
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2023

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public
Inspection****A For the 2023 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

Doing business as

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

Room/suite

254 EASTON AVENUE

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

NEW BRUNSWICK, NJ 08901

F Name and address of principal officer: LESLIE D. HIRSCH

254 EASTON AVENUE, NEW BRUNSWICK, NJ 08901

D Employer identification number

22-1487330

E Telephone number

(732) 745-8600

G Gross receipts \$

585,463,604.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.SAINTPETERSHCS.COM**H(c)** Group exemption number 0928**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1907**M** State of legal domicile: NJ**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES.		
	2	Check this box <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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	4,201
	6	Total number of volunteers (estimate if necessary)	6	90
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 17,476,464.	Current Year 21,031,878.
	9	Program service revenue (Part VIII, line 2g)	556,713,395.	554,953,392.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,670,527.	4,172,446.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,255,235.	4,408,125.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,115,621.	584,565,841.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110,560.
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)	315,252,699.	336,784,490.
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)	217,563,647.	228,612,908.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	532,926,906.	565,533,375.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	49,188,715.	19,032,466.
	20	Total assets (Part X, line 16)	Beginning of Current Year 552,434,880.	End of Year 597,482,000.
	21	Total liabilities (Part X, line 26)	312,802,880.	297,484,000.
	22	Net assets or fund balances. Subtract line 21 from line 20	239,632,000.	299,998,000.

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SCOTT J MARIANI			P00642486
	Firm's name	WITHUMSMITH+BROWN, PC		Firm's EIN
	200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070			22-2027092
	Firm's address	200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070		Phone no.
				973-898-9494

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** (2023)

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 \$ 451,139,475. including grants of \$ 135,977.) (Revenue \$ 554,953,392.)
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 451,139,475.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4,201		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X	
b If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent.		12												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?													X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?													X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?													X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?													X	
b Each committee with authority to act on behalf of the governing body?													X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.														X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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.
 GARRICK J. STOLDT, FHFMA, CPA 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901
 (732) 745-8600

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of 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 (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	1,703,149.	315,335.
(2) ARKADY BRODER, M.D. GASTROENTEROLOGIST	55.00 NONE					X		1,012,221.	NONE	61,131.
(3) DAVID JACOB, M.D. CARDIOLOGIST	55.00 NONE					X		945,707.	NONE	34,710.
(4) LINDSAY ARTHUR CHAIRMAN - SURGERY	55.00 NONE					X		903,891.	NONE	52,919.
(5) GARRICK J. STOLDT, FHFMA, CPA TREASURER - CFO SPHCS	55.00 NONE			X				NONE	824,300.	121,387.
(6) ALMA S. RATCLIFFE, M.D. VP; CHIEF CLINICAL TRANSF. OFF.	55.00 NONE				X			NONE	761,241.	102,346.
(7) ANDREW KORMAN, M.D. GASTROENTEROLOGIST	55.00 NONE					X		803,092.	NONE	53,180.
(8) JORDAN M. TANNENBAUM, M.D., MB VP; CIO/CMIO	55.00 NONE				X			NONE	684,863.	105,762.
(9) KIANOUSH SHEYKHOLESAMI, M.D. ENT SURGEON (TERM 12/31/2023)	55.00 NONE					X		745,922.	NONE	36,650.
(10) LINDA CARROLL, MSN, RN-BC CNO/VP PATIENT CARE SERVICES	55.00 NONE				X			616,871.	NONE	103,425.
(11) NIRANJAN V. RAO, M.D. CHIEF MEDICAL OFFICER	55.00 NONE			X				NONE	616,194.	97,748.
(12) ALYSSA A. VERDERAMI, ESQ. SECRETARY-VP LEGAL & RISK MGT	55.00 NONE				X			NONE	555,474.	101,794.
(13) NAYAN K. KOTHARI, M.D. CHIEF ACADEMIC OFFICER	55.00 NONE				X			556,572.	NONE	41,666.
(14) LISA M. DRUMBORE VP; CHIEF EXPERIENCE OFFICER	55.00 NONE				X			NONE	442,307.	81,876.

