(19,863)</u>
Financing activities		
Proceeds from issuance of long-term debt	(15)	783
Payments on long-term debt and finance lease obligations	(9,080)	(8,481)
Advances on line of credit	—	9,200
Repayments on line of credit	—	(9,200)
Net cash used in financing activities	<u>(9,095)</u>	<u>(7,698)</u>
Net (decrease) increase in cash and cash equivalents and restricted cash and restricted cash equivalents	(53,859)	104,562
Cash and cash equivalents and restricted cash and restricted cash equivalents, beginning of year	<u>133,899</u>	<u>29,337</u>
Cash and cash equivalents and restricted cash and restricted cash equivalents, end of year	<u>\$ 80,040</u>	<u>\$ 133,899</u>
Reconciliation of cash and cash equivalents and restricted cash and restricted cash equivalents at end of year to the balance sheets		
Cash and cash equivalents	\$ 73,010	\$ 127,023
Restricted cash and cash equivalents – designated by donors	197	123
Restricted cash and cash equivalents – under bond indenture	6,833	6,753
Total cash and cash equivalents and restricted cash and restricted cash equivalents	<u>\$ 80,040</u>	<u>\$ 133,899</u>
Supplemental disclosure of non-cash investing and financing activities and cash flow information		
Assets acquired under finance lease obligations	\$ 70	\$ 596
Cash paid for interest, net of amounts capitalized	<u>\$ 8,293</u>	<u>\$ 8,694</u>

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2021

1. Organization and Summary of Significant Accounting Policies

Organization

Saint Peter's Healthcare System, Inc. (the System) is a nonprofit corporation. The Roman Catholic Diocese of Metuchen (the Diocese) is the sponsor of the System and, as provided in the System's bylaws, certain powers are reserved to the Bishop of the Diocese. The System's accompanying consolidated financial statements include the following entities: Saint Peter's University Hospital (the Hospital), an acute care 478 licensed bed teaching hospital located in New Brunswick, New Jersey; Saint Peter's Health & Management Services Corporation (Management Services); Saint Peter's Foundation (the Foundation); Margaret McLaughlin McCarrick Care Center (the Care Center) (the Care Center had no operations in 2021 or 2020); Saint Peter's Properties Corporation (Properties); Risk Assurance Company of Saint Peter's University Hospital (RAC); Saint Peter's Solar Energy Solutions, Inc. (Solar Energy Solutions); Saint Peter's Healthcare System Physician Associates, P.C. (Physician Associates PC); Saint Peter's Advanced Care, P.C. (Advanced Care); Saint Peter's Specialty Physicians, P.C. (Specialty Physicians); and Park Avenue Collections Corporation (Park Avenue) (Park Avenue had no operations during 2021 or 2020).

On September 10, 2020, the System, the Hospital and RWJ Barnabas Health, Inc. (RWJBH) entered into a Member Substitution and Merger Agreement (the Agreement). The Agreement provides that at closing RWJBH shall become the sole corporate member of the System, and upon the satisfaction of additional conditions related thereto, the System shall be merged with and into the Hospital, with RWJBH as the sole corporate member of the Hospital. Additionally, the Hospital shall maintain its Catholic identity and its ecclesiastical sponsorship by the Bishop of the Diocese of Metuchen. The Agreement also provides, among other things, that RWJBH will invest a substantial amount of capital in the Hospital. The Agreement is subject to regulatory review by the State of New Jersey and the Federal Trade Commission. Approval from the State of New Jersey is pending. The outcome of the Federal Trade Commission regulatory review is uncertain at this time.

All intercompany balances and transactions have been eliminated in consolidation. Although these entities have been consolidated for financial statement reporting purposes, there may be limitations on the use of an entity's funds by another member of the group resulting from the charitable nature of some of the entities or other factors.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Other unconsolidated entities, for which the System records its interest or investment, include CARES Surgicenter, LLC (CARES); New Brunswick CK Leasing, LLC (Cyber Knife joint venture); New Brunswick Affiliated Hospitals (NBAH); and Holy Redeemer Healthcare System (Holy Redeemer). A previous Cardiac Cath joint venture was dissolved as of December 31, 2020 and the System no longer has an equity method investment balance recorded.

The System accounts for its investments in CARES on the equity method of accounting (see Note 5) because the System does not control the operations of the investees. The System accounts for its investments in Cyber Knife, Holy Redeemer and NBAH primarily at cost, adjusted for impairments or observable price changes. The investment in NBAH is fully reserved.

Significant Accounting Policies

A summary of the significant accounting policies follows:

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes, such as estimates for collections on accounts receivable for services to patients, estimated settlements with third-party payors, medical malpractice insurance liabilities and pension benefit liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates and assumptions.

Cash and Cash Equivalents: The System considers all highly liquid investments with a maturity of three months or less at date of purchase, other than amounts held in short-term and assets whose use is limited investment portfolios, to be cash equivalents. The carrying amount of cash and cash equivalents reported on the consolidated balance sheets approximates fair value. The System does not hold any money market funds with significant liquidity restrictions that would be required to be excluded from cash equivalents.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Receivables for Patient Care: Patient accounts receivable for which the System receives payment under cost reimbursement, prospective payment formulae, or negotiated rates, which cover the majority of patient services, are stated at the estimated net amounts receivable from payors, which are generally less than the established billing rates of the System (see Note 3).

Short-Term Investments and Assets Whose Use is Limited: Investments that are readily marketable and that are not classified as assets whose use is limited are considered short-term investments and are classified as current assets. Assets whose use is limited represent assets whose use is restricted for specific purposes through internal designation, by donors or under terms of bond indenture agreements or trust agreements, as well as investments held by RAC (see Note 4). Assets whose use is limited investments consist of marketable securities and alternative investments.

Marketable securities are recorded at fair value as determined by reference to quoted market prices. Alternative investments consist of interests in funds of funds investments structured as limited partnerships and commingled funds.

Alternative investment interests are reported based upon net asset values derived from the application of the equity method of accounting. Board designated assets are available for current use subject to approval by the System's Board.

Short-term and assets whose use is limited investments are classified as other than trading securities. Unrealized gains and losses on fixed income securities, except for those unrealized losses which are deemed to be other than temporary impairments, are excluded from the excess of revenue over expenses on the accompanying consolidated statements of operations and changes in net assets. Unrealized gains and losses on equity investments are reported as a non-operating activity. Other investment income and realized gains and losses on assets without donor restrictions are recorded in other operating revenue. Investment income derived from investments related to assets with donor restrictions is also recorded as other operating revenue unless the income or gain or loss is restricted by donor or law. Investment return is reported net of investment expenses.

Supplies: Supplies are carried at the lower of cost or net realizable value determined using the first-in, first-out method, or market method. Supplies are used in the provision of patient care and are not held for sale.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Deferred Financing Costs: Deferred financing costs were incurred to obtain financing for various construction and renovation projects. Amortization of these costs is provided using the effective interest method extending over the remaining term of the applicable indebtedness.

Property, Plant, Equipment, and Construction: Property, plant, equipment, and construction that were purchased by the System are carried at cost. Assets acquired under finance leases are recorded at the present value of the lease payments at the inception of the lease. Donated assets are recorded at fair market value at the date of donation. Annual provisions for depreciation and amortization of property, plant, and equipment are computed using the straight-line method over the lesser of the estimated useful lives of the assets or the term of the related lease for equipment held under finance lease obligations.

Impairment of Long-Lived Assets and Long-Lived Assets to Be Disposed of: The System reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset.

If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized in the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell.

Classification of Net Assets: The System separately accounts for and reports net assets without donor restrictions and net assets with donor restrictions. Net assets without donor restrictions are not externally restricted for identified purposes by donors or grantors. Resources arising from the results of operations or assets set aside by the System's Board are not considered to be donor restricted.

Net assets with donor restrictions are those whose use by the System has been limited by donors to a specific time frame or purpose or have been restricted by donors as permanent endowments to be maintained in perpetuity.

When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from restriction.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The System follows the requirements of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as it relates to its permanent endowment contributions and net assets, as enacted by the State of New Jersey in 2009. The System annually expends the income distributed from the related assets according to donor stipulations.

The System recognizes governmental grants where commensurate value is not exchanged as contributions when conditions and restrictions are satisfied and reports such amounts within other revenue (see Note 15).

Beneficial Interest in Remainderman Trust: The Foundation received a contribution under a remainderman trust. The Foundation recognized contribution revenue related to the remainderman trust initially in 2020 based on the fair value of its beneficial interest in the trust as the Foundation became aware of the gift and received information supporting the valuation of the related assets. The Foundation does not receive the trust assets until the death of the beneficiary.

Subsequent changes in the fair value of the trust are recognized within the change in net assets with donor restrictions.

Excess of Revenue Over Expenses: The consolidated statements of operations and changes in net assets include excess of revenue over expenses as the performance indicator. Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses include the net change in unrealized gains and losses on fixed income investments, unless the unrealized losses are deemed to be other than temporary, donated equipment and other, and the change in pension liability to be recognized in future periods. Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported within income from operations.

Income Taxes: The System parent entity, the Hospital, the Care Center, Management Services, Physician Associates PC, and the Foundation are exempt from Federal income tax on related function income under Sections 501(a) and 501(c)(3) of the Internal Revenue Code (the Code), while Properties is exempt under Section 501(c)(2) of the Code, and also are exempt from New Jersey and local income taxes pursuant to the corresponding state exemption provisions. RAC is not subject to taxes on income or gains under the Cayman Islands tax concessions law except for a tax on dividends on domestic equities.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Solar Energy Solutions, Advanced Care, Specialty Physicians, and Park Avenue are for-profit entities and, as such, are subject to federal, state, and local income taxes. The provision for income taxes is not material to the System's consolidated financial statements.

Related-Party Transactions: The entities comprising the System provide various inter-entity services to their affiliated entities and the System parent company. The services consist of certain financial planning, information systems and telecommunications, general accounting, and other services. Charges for such services are based on the approximate cost to provide the services and are allocated between the entities based on an agreed-upon method which reflects the approximate level of usage by each entity. Such inter-entity charges and all intercompany balances between the entities comprising the System eliminate in consolidation.

Recent Accounting Pronouncements: In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. The main objective of ASU 2016-13 and related ASU updates is to provide financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The amendments affect loans, debt securities, trade receivables, net investments in leases, off balance sheet credit exposures, reinsurance receivables, and any other financial assets not excluded from the scope that have the contractual right to receive cash. The amendments in this ASU are effective for the System for fiscal years beginning after December 15, 2022. The System is in the process of evaluating the impact of ASU 2016-13 on its consolidated financial statements.

The FASB has amended certain guidance related to various disclosures in ASU 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Subtopic 715-20) – Disclosure Framework – Changes to the Disclosure Requirements for Defined Benefit Plans*. The guidance in ASU 2018-14 requires all sponsors of defined benefit plans to provide certain new disclosures: the weighted-average interest crediting rate for cash balance plans and other plans with promised interest crediting rates and an explanation of the reasons for significant gains and losses related to changes in the benefit obligation for the period. Among other changes, ASU 2018-14 eliminates the required disclosure for all sponsors of defined benefit plans to disclose the amounts in accumulated other comprehensive income expected to be recognized as components of net periodic benefit cost over the next fiscal year. ASU 2018-14 is effective for the System for fiscal years ending after December 15, 2021. The System

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

adopted ASU 2018-14 in 2021 with no material impact to its consolidated financial statements (see Note 8).

In August 2018, the FASB issued ASU 2018-15, *Intangibles – Goodwill and Other -Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. The ASU aligns the requirement for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software (and hosting arrangements that include an internal use software license). The accounting for the service element of a hosting arrangement that is a service contract is not affected by this standard. The standard requires the customer in a hosting arrangement that is a service contract to follow the guidance in Accounting Standards Codifications Subtopic 350-40 to determine which implementation costs to capitalize as an asset related to the service contract and which costs to expense by determining which project stage an implementation activity relates to and the nature of the costs. The standard also requires the customer to expense the capitalized implementation costs of a hosting arrangement that is a service contract over the term of the hosting arrangement, among other provisions. The amendments in ASU 2018-15 are effective for the System for annual reporting periods beginning after December 15, 2020, and interim periods thereafter. The amendments can be applied either retrospectively or prospectively to all implementation costs incurred after the date of adoption. The adoption of ASU 2018-15 in 2021 did not have a material impact on the System's consolidated financial statements.

Reclassifications: Certain reclassifications have been made to 2020 disclosures to conform to the presentation in the 2021 consolidated financial statements.

2. Charity Care and Community Benefits

In accordance with its mission and philosophy, the System commits substantial resources to sponsor a broad range of services to both the indigent as well as the broader community.

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

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

2. Charity Care and Community Benefits (continued)

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 (\$16,238 and \$15,280 in 2021 and 2020, respectively). Distinguishing between charity care and implicit price concessions is difficult, in part because services are often rendered prior to the System's full evaluation of the patient's ability to pay.

Community benefits provided to the indigent include the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured. This type of community benefit includes the costs of: traditional charity care; unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs; services such as free clinics and meal programs for which a patient is not billed or for which a nominal fee has been assessed; and cash and in-kind donations of equipment, supplies, or staff time volunteered on behalf of the community.

Community benefits provided to the broader community include the costs of providing services to other populations who may not qualify as indigent but may need special services and support. This type of community benefit includes the costs of: services such as health promotion and education, health clinics, and screenings, all of which are not billed or can be operated only on a deficit basis; unpaid portions of training health professionals such as medical residents, nursing students, and students in allied health professions; and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

2. Charity Care and Community Benefits (continued)

A summary of the estimated cost of community benefits provided to both the indigent and the broader community and related funding follows:

	Year Ended December 31	
	2021	2020
Community benefits provided to the indigent:		
Charity care provided	\$ 19,273	\$ 23,808
Unpaid cost of public programs, Medicaid (inclusive of managed Medicaid activity), and other indigent care programs	49,257	44,065
Community benefits provided to the broader community:		
Non-billed services for the community	5,020	5,407
Education and research provided for the community	4,889	5,754
Estimated cost of community benefits	78,439	79,034
Less: Funding recognized (Note 3):		
New Jersey Charity Care subsidy	12,777	4,163
State-funded Graduate Medical Education	6,969	6,912
New Jersey County Option Hospital Fee Pilot Program, net	13,436	-
Estimated cost of community benefits, net of funding	\$ 45,257	\$ 67,959

Additionally, the System received funding from the HHS Provider Relief Fund which supported certain lost revenue related to the Medicaid patient population in 2020.

The costs of charity care and other community benefit activities are derived from both estimated and actual data. The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing the Hospital's ratio of cost to standard charges, which is then multiplied by the uncompensated charges associated with providing care to charity patients.

The estimated cost of community benefits was 15.4% and 16.6% of total Hospital operating expenses in 2021 and 2020, respectively, before consideration of charity care subsidies and other support (see Note 3).

The System receives payments from the New Jersey Health Care Subsidy Funds for charity care, and such amounts totaled approximately \$12,777 and \$4,163 for the years ended December 31, 2021 and 2020, respectively. Commencing July 1, 2021, the Hospital receives a higher charity subsidy in relation to costs as it was designated as a safety-net hospital. The New Jersey County Fee Pilot Program recognized funding is net of the county tax assessed and was \$7,705 in 2021.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Net Patient Service Revenue

Accounts Receivable and Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes provisions for variable consideration (reductions to revenue) for retroactive revenue adjustments, including adjustments due to the settlement of ongoing and future audits, reviews, and investigations.

The System uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on historical collection trends and other analyses, the System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The System's initial estimate of the transaction price for services provided to patients is determined by reducing the total standard charges related to the patient services provided by various elements of variable consideration, including contractual adjustments, discounts, implicit price concessions, and other reductions to the System's standard charges. The System determines the transaction price associated with services provided to patients who have third-party payor coverage on the basis of contractual or formula-driven rates for the services rendered (see description of third-party payor payment programs below). The estimates for contractual allowances and discounts are based on contractual agreements, the System's discount policies and historical experience. For uninsured and under-insured patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges reduced by implicit price concessions.

Implicit price concessions included in the estimate of the transaction price are based on the System's historical collection experience for applicable patient portfolios. Under the System's policy for self-pay patients, a patient who has no insurance and is ineligible for any government assistance program has his or her bill reduced to the amount which would be billed to a commercially insured patient.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Net Patient Service Revenue (continued)

Generally, the System bills patients and third-party payors several days after the services are performed and/or the patient is discharged. Net patient service revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the System. Net patient service revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total charges. The System believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the services needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services or patients receiving services in the System's outpatient and ambulatory care centers. The System measures the performance obligation from admission into the Hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or the completion of the outpatient service.

Substantially all of its performance obligations relate to contracts with a duration of less than one year. The unsatisfied or partially unsatisfied performance obligations primarily relate to inpatient acute care services at the end of the reporting period for patients who remain admitted at that time (in-house patients). The performance obligations for in-house patients are generally completed when the patients are discharged, which for the majority of the System's in-house patients occurs within days or weeks after the end of the reporting period.

Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2021 and 2020, changes in the System's estimates of implicit price concessions, discounts, contractual adjustments or other reductions to expected payments for performance obligations satisfied in prior periods were not significant. Portfolio collection estimates are updated quarterly based on collection trends. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay (determined on a portfolio basis when applicable) are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2021 and 2020 was not significant.

The System has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the following factors: payors, lines of business and timing of when revenue is recognized. Tables providing details of these factors are presented below.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

3. Net Patient Service Revenue (continued)

Net patient service revenue by major payor source for the years ended December 31, 2021 and 2020, based on primary insurance designation, is as follows:

	2021	2020
Medicare and Uninsured Relief Fund	\$ 106,631	\$ 104,003
Medicaid	88,411	60,128
Commercial carriers and managed care organizations	302,000	271,484
Self-pay	2,515	2,466
	\$ 499,557	\$ 438,081

Deductibles, copayments and coinsurance under third-party payment programs which are the patient's responsibility are not included within the self-pay category above.

Net patient service revenue for the years ended December 31, 2021 and 2020, by line of business, is as follows:

	2021	2020
Hospital	\$ 461,370	\$ 405,183
Physician services	38,187	32,898
	\$ 499,557	\$ 438,081

At December 31, 2021 and 2020, patient accounts receivable is comprised of the following components:

	2021	2020
Patient receivables	\$ 44,725	\$ 41,900
Contract assets	4,942	4,414
	\$ 49,667	\$ 46,314

Contract assets are related to in-house patients who were provided services during the reporting period but were not discharged as of the reporting date and for which the System may not have the right to bill.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Net Patient Service Revenue (continued)

Third-Party Payment Programs

The System has agreements with third-party payors that provide for payment for services rendered at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data. Medicare cost reports of the System have been audited and settled for years through 2015 and cost report year 2017 at December 31, 2021.

Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under cost-based and fee schedule methodologies. The System is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary. Medicaid cost reports of the System for years through 2016 and cost report year 2018 have been audited and settled at December 31, 2021.

During 2021, the System received additional Medicaid funding under the New Jersey County Option Hospital Fee Pilot Program. This program is administered through the New Jersey Department of Human Services-Division of Medical Assistance and Health Services and began in 2021 in certain counties in New Jersey. The program requires that participating hospitals pay quarterly assessed taxes based on estimated Medicaid utilization data within the county, and such payments are then pooled with federal Medicaid matching funds and redistributed to the participating hospitals as State Directed Payments. The State Directed Payments are subject to annual settlement based actual Medicaid utilization data and other factors. The program was in effect for the System's third and fourth quarters of 2021 and resulted in taxes paid by the System of \$7,705 (included within governmental taxes, fees, and assessments) and Medicaid State Directed Payments revenue of \$21,141 (included within net patient service revenue).

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Net Patient Service Revenue (continued)

Other Third-Party Payors: The System also has entered into payment agreements with certain commercial insurance carriers and managed care organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge or days of hospitalization and discounts from established charges.

Medicare and Medicaid cost reports, which serve as the basis for final settlement with these programs, were audited by the applicable fiscal intermediary and settled through years noted above, although revisions to final settlements or other retroactive changes could be made. Other years and various issues remain open for audit and settlements. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled, audits are completed, and additional information is obtained.

Settlements with third-party payors for cost report filings and retroactive adjustments due to ongoing and future audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the System's historical settlement activity (for example, cost report final settlements or repayments related to recovery audits), including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. For the years ended December 31, 2021 and 2020, there was no impact of the System's revisions to prior year settlement estimates impacting net patient service revenue.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of or revisions to health care reform that has been or will be enacted by the federal and state governments, cannot be determined presently. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the System. Additionally, certain payors' payment rates for various years have been appealed by the System for cost report years 2006 through 2020. If the appeals are successful, additional income applicable to those years could be realized.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

3. Net Patient Service Revenue (continued)

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the System. The System is not aware of any allegations of non-compliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance in all material respects with applicable laws and regulations. In addition, certain contracts the System has with commercial payors also provide for retroactive audit and review of claims.

State and Other Funding

The New Jersey Health Care Subsidy Funds were established for various purposes, including the distribution of charity care payments to hospitals statewide. Effective January 1, 2014, the State of New Jersey replaced the Hospital Relief Subsidy Fund with the Delivery System Reform Incentive Payment Pool (the Pool). The Pool was available to certain hospitals that were able to establish performance improvement activities in one of eight specified clinical improvement areas. The initial Pool program concluded June 30, 2020 and the State implemented a transitional program effective July 1, 2020 through June 30, 2022. Amounts received from the Pool and transitional program are subject to the satisfaction of certain performance criteria, with adjustments to the allocations processed prospectively. The following state and other funding amounts have been included in the System's net patient service revenue:

	Year Ended December 31	
	2021	2020
State:		
Pool and transitional program payments	\$ 4,123	\$ 6,745
Charity Care (<i>Note 2</i>)	12,777	4,163
Graduate Medical Education	6,969	6,912
Federal:		
Graduate Medical Education	4,534	4,578
	\$ 28,403	\$ 22,398

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

3. Net Patient Service Revenue (continued)

The System received an advance of approximately \$10,875 in Charity Care subsidies (reported within estimated third-party settlements, current portion) for the period through June 30, 2022.

In addition to direct Graduate Medical Education funding received from the federal and state Medicare and Medicaid programs, the System also receives a portion of its Medicare rate for indirect medical education costs.

4. Liquidity and Assets Whose Use is Limited

Liquidity and Availability

The System has a working capital surplus of \$230,140 and \$185,313 as of December 31, 2021 and 2020, respectively. The System's average days of cash on hand as of December 31, 2021 and 2020 was 202.3 and 206.3, respectively (based on normalized expenditures).

Financial assets available for general expenditure within one year of December 31, 2021 and 2020 consist of the following:

	2021	2020
Cash and cash equivalents	\$ 73,010	\$ 127,023
Short-term investments	34,740	–
Patient accounts receivable, net	49,667	46,314
Physician services receivable, net	2,806	1,926
Assets whose use is limited which are available for general expenditures:		
Board designated	153,036	120,545
Donor restricted – health care programs	3,656	3,277
	\$ 316,915	\$ 299,085

The System has certain board designated and donor-restricted assets which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the table above. The System has other financial assets for donor-restricted purposes, held under bond indenture and for the professional and general liability captive insurance program which are not readily available for general expenditures.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

4. Liquidity and Assets Whose Use is Limited (continued)

As part of the System's liquidity management plan, cash in excess of daily requirements is invested in short-term money market funds and short-term investments. The money market funds at December 31, 2021 and 2020 totaled \$71,109 and \$124,072, respectively. During 2021, the System invested \$34,740 into short-term fixed income investments that are liquid and consist of highly rated short-term corporate and governmental securities.

Additionally, the System maintained lines of credit in 2021 and 2020 aggregating \$20,000, as described in Note 7. As of December 31, 2021 and 2020, there was no balance outstanding on the lines of credit.

As of December 31, 2021 and 2020, the System was in compliance with all financial covenants under outstanding debt obligations.

Assets Whose Use Is Limited

Assets whose use is limited, primarily at fair value, are maintained for the following purposes:

	December 31	
	2021	2020
Assets held as designated by the Board of Trustees of the Hospital	\$ 153,036	\$ 120,545
Assets held as designated by donors	11,455	9,600
Assets held under bond indenture	21,796	22,166
Assets held by RAC (Note 10)	32,451	28,002
Total assets whose use is limited	218,738	180,313
Less current portion	166,547	132,500
Non-current portion	\$ 52,191	\$ 47,813

Refer to Note 12 for the composition by asset type for investments reported at fair value. The System's holdings of alternative investments and commingled funds within assets whose use is limited totaled approximately \$22,834 and \$9,401 at December 31, 2021 and 2020, respectively. These investments are measured based on the equity method of accounting as described in Note 1.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

4. Liquidity and Assets Whose Use is Limited (continued)

Assets held by a trustee under bond indenture agreements are maintained for the following purposes:

	December 31	
	2021	2020
Debt service interest fund	\$ 3,711	\$ 3,805
Debt service principal fund	3,084	2,893
Debt service reserve fund	15,001	15,468
	\$ 21,796	\$ 22,166

Investment income, included in other operating revenue, consists of the following:

	Year Ended December 31	
	2021	2020
Interest and dividend income	\$ 2,239	\$ 2,162
Realized gains and losses	3,006	1,236
Total investment income reported in other operating revenue (<i>Note 15</i>)	\$ 5,245	\$ 3,398

The System's gross unrealized losses and fair value of individual fixed income securities, which have been in a continuous unrealized loss position less than 12 months or greater than 12 months at December 31, 2021 and 2020 are not significant. At December 31, 2021 and 2020, management determined that the unrealized losses were temporary based on the extent and length of time the securities' fair value was below cost.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

5. Other Assets

Included within investments in joint ventures and other assets on the accompanying consolidated balance sheets is the System's joint venture investment in CARES which is an equity method investment (approximately \$1,238 and \$836 at December 31, 2021 and 2020, respectively). CARES leases and operates an ambulatory surgery center located in a building owned by the Hospital. As described in Note 1, the Cardiac Cath joint venture was dissolved as of December 31, 2020 and the System recorded an impairment loss of \$976 in 2020. In 2021 and 2020, the System collected distributions from the CARES joint venture of approximately \$372 and \$287, respectively, and recorded total equity method earnings (losses), inclusive of the 2020 impairment loss, of \$774 and (\$720), respectively.

The following is a condensed summary of financial information of CARES:

	CARES	
	December 31	
	2021	2020
Total assets	\$ 5,323	\$ 4,209
Total liabilities	1,077	1,136
Total equity	<u>\$ 4,246</u>	<u>\$ 3,073</u>

In 2021 and 2020, the System collected distributions from the Cyber Knife joint venture of approximately \$354 and \$143, respectively.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

6. Property, Plant, Equipment, and Construction

Property, plant, equipment, and construction consist of the following:

	December 31	
	2021	2020
Land	\$ 7,869	\$ 8,152
Buildings, building service equipment, and improvements	348,682	344,137
Fixed equipment	9,071	9,071
Major movable equipment	263,536	249,993
	629,158	611,353
Less accumulated depreciation and amortization	464,171	438,485
	164,987	172,868
Construction-in-progress	1,911	2,138
	\$ 166,898	\$ 175,006

Depreciation expense was \$25,792 and \$25,304 in 2021 and 2020, respectively. Useful lives of depreciable assets range from 3 to 40 years.

During 2021 and 2020, the System wrote off approximately \$17 and \$4,871 of fully depreciated assets, respectively.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

7. Long-Term Debt and Lines of Credit

Long-term debt and lines of credit consist of the following:

	December 31	
	2021	2020
New Jersey Health Care Facilities Financing Authority (NJHCFFA) Series 2011 Revenue and Refunding Bonds, which bear interest at rates between 5.00% and 6.25% due in varying maturities through July 1, 2035 (a)	\$ 65,330	\$ 70,050
NJHCFFA Series 2007 Revenue Bonds, which bear interest at rates between 5% and 6.25% due in varying maturities through July 1, 2037 (a)	57,060	58,170
Other loans (b)	8,274	10,297
Mortgages payable with interest between 4.75% and 5.25% payable in monthly installments of principal and interest through December 1, 2031	1,645	1,703
Finance lease obligations, with interest rates ranging from 1.53% to 4.50% and payments through 2025	1,544	2,643
	133,853	142,863
Less unamortized original issue discount	450	489
Less unamortized deferred financing costs	1,174	1,288
Less current portion	8,893	9,084
	\$ 123,336	\$ 132,002

- (a) In August 2011, the Hospital and the Care Center, collectively the Saint Peter's University Hospital Obligated Group (the Obligated Group), closed on the Series 2011 Revenue and Refunding Bonds (the Series 2011 Bonds) in the amount of \$100,640 issued by the NJHCFFA on behalf of the Obligated Group. The proceeds of the Series 2011 Bonds were used for (i) the current refunding of all of the outstanding Series F Revenue Bonds, Series 2000A Revenue Bonds, and Series 2000B Bonds; (ii) the payment or reimbursement of the costs of certain capital expenditures relating to the renovation of portions of the Hospital's facilities and the acquisition and installation of various equipment to be used by the Hospital at its facilities (approximately \$5,500); (iii) the funding of the Debt Service Reserve Fund relating to the Series 2011 Bonds; and (iv) the payment of the costs of issuance of the Series 2011 Bonds.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt and Lines of Credit (continued)

In December 2007, the Obligated Group closed on the Series 2007 Revenue Bonds (the Series 2007 Bonds) with the NJHCFFA in the amount of \$65,175, the proceeds of which were used to (i) refund a portion of the outstanding principal amount of the St. Peter's Medical Center Issue, Series F Revenue Bonds; (ii) pay or reimburse the costs of the construction and renovation of certain portions of the Hospital's 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.

The Series 2011 and Series 2007 Bonds were issued in the name of the Obligated Group. Each of the Series 2011 and Series 2007 Bonds is collateralized by a pledge of the revenue of the Obligated Group and the assets held under bond indenture pursuant to the Master Trust Indenture (the Indenture). Under the terms of the Indenture, the Obligated Group is required to maintain a Debt Service Reserve Fund in an amount equal to one year's principal and interest for the Series 2011 and Series 2007 Bonds. At December 31, 2021 and 2020, the Obligated Group was in compliance with this requirement.

Under the terms of the Indenture and other agreements with the NJHCFFA, the Obligated Group is required to maintain certain financial ratios and be in compliance with other restrictive covenants as described in the respective agreements. At December 31, 2021 and 2020, the Obligated Group was in compliance with such financial covenants.

Subsequent to February 1, 2016, the Obligated Group consists of the Hospital only and the mortgage on the Care Center was released from the Obligated Group. Residual assets held by the Care Center which existed at that date were transferred to the Hospital in 2017 upon final disposition and, accordingly, are included in the Obligated Group.

- (b) At December 31, 2021 and 2020, the System has a loan to a utility company totaling \$2,315 and \$2,792, respectively, related to amounts borrowed for the installation of solar panels by Solar Energy Solutions. The loan is being repaid by tax credits that are purchased by the utility company. The tax credits are created when solar energy is produced.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

7. Long-Term Debt and Lines of Credit (continued)

The System participated in an energy resilient project through the New Jersey Economic Development Authority (EDA) using grant funding received from the U.S. Department of Housing and Urban Development, combined with a loan from the EDA of \$2,531 paid over 20 years at a 2% interest rate. The loan was initially approved by the EDA in 2017; the loan repayment amount has been revised based on application of grant funding. The project was also funded by a \$1,057 loan payable over 10 years to a utility company at zero interest.

The System has other loans with financial institutions maturing in 2024 with interest rates ranging from approximately 3.50% to 4.50% to finance the construction of interventional radiology and catheterization suites and the replacement of the System's power plant totaling \$2,836 and \$4,172 at December 31, 2021 and 2020, respectively.

The System renewed a \$10,000 line of credit with a bank in 2019. During 2020, the System drew \$9,200 on this line of credit in the height of the pandemic and repaid the line in June 2020. At December 31, 2021 and 2020, no balance was outstanding on the line. The line is due on demand and expires in September 2023. Interest on the line is a variable rate based on LIBOR plus 2% with an unused fee of 25 basis points. Due to the uncertainty of the pandemic, the System obtained a second line of credit totaling \$10,000 with the same bank in April 2020. This line carries interest at the bank's prime rate plus 2%, only if amounts are drawn. There are no outstanding balances as of December 31, 2021.

Scheduled principal payments on long-term debt and finance lease obligations, net of interest, for the next five years and thereafter are as follows:

	Series 2011 and 2007 Bonds	Other Loans	Finance Lease Obligations	Total
2022	\$ 6,245	\$ 1,749	\$ 899	\$ 8,893
2023	6,570	1,705	456	8,731
2024	6,925	1,606	174	8,705
2025	7,290	1,246	15	8,551
2026	7,685	321	-	8,006
Thereafter	87,675	3,292	-	90,967
	<u>\$ 122,390</u>	<u>\$ 9,919</u>	<u>\$ 1,544</u>	<u>\$ 133,853</u>

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Retirement Plans

The System sponsors a non-contributory defined benefit retirement plan (the Plan) covering all eligible employees of affiliated organizations of the System. Plan benefits are based on years of service and employee compensation as defined in the plan document of affiliated organizations of the System.

The Plan was amended such that effective July 1, 2010, any employee hired after June 30, 2010 is not eligible to participate in the Plan. Additionally, active participation in the Plan is frozen for any employee who terminated employment before July 1, 2010, and is rehired after such date, and active participation in the Plan is frozen for any employee who terminated employment on or after July 1, 2010, unless he/she is rehired before the first anniversary of their termination. The System maintains a defined contribution plan for employees hired as of and subsequent to July 1, 2010. All existing eligible employees as of June 30, 2010 will remain as participants in the defined benefit plan and participate in the defined contribution plan. In February 2012, the System announced to participants of the Plan a plan freeze, effective December 31, 2012.

In 2019, the System froze the existing defined contribution plans and instituted a new 401(k) retirement plan effective April 2019. The System contributes 2% of the employee's pay for all plan participants with an employee match contribution up to 3%. The System funds the 401(k) plan on a current basis. Such expense totaled \$9,868 and \$9,153 in 2021 and 2020, respectively.

The System recognizes on its consolidated balance sheets an asset for a defined benefit postretirement plan's overfunded status or a liability for a plan's underfunded status, measures the defined benefit postretirement plan's assets and obligations that determine its funded status as of the end of the System's fiscal year, and recognizes changes in the funded status of a defined benefit postretirement plan in changes in net assets without donor restrictions in the year in which the changes occur. Amounts that are recognized as a component of changes in net assets without donor restrictions will be subsequently recognized as net periodic pension cost in future periods.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

8. Retirement Plans (continued)

The underfunded status of the Plan as recognized on the System's consolidated balance sheets is as follows:

	December 31	
	2021	2020
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 390,909	\$ 354,358
Interest cost	10,762	12,231
Benefits paid	(12,253)	(11,503)
Actuarial (gain) loss	(12,298)	35,823
Benefit obligation at end of year	377,120	390,909
Change in plan assets:		
Fair value of plan assets at beginning of year	228,224	211,555
Actual return on plan assets	30,251	22,486
Employer contributions	7,000	6,000
Benefits paid	(12,253)	(11,503)
Administrative expenses and other	(316)	(314)
Fair value of plan assets at end of year	252,906	228,224
Accrued pension liability	\$ (124,214)	\$ (162,685)

The projected benefit obligation, accumulated benefit obligation, and fair value of plan assets are as follows:

	December 31	
	2021	2020
Projected benefit obligation	\$ 377,120	\$ 390,909
Accumulated benefit obligation	377,120	390,909
Fair value of plan assets	252,906	228,224

The actuarial (gain) loss of \$(12,298) and \$35,823 in 2021 and 2020, respectively, primarily relate to changes in the discount rate assumption at December 31, 2021 and 2020.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

8. Retirement Plans (continued)

The unrecognized actuarial loss included in other changes in net assets without donor restrictions at December 31, 2021 and 2020 is \$128,394 and \$161,365, respectively. The change in the pension liability to be recognized in future periods as reported on the accompanying consolidated statements of operations and changes in net assets totaled \$32,971 in 2021 and represents the change in these amounts from December 31, 2021 to 2020.

The following table provides the components of net periodic pension cost:

	Year Ended December 31	
	2021	2020
Interest cost	\$ 10,762	\$ 12,231
Expected return on plan assets	(14,628)	(14,173)
Recognized actuarial loss and administrative expenses	5,366	4,736
Net periodic pension cost	\$ 1,500	\$ 2,794

Administrative expenses totaled \$277 and \$431 in 2021 and 2020, respectively, and are reported within employee benefits expense; the remaining amounts above are reported as non-operating net periodic pension cost.

The following assumptions were used in determining the benefit obligations and net periodic pension costs:

	December 31	
	2021	2020
Weighted average assumptions used to determine benefit obligations at December 31:		
Discount rate	3.07%	2.79%
Weighted average assumptions used to determine net periodic benefit cost for the year ended December 31:		
Discount rate	2.79	3.50
Expected long-term rate of return on plan assets	6.50	6.80

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

8. Retirement Plans (continued)

To develop the expected long-term rate of return on assets assumption, the System considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio. This resulted in the selection of the 6.50% and 6.80% expected long-term rate of return on assets assumption for the year ended December 31, 2021 and 2020, respectively.

The Plan's investment policy is designed to achieve return on assets to match or exceed the actuarial required rate of return. The asset allocation guidelines and permissible ranges by asset category are listed below.

	Target	Permissible Range
Equities	56%	45% – 65%
Debt	34	28% – 40%
Alternatives	10	6% – 14%

The Plan's asset allocations by asset category are as follows:

	December 31	
	2021	2020
Equities	57%	52%
Debt	32	34
Alternatives	11	9
Global asset allocation	–	5
	100%	100%

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Retirement Plans (continued)

Assets invested in the Plan are carried at fair value. Marketable debt and equity securities with readily determinable values are carried at fair value as determined based on independent published sources. Alternative investments (non-traditional, not readily marketable holdings) include hedge funds. Alternative investment interests generally are structured such that the Plan holds a limited partnership interest or an interest in an investment management company. The Plan's ownership structure does not provide for control over the related investees and the Plan's financial risk is limited to the carrying amount reported for each investee. Fair value for alternative investments is determined by the Plan for each investment using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value.

Refer to Note 12 for the composition at fair value of the defined benefit pension plan assets at December 31, 2021 and 2020.

The System received a favorable ruling from the IRS dated August 14, 2013, to operate the Plan as a church plan, which exempts the System from the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and its funding requirements. In 2013, the System was sued by certain plan participants claiming the Plan did not qualify as a church plan. Management defended the lawsuit and in June 2017, the U.S. Supreme Court, in a unanimous decision, determined that the Plan could be a church plan. Other issues related to this matter are still in litigation.

The accrued pension liability reported in the accompanying consolidated financial statements of \$124,214 and \$162,685 at December 31, 2021 and 2020, respectively, is actuarially determined in accordance with the accounting requirements for reporting in the financial statements of the plan sponsor, which differs from the determination of the accumulated plan benefits as reported in the Plan's financial statements.

During 2021 and 2020, the System contributed \$7,000 and \$6,000 to the Plan, respectively. The System plans to contribute \$8,000 to the Plan in 2022.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Retirement Plans (continued)

The following benefit payments under the Plan are expected to be paid:

2022	\$	14,792
2023		15,578
2024		16,379
2025		17,202
2026		17,918
2027–2031		96,973

9. Leases and Other Commitments and Contingencies

Leases

The System leases certain property and equipment under finance and operating leases. Leases are classified as either finance or operating leases based on the underlying terms of the agreement and certain criteria, such as the term of the lease relative to the useful life of the asset and the total lease payments to be made as compared to the fair value of the asset, amongst other criteria. Finance leases result in an accounting treatment similar to an acquisition of the asset.

For leases with initial terms greater than a year, the System records the related right-of-use assets and liabilities at the present value of the lease payments to be paid over the life of the related lease. The System's leases may include variable lease payments and renewal options. Variable lease payments are excluded from the amounts used to determine the right-of-use assets and liabilities unless the variable lease payments depend on an index or rate or are in substance fixed payments.

Lease payments related to periods subject to renewal options are also excluded from the amounts used to determine the right-of-use assets and liabilities unless the System is reasonably certain to exercise the option to extend the lease. The present value of lease payments is calculated by utilizing the discount rate stated in the lease, when readily determinable. For leases for which this rate is not readily available, the System uses a risk-free discount rate determined using a period comparable with that of the lease term. The System does not account for the non-lease components together with the related lease components when determining the right-of-use assets and liabilities, except for medical equipment.

The System does not record leases with an initial term of less than a year as right-of-use assets and liabilities.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

9. Leases and Other Commitments and Contingencies (continued)

The following schedules summarize information related to the lease assets and liabilities as of and for the year ended December 31, 2021 and 2020:

	2021	2020
Lease cost:		
Finance lease cost:		
Amortization of right-of-use asset	\$ 922	\$ 943
Interest on lease liabilities	38	62
Operating lease cost	2,705	3,775
Short-term lease cost	3,919	2,641
Variable lease cost	144	151
Sublease income	(96)	(20)
Total lease cost	\$ 7,632	\$ 7,552
Right-of-use assets and liabilities:		
Right-of-use assets – finance leases	\$ 1,963	\$ 2,815
Lease liability – finance leases	1,544	2,643
Right-of-use assets – operating leases	7,732	9,930
Lease liability – operating leases	7,732	9,930
Other information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from finance leases	\$ 38	\$ 62
Operating cash flows from operating leases	2,666	3,507
Financing cash flows from finance leases	1,169	900
Right-of-use assets obtained in exchange for new finance lease liabilities	70	596
Right-of-use assets obtained in exchange for new operating lease liabilities	–	50
Weighted-average remaining lease term – finance leases	2.48	2.66
Weighted-average remaining lease term – operating leases	5.79	6.06
Weighted-average discount rate – finance leases	2.16%	2.88%
Weighted-average discount rate – operating leases	2.22%	2.20%

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

9. Leases and Other Commitments and Contingencies (continued)

For finance leases, right-of-use assets are recorded in property, buildings and equipment and lease liabilities are recorded in long-term debt in the accompanying consolidated balance sheets. For operating leases, right-of-use assets are recorded in operating lease assets and lease liabilities are recorded in operating lease liability, current and non-current, in the accompanying consolidated balance sheets.

The following table reconciles the undiscounted lease payments to the lease liabilities recorded on the accompanying consolidated balance sheet at December 31, 2021:

	Finance Leases	Operating Leases
2022	\$ 918	\$ 1,851
2023	469	1,474
2024	179	1,432
2025	16	1,220
2026	–	765
Thereafter	–	1,557
Total lease payments	1,582	8,299
Less imputed interest	38	567
Total lease obligation	1,544	7,732
Less current portion	899	1,694
Long-term portion	\$ 645	\$ 6,038

Other Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are on appeal against the System. While the outcome of these lawsuits cannot be determined at this time, management believes that any loss which may arise from the System's actions will not have a material adverse effect on the System's consolidated financial position or results of operations.

In relation to workers' compensation exposure, the System maintains a standby letter of credit in the amount of \$775 and is part of the \$10,000 line of credit in place to secure its self-insured workers' compensation program. There were no draws on the letter of credit in 2021 or 2020.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Medical Malpractice and General Liability Claims

As part of a structured and comprehensive risk management program, the System funds its risk of professional and general liability loss through RAC, a wholly-owned captive insurance company domiciled in the Cayman Islands.

RAC began accepting risk on January 1, 2004 and provides professional and general liability insurance protection for all entities within the System, including the Hospital, employed physicians and surgeons, the paramedical staff, and all affiliated corporations and divisions. Professional liability insurance is written as claims-made coverage while general liability is written on an occurrence basis. Prior to 2004, the Hospital purchased first-dollar primary and excess liability coverage in the commercial insurance market.

Currently, RAC issues policies with a maximum retention of \$3,000 for each medical incident or occurrence. RAC further retains, under a first excess or buffer policy, another \$2,000 for each medical incident with a \$2,000 aggregate retention. In addition, RAC issues an excess liability policy which provides separate limits towers of \$45,000 each. The first tower applies to professional liability claims; the second, to claims for all other liabilities. These excess limits are 100% reinsured by companies rated A or A+ by A.M. Best Company. The System has made, and will continue to make, adjustments to the structure, limits, and retentions of the captive program, as circumstances warrant.

Reserves for loss and loss adjustment expense are set based on management's best estimate of liability and damages. At December 31, 2021 and 2020, undiscounted reserve amounts were \$18,868 and \$16,053, respectively, and are included within other liabilities on the accompanying consolidated balance sheets. These reserves are estimates of the ultimate value of loss and loss adjustment expenses for all claims made during respective policy years and are subject to changes in amounts of settlements, verdicts, frequency of claims, or other economic or legal factors. These undiscounted reserves are not offset by estimates of reinsurance claims. While management believes the reserves for losses and loss adjustment expenses are adequate, it also recognizes the variability inherent in the data used in estimating these liabilities and that the ultimate value of losses and loss adjustment expense may vary significantly from the estimated amounts included in the accompanying consolidated financial statements. These estimates are continually reviewed and are adjusted, as necessary. Estimated receivables for reinsurance recoveries recorded by RAC total \$2,375 and \$2,108 at December 31, 2021 and 2020, respectively, and are included within other current assets on the accompanying consolidated balance sheets.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

10. Medical Malpractice and General Liability Claims (continued)

In relation to claims insured through RAC, the Hospital recorded an estimated insurance recovery receivable and medical malpractice claim liability at December 31, 2021 and 2020 equal to RAC's liability estimates. Such amounts are recorded within other assets and other liabilities within the Hospital's balance sheets and eliminate in consolidation.

The System has estimated its liability for losses due to claims from medical incidents that have occurred subsequent to 2004 but have not yet been reported to be approximately \$1,829 and \$1,816 at December 31, 2021 and 2020, respectively, with such estimated liability discounted at a rate of 4% based on expected timing of future payments. These amounts are included within other liabilities on the accompanying consolidated balance sheets.

11. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements.

Concentration of gross accounts receivable from patients and third-party payors are as follows:

	December 31	
	2021	2020
Medicare and Medicaid	14%	15%
Horizon	23	25
Patients	1	1
Commercial	5	6
Managed care	55	50
Other third-party payors	2	3
	100%	100%

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Fair Value Measurements

The System utilizes various methods of calculating the fair value of its financial assets. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the System's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated). The fair value hierarchy is comprised of three levels based on the source of inputs as follows:

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the System uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers non-performance risk in its assessment of fair value.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

12. Fair Value Measurements (continued)

The following table presents the financial instruments carried at fair value, excluding assets invested in the System's defined benefit plan, as of December 31, 2021 and 2020, by caption on the consolidated balance sheets based upon the fair value hierarchy defined above:

	Level 1	Level 2	Level 3	Total
December 31, 2021				
Cash and cash equivalents	\$ 73,010	\$ –	\$ –	\$ 73,010
Short-term investments:				
Cash and cash equivalents	272	–	–	272
Fixed income:				
U.S. Government bonds	5,380	–	–	5,380
U.S. Treasury bonds	21,700	–	–	21,700
Corporate bonds	–	7,388	–	7,388
Total short-term investments	<u>27,352</u>	<u>7,388</u>	–	<u>34,740</u>
Assets whose use is limited:				
Cash and cash equivalents	7,164	–	–	7,164
Fixed income:				
U.S. Treasury bills	9,736	–	–	9,736
Asset-backed securities	–	28,070	–	28,070
Corporate bonds	–	32,691	–	32,691
Mortgage-backed securities	11,810	14,963	–	26,773
Mutual funds:				
Domestic	37,003	–	–	37,003
International	16,327	–	–	16,327
Real estate	267	–	–	267
Commodities	683	–	–	683
Assets held by RAC:				
Cash and cash equivalents	2,291	–	–	2,291
Fixed income-asset fund	9,102	3,928	–	13,030
Equities	3,045	14,085	–	17,130
Beneficial interest in trust	–	4,739	–	4,739
Total assets whose use is limited	<u>97,428</u>	<u>98,476</u>	–	<u>195,904</u>
Total assets at fair value	<u>\$ 197,790</u>	<u>\$ 105,864</u>	<u>\$ –</u>	<u>\$ 303,654</u>

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

12. Fair Value Measurements (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2020				
Cash and cash equivalents	\$ 127,023	\$ –	\$ –	\$ 127,023
Assets whose use is limited:				
Cash and cash equivalents	6,985	–	–	6,985
Fixed income:				
U.S. Treasury bills	5,413	–	–	5,413
Asset-backed securities	–	25,881	–	25,881
Corporate bonds	–	30,205	–	30,205
Mortgage-backed securities	12,458	15,413	–	27,871
Mutual funds:				
Domestic	27,621	–	–	27,621
International	13,818	–	–	13,818
Real estate	183	–	–	183
Commodities	591	–	–	591
Assets held by RAC:				
Cash and cash equivalents	1,956	–	–	1,956
Fixed income-asset fund	8,384	3,784	–	12,168
Domestic equities	2,127	11,751	–	13,878
Beneficial interest in trust	–	4,342	–	4,342
Total assets whose use is limited	<u>79,536</u>	<u>91,376</u>	<u>–</u>	<u>170,912</u>
Total assets at fair value	<u>\$ 206,559</u>	<u>\$ 91,376</u>	<u>\$ –</u>	<u>\$ 297,935</u>

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

12. Fair Value Measurements (continued)

The following table presents the financial instruments of the defined benefit plan (see Note 8) as of December 31, 2021 and 2020, by the valuation hierarchy defined above:

	Level 1	Level 2	Level 3	Total
December 31, 2021				
Cash and cash equivalents	\$ 2,160	\$ –	\$ –	\$ 2,160
Equity funds:				
Domestic	67,854	–	–	67,854
International	29,785	–	–	29,785
Fixed-income mutual fund	63,358	–	–	63,358
	<u>\$ 163,157</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 163,157</u>
Investments measured at net asset value:				
Equity alternatives				59,098
Fixed income alternatives				30,216
Total assets at fair value				<u>252,471</u>
Accrued income				435
Total plan assets				<u>\$ 252,906</u>
December 31, 2020				
Cash and cash equivalents	\$ 2,228	\$ –	\$ –	\$ 2,228
Equity funds:				
Domestic	55,747	–	–	55,747
International	30,160	–	–	30,160
Fixed-income mutual fund	89,521	–	–	89,521
	<u>\$ 177,656</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 177,656</u>
Investments measured at net asset value:				
Equity alternatives				39,195
Fixed income alternatives				11,139
Total assets at fair value				<u>227,990</u>
Accrued income				234
Total plan assets				<u>\$ 228,224</u>

Fair value for Level 1 assets is based upon quoted market prices.

Level 2 assets consist of certain fixed-income securities for which the fair value at each year-end is estimated based on quoted prices and other valuation considerations (e.g., credit quality and prevailing interest rates). The fair value of the beneficial interest in trust is reported within Level 2 and is based on the allocated fair value of the trust's holdings, which comprise marketable securities.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

12. Fair Value Measurements (continued)

Equity and fixed income alternative financial instruments maintained by the Plan represent the Plan's investment in funds of funds and are valued as described in Note 8. Financial information used to evaluate the alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee and estimates that require varying degrees of judgment. The alternative investments may indirectly expose the Plan to securities lending, short sales of securities, and trading in futures and forwards contracts, options, and other derivative products. Alternative investments often have liquidity restrictions under which capital may be divested only at specified times. At December 31, 2021 and 2020, there were no commitments or liquidity restrictions.

13. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	December 31	
	2021	2020
Health care programs	\$ 3,656	\$ 3,277
Beneficial interest in trust	4,739	4,342
Children's fund	1,228	1,262
Health education	1,277	1,390
Purchase of equipment	57	87
	\$ 10,957	\$ 10,358

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

14. Functional Expenses

Operating expenses by function and natural classification are as follows:

	2021		
	Health Care Program Expenses	General and Administrative Expenses	Total Expenses
Salaries and wages	\$ 210,246	\$ 46,585	\$ 256,831
Resident and physician fees	8,797	1,607	10,404
Employee benefits	46,718	10,979	57,697
Supplies and other	92,250	54,096	146,346
Governmental taxes, fees, and assessments	11,504	159	11,663
Interest	7,805	341	8,146
Depreciation and amortization	25,571	415	25,986
	\$ 402,891	\$ 114,182	\$ 517,073
	2020		
	Health Care Program Expenses	General and Administrative Expenses	Total Expenses
Salaries and wages	\$ 197,337	\$ 43,519	\$ 240,856
Resident and physician fees	7,846	1,487	9,333
Employee benefits	42,686	9,414	52,100
Supplies and other	88,945	52,608	141,553
Governmental taxes, fees, and assessments	3,683	132	3,815
Interest	8,167	387	8,554
Depreciation and amortization	25,097	408	25,505
	\$ 373,761	\$ 107,955	\$ 481,716

The accompanying consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Costs not directly attributable to a function are allocated on a functional basis using internal records and estimates.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued)
(Dollars in Thousands)

15. Other Operating Revenue

Other operating revenue consists of the following:

	Year Ended December 31	
	2021	2020
Grant revenue	\$ 1,769	\$ 1,440
HHS Provider Relief Fund	44,525	37,567
Rental income	2,445	1,941
Investment income (Note 4)	5,245	3,398
Child Protection Center revenue	2,726	2,381
Retail pharmacy cost sharing	3,877	5,248
Nursing services	1,736	1,821
Food services	1,211	1,114
Physician leasing	2,508	2,097
Solar energy credits	797	824
Outreach laboratory fees	227	205
Research studies	494	469
Purchasing rebates and settlements	852	640
Joint venture distribution	354	143
Parking	204	158
Pay for performance initiatives	1,706	1,351
Contributions	1,632	206
Insurance settlement	12,250	–
FEMA Disaster Relief Fund	1,381	–
Other	1,718	1,671
	\$ 87,657	\$ 62,674

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

16. COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the Coronavirus Disease 2019 (COVID-19) outbreak as a global pandemic. Federal, state and local government policies resulted in a substantial portion of the population remaining at home and forced the closure of certain businesses, which had an impact on the System's patient volume and revenue for most services. Effective March 27, 2020, a New Jersey executive order was issued to suspend all non-essential elective surgeries or invasive procedures, which resumed at different dates during the year ended December 31, 2020. The System's volume and operations were impacted to varying degrees throughout 2021, particularly as the pandemic entered waves two and three in early 2021 and in late 2021, respectively. The System has also experienced significant price increases in, and utilization of, medical supplies, particularly personal protective equipment, as global supply lines were disrupted by the pandemic.

In response to COVID-19, the Coronavirus Aid, Relief and Economic Security Act (the CARES Act) was signed into law on March 27, 2020. The CARES Act authorized funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Provider Relief Fund). Payments from the Provider Relief Fund are to be used to prevent, prepare for, and respond to COVID-19, and shall reimburse the recipient for health care related expenses and/or lost revenues attributable to COVID-19 and are not required to be repaid except where Provider Relief Funds received exceed the actual amounts of eligible health care related expenses and/or lost revenue as defined by the U.S. Department of Health and Human Services (HHS), provided the recipients attest to and comply with the terms and conditions. HHS has issued several Post-Payment Notices of Reporting Requirements and published responses to frequently asked questions (FAQs), most recently in September 2021, regarding the Provider Relief Fund distributions.

On December 27, 2020, the Consolidated Appropriations Act, 2021 (CAA) was signed into law. CAA appropriated additional funding for COVID-19 response and relief through the Provider Relief Fund and provided several changes to the administration of the Provider Relief Fund. CAA clarified the methods available to calculate lost revenue and indicated that for any payment, including both general and targeted distributions, received by an eligible health care provider that is a subsidiary of a parent organization, the parent organization may allocate all or any portion of the distribution among any other eligible subsidiaries.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

16. COVID-19 Pandemic and CARES Act Funding (continued)

For the years ended December 31, 2021 and 2020, the System received approximately \$35 and \$86,057 respectively, in funding and recognized revenue of \$44,525 and \$37,567, respectively, related to the Provider Relief Fund, which is included in other revenue in the accompanying consolidated statements of operations and changes in net assets. The recognized revenue has been determined based on applicable accounting guidance, Post-Payment Notices of Reporting Requirements and FAQs that the System has interpreted as being applicable to the accompanying consolidated financial statements. The unrecognized amount of the System's Provider Relief Fund receipts is reported in estimated third-party payor settlements, current portion in the accompanying consolidated balance sheets. Distributions from the Provider Relief Fund are available for specified service periods through December 31, 2022 with various required data submissions (data regarding activity for Provider Relief Fund receipts through June 30, 2020 and the use of such funds through June 30, 2021 was submitted to HHS on November 30, 2021; data for funds received from July 1, 2020 to December 31, 2020 and the use of such funds through December 31, 2021 was submitted to HHS on March 30, 2022). Additionally, the Hospital received approximately \$10.3 million in January 2022 from the Provider Relief Fund. Management will continue to monitor communications from HHS applicable to the Provider Relief Fund reporting and data submission requirements.

To enhance liquidity, the Centers for Medicare & Medicaid Services (CMS) expanded and streamlined the process for its Accelerated and Advance Payment Program, pursuant to which providers could receive advance Medicare payments. This program allowed eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. During April 2020, the System received approximately \$36,459 of expedited payments for future services. The advance is scheduled to be recovered by Medicare through October 2022.

At December 31, 2021 and 2020, \$24,354 and \$13,687, respectively, are included as a contract liability in the current portion of estimated third-party payor settlements in the accompanying consolidated balance sheets. As of December 31, 2020, \$22,772 was included as a contract liability in non-current estimated third-party payor settlements.

Additional funding sources are available to pay providers for COVID-19 related treatment of uninsured patients under the CARES Act Uninsured Relief Fund and from CMS for certain Medicare patient diagnoses under which the System recognized net patient service revenue of approximately \$3,710 and \$6,285 in 2021 and 2020, respectively.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

16. COVID-19 Pandemic and CARES Act Funding (continued)

The System applied for reimbursement for qualifying expenses under the Federal Emergency Management Agency (FEMA) Disaster Relief Fund. Through December 31, 2021, the System received \$1,381 in FEMA reimbursement payments. The System expects to apply for additional FEMA reimbursements for costs incurred for contracted agency staffing and other costs associated with the pandemic.

The System received an additional 20% payment for patients with a COVID-19 diagnosis from several commercial payors for which the System recognized net patient service revenue of approximately \$3,300 and \$3,905 in 2021 and 2020, respectively.

Due to the evolving nature of the COVID-19 pandemic, the ultimate impact to the System's operating results, including costs that may be incurred in the future and the level of utilization of the System's services and resulting impact on net patient service revenue reported in the future, and its financial condition is presently unknown.

17. Subsequent Events

Subsequent events have been evaluated through April 29, 2022, which is the date the accompanying consolidated financial statements were issued. Except as disclosed in Note 16, no subsequent events have occurred that require disclosure in or adjustment to the accompanying consolidated financial statements.

Supplementary Information

Saint Peter's Healthcare System, Inc.

Consolidating Balance Sheet
(In Thousands)

December 31, 2021

	Saint Peter's University Hospital & Subsidiaries			Saint Peter's Health & Management Services					Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	SPHCS Physician Associates	Saint Peter's Advanced Care	Saint Peter's Specialty Physicians	Consolidating and Eliminating Entries	Total Saint Peter's Health Care System		
	Obligated Group Saint Peter's University Hospital	RAC	Consolidating and Eliminating Entries	Total Saint Peter's University Hospital & Subs	Care Center	Properties	SP Solar Energy Solutions	SP Health & Mgmt Services								Consolidating and Eliminating Entries	Total Saint Peter's Health & Management Services
Assets																	
Current assets:																	
Cash and cash equivalents	\$ 70,173	\$ -	\$ -	\$ 70,173	\$ -	\$ 528	\$ 43	\$ -	\$ -	\$ 571	\$ 552	\$ 1,404	\$ 309	\$ -	\$ 1	\$ -	\$ 73,010
Short-term investments	34,740	-	-	34,740	-	-	-	-	-	-	-	-	-	-	-	-	34,740
Patient accounts receivable, net	49,667	-	-	49,667	-	-	-	-	-	-	-	-	-	-	-	-	49,667
Assets whose use is limited, current portion	159,831	-	-	159,831	-	-	-	-	-	-	-	6,716	-	-	-	-	166,547
Supplies	8,563	-	-	8,563	-	-	-	-	-	-	-	-	-	-	-	-	8,563
Estimated third-party payor settlements, current portion	552	-	-	552	-	-	-	-	-	-	-	-	-	-	-	-	552
Due from related parties, current portion	7,618	-	-	7,618	-	27	-	-	-	27	104,639	-	3,316	-	-	(115,600)	-
Other current assets	10,680	2,375	-	13,055	-	-	3	-	-	3	2,726	261	329	-	3	-	16,377
Total current assets	341,824	2,375	-	344,199	-	555	46	-	-	601	107,917	8,381	3,954	-	4	(115,600)	349,456
Assets whose use is limited, less current portion	15,001	32,451	-	47,452	-	-	-	-	-	-	-	4,739	-	-	-	-	52,191
Property, plant, equipment and construction, net	156,465	-	-	156,465	-	2,777	6,425	-	-	9,202	-	-	1,231	-	-	-	166,898
Operating lease assets	4,400	-	-	4,400	-	-	-	-	-	-	81	-	3,251	-	-	-	7,732
Beneficial interest in Foundation	12,730	-	-	12,730	-	-	-	-	-	-	-	-	-	-	-	(12,730)	-
Due from related parties, noncurrent	1,951	-	-	1,951	-	-	-	-	-	-	-	-	-	-	-	(1,951)	-
Investments in joint ventures and other assets	29,033	-	(24,768)	4,265	-	-	-	1,738	-	1,738	-	11	-	-	-	(500)	5,514
	\$ 561,404	\$ 34,826	\$ (24,768)	\$ 571,462	\$ -	\$ 3,332	\$ 6,471	\$ 1,738	\$ -	\$ 11,541	\$ 107,998	\$ 13,131	\$ 8,436	\$ -	\$ 4	\$ (130,781)	\$ 581,791
Liabilities and net assets																	
Current liabilities:																	
Current portion of long-term debt	\$ 8,365	\$ -	\$ -	\$ 8,365	\$ -	\$ 66	\$ 462	\$ -	\$ -	\$ 528	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,893
Accounts payable	26,067	453	-	26,520	-	-	-	-	-	-	2,440	-	650	-	-	-	29,610
Accrued expenses and other liabilities	35,162	-	-	35,162	-	8	10	-	-	18	4,333	222	718	28	94	1	40,576
Accrued interest	3,646	-	-	3,646	-	-	-	-	-	-	-	-	-	-	-	-	3,646
Current portion of operating lease liability	857	-	-	857	-	-	-	-	-	-	81	-	756	-	-	-	1,694
Estimated third-party payor settlements, current portion	34,897	-	-	34,897	-	-	-	-	-	-	94,410	179	85,234	2,329	3,160	(204,600)	34,897
Due to related parties	16,572	-	-	16,572	-	27	2,689	-	-	2,716	-	-	-	-	-	-	-
Total current liabilities	125,566	453	-	126,019	-	101	3,161	-	-	3,262	101,264	401	87,358	2,357	3,254	(204,599)	119,316
Long-term debt, less current portion	119,905	-	-	119,905	-	1,578	1,853	-	-	3,431	-	-	-	-	-	-	123,336
Operating lease liability, less current portion	3,543	-	-	3,543	-	-	-	-	-	-	-	-	2,495	-	-	-	6,038
Estimated third-party payer settlements, less current portion	1,139	-	-	1,139	-	-	-	-	-	-	-	-	-	-	-	-	1,139
Accrued pension liability	117,480	-	-	117,480	-	-	-	-	-	-	6,734	-	-	-	-	-	124,214
Other liabilities	30,740	18,868	(18,868)	30,740	-	-	-	-	-	-	-	-	-	-	-	-	30,740
Total liabilities	398,373	19,321	(18,868)	398,826	-	1,679	5,014	-	-	6,693	107,998	401	89,853	2,357	3,254	(204,599)	404,783
Net assets:																	
Net assets without donor restrictions	149,551	15,505	(5,900)	159,156	-	1,653	1,457	1,738	-	4,848	-	2,523	(81,417)	(2,357)	(3,250)	86,548	166,051
Net assets with donor restrictions	13,480	-	-	13,480	-	-	-	-	-	-	-	10,207	-	-	-	(12,730)	10,957
Total net assets	163,031	15,505	(5,900)	172,636	-	1,653	1,457	1,738	-	4,848	-	12,730	(81,417)	(2,357)	(3,250)	73,818	177,008
	\$ 561,404	\$ 34,826	\$ (24,768)	\$ 571,462	\$ -	\$ 3,332	\$ 6,471	\$ 1,738	\$ -	\$ 11,541	\$ 107,998	\$ 13,131	\$ 8,436	\$ -	\$ 4	\$ (130,781)	\$ 581,791

Note: The consolidating schedules are presented for supplementary informational purposes. Due to the effects of intercompany transactions, which are eliminated in consolidation, the schedules are not intended to present the financial position or results of operations of the individual entities.

Saint Peter's Healthcare System, Inc.

Consolidating Statement of Operations and Changes in Net Assets
(In Thousands)

Year Ended December 31, 2021

	Saint Peter's University Hospital & Subsidiaries			Saint Peter's Health & Management Services						Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	SPHCS Physician Associates	Saint Peter's Advanced Care	Saint Peter's Specialty Physicians	Consolidating and Eliminating Entries	Total Saint Peter's Health Care System
	Obligated Group Saint Peter's University Hospital	Consolidating and Eliminating Entries	Total Saint Peter's University Hospital & Subs	Care Center	Properties	SP Solar Energy Solutions	SP Health & Mgmt Services	Consolidating and Eliminating Entries	Total Saint Peter's Health & Management Services							
Revenue, gains and other support:																
Net patient service revenue	\$ 492,046	\$ -	\$ -	\$ 492,046	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,375	\$ -	\$ 136	\$ -	\$ 499,557
Other operating revenue	87,206	4,727	(4,244)	87,689	-	246	1,004	-	1,250	48,746	1,721	954	-	-	(52,703)	87,657
Net assets released from restriction	1	-	-	1	-	-	-	-	-	-	898	-	-	-	-	899
Total revenue, gains, and other support	579,253	4,727	(4,244)	579,736	-	246	1,004	-	1,250	48,746	2,619	8,329	-	136	(52,703)	588,113
Expenses:																
Salaries and wages	249,525	-	-	249,525	-	11	50	-	61	24,968	40	7,171	-	34	(24,968)	256,831
Resident and physician fees	11,061	-	-	11,061	-	-	-	-	-	45	-	2,709	-	133	(3,544)	10,404
Employee benefits	56,158	-	-	56,158	-	2	11	-	13	5,293	9	1,517	-	-	(5,293)	57,697
Supplies and other	147,869	4,900	(4,244)	148,525	-	12	121	-	133	18,195	1,566	3,758	-	47	(25,878)	146,346
Governmental taxes, fees, and assessments	11,653	-	-	11,653	-	10	-	-	10	-	-	-	-	-	-	11,663
Interest	7,729	-	-	7,729	-	76	341	-	417	-	-	-	-	-	-	8,146
Depreciation and amortization	25,178	-	-	25,178	-	75	415	-	490	-	-	305	-	13	-	25,986
Total expenses	509,173	4,900	(4,244)	509,829	-	186	938	-	1,124	48,501	1,615	15,460	-	227	(59,683)	517,073
Income (loss) from operations	70,080	(173)	-	69,907	-	60	66	-	126	245	1,004	(7,131)	-	(91)	6,980	71,040
Equity in net earnings of joint ventures and other income	372	-	-	372	-	-	-	774	774	-	-	-	-	-	(372)	774
Gain (loss) on sale of property, plant, and equipment	7	-	-	7	-	(182)	-	-	(182)	-	-	5	-	-	-	(170)
Net change in unrealized gains and losses on equity investments	3,735	2,162	-	5,897	-	-	-	-	-	-	268	-	-	-	-	6,165
Non-operating net periodic pension cost	(1,214)	-	-	(1,214)	-	-	-	-	-	(245)	-	(9)	-	-	245	(1,223)
Excess (deficiency) of revenue over expenses	72,980	1,989	-	74,969	-	(122)	66	774	718	-	1,272	(7,135)	-	(91)	6,853	76,586
Net change in unrealized gains and losses fixed income investments	(2,332)	(179)	-	(2,511)	-	-	-	-	-	-	15	-	-	-	-	(2,496)
Change in pension liability to be recognized in future periods	32,971	-	-	32,971	-	-	-	-	-	-	-	-	-	-	-	32,971
Equity transfer	51	-	-	51	(51)	-	-	(372)	(423)	-	-	-	-	-	372	-
Donated equipment and other	1,498	-	-	1,498	-	-	-	-	-	-	-	-	-	-	-	1,498
Increase (decrease) in net assets without donor restrictions	105,168	1,810	-	106,978	(51)	(122)	66	402	295	-	1,287	(7,135)	-	(91)	7,225	108,559
Net assets with donor restrictions:																
Restricted gifts and contributions and related items, net	6	-	-	6	-	-	-	-	-	-	1,492	-	-	-	-	1,498
Net change in beneficial interest in Foundation	1,880	-	-	1,880	-	-	-	-	-	-	-	-	-	-	(1,880)	-
Net assets released from restriction	(1)	-	-	(1)	-	-	-	-	-	-	(898)	-	-	-	(899)	-
Increase in net assets with donor restrictions	1,885	-	-	1,885	-	-	-	-	-	-	594	-	-	-	(1,880)	599
Increase (decrease) in net assets	107,053	1,810	-	108,863	(51)	(122)	66	402	295	-	1,881	(7,135)	-	(91)	5,345	109,158
Net assets at beginning of year	55,978	13,695	(5,900)	63,773	51	1,775	1,391	1,336	4,553	-	10,849	(74,282)	(2,357)	(3,159)	68,473	67,850
Net assets at end of year	\$ 163,031	\$ 15,505	\$ (5,900)	\$ 172,636	\$ -	\$ 1,653	\$ 1,457	\$ 1,738	\$ -	\$ 4,848	\$ -	\$ (81,417)	\$ (2,357)	\$ (3,250)	\$ 73,818	\$ 177,008

Note: The consolidating schedules are presented for supplementary informational purposes. Due to the effects of intercompany transactions, which are eliminated in consolidation, the schedules are not intended to present the financial position or results of operations of the individual entities.

EY | Building a better working world

EY exists to build a better working world, helping to create long-term value for clients, people and society and build trust in the capital markets.

Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.

Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2022 Ernst & Young LLP.
All Rights Reserved.

ey.com