Form **990** (2023)

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) LAURA ATKINSON VP; CHIEF HR OFF. (EFF 3/20/23)	55.00 NONE				X			NONE	403,298.	64,265.
(16) BARBARA J. GRIFFITHS-WELSH CHIEF COMPLIANCE OFFICER	55.00 NONE				X			NONE	376,216.	80,125.
(17) WILLIAM J. REARS CHIEF TECHNOLOGY OFFICER	55.00 NONE				X			NONE	270,798.	43,471.
(18) VINCENT J. DICKS CHAIRMAN - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(19) RACHEAL ANKRAH-FOSU TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(20) JUDITH T. CARUSO, DNP, MBA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(21) MAUREEN CERNADAS, M.D. TRUSTEE-PRES MED STAFF	1.00 NONE	X						NONE	NONE	NONE
(22) LEONARDO DECANDIA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(23) REV. MONSIGNOR JOHN N. FELL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(24) ALFRED J. GABURO, JR. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(25) CHRISTOPHER GRIBBON, M.D. TRUSTEE-PAST PRES MED STAFF	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								5,584,276.	6,637,840.	1,497,790.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								5,584,276.	6,637,840.	1,497,790.

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 ► 660

	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>		
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>		
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>		

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) KEVIN NINI, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(27) CAROL A. PURCELL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(28) DAVID SAMUEL, PE, PP, CME TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(29) REV. JON TOBOROWSKY, VG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(30) REV. TIMOTHY A. CHRISTY, VG TRUSTEE (TERMED 06/01/2023)	1.00 NONE	X						NONE	NONE	NONE
(31) BORISLAV STOEV, D.O., FACEP TRUSTEE (TERMED 01/10/2023)	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 ► 21

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,562,792.			
	e	Government grants (contributions) . .	1e	19,002,914.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	466,172.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		21,031,878.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE	622110	549,344,066.	549,344,066.		
b		OTHER HEALTHCARE RELATED REVENUE	622110	5,609,326.	5,609,326.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		554,953,392.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,070,209.			5,070,209.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
	6a	Gross rents	(i) Real	(ii) Personal			
			2,358,933.				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	2,358,933.	NONE		
	d	Net rental income or (loss)		2,358,933.			2,358,933.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . . .	7b	779,701.	118,062.		
	c	Gain or (loss)	7c	-779,701.	-118,062.		
	d	Net gain or (loss)		-897,763.			-897,763.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	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				
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				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	CAFETERIA/VENDING	900099	1,662,304.			1,662,304.
	b	PARKING REVENUE	812930	386,888.			386,888.
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		2,049,192.				
12	Total revenue. See instructions			584,565,841.	554,953,392.		8,580,571.

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	36,318.	36,318.		
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	99,659.	99,659.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,318,535.	1,051,763.	266,772.	
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	279,450,635.	222,910,849.	56,539,786.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,128,912.	8,877,257.	2,251,655.	
9 Other employee benefits	25,195,881.	20,098,130.	5,097,751.	
10 Payroll taxes	19,690,527.	15,706,646.	3,983,881.	
11 Fees for services (nonemployees):				
a Management	2,431,874.	1,939,845.	492,029.	
b Legal	2,681,282.	2,138,792.	542,490.	
c Accounting	606,301.	483,631.	122,670.	
d Lobbying	175,922.	140,329.	35,593.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	464,008.	370,128.	93,880.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	44,078,769.	35,160,542.	8,918,227.	NONE
12 Advertising and promotion	2,321,563.	1,851,853.	469,710.	
13 Office expenses	8,678,559.	6,922,672.	1,755,887.	
14 Information technology	308,204.	245,847.	62,357.	
15 Royalties	NONE			
16 Occupancy	9,457,240.	7,543,806.	1,913,434.	
17 Travel	359,349.	286,644.	72,705.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	129,210.	103,068.	26,142.	
20 Interest	5,238,353.	4,178,504.	1,059,849.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	25,546,623.	20,377,908.	5,168,715.	
23 Insurance	6,035,363.	4,814,260.	1,221,103.	
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	66,514,552.	53,057,010.	13,457,542.	
b GOV'T TAXES & ASSESSMENTS	18,685,865.	14,905,252.	3,780,613.	
c REPAIRS & MAINTENANCE	18,564,070.	14,808,099.	3,755,971.	
d PHYSICIAN SERVICES	7,786,456.	6,211,063.	1,575,393.	
e All other expenses	8,549,345.	6,819,600.	1,729,745.	
25 Total functional expenses. Add lines 1 through 24e	565,533,375.	451,139,475.	114,393,900.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments	33,624,820.	2	44,298,851.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	56,876,392.	4	56,874,316.
	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	7,269,455.	8	7,230,693.
	9 Prepaid expenses and deferred charges	2,599,623.	9	3,375,029.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 596,081,879.		
	b Less: accumulated depreciation	10b 436,610,623.		
		156,371,029.	10c	159,471,256.
	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	229,564,312.	13	252,338,305.
	14 Intangible assets	1,172,116.	14	1,023,085.
15 Other assets. See Part IV, line 11	64,957,133.	15	72,870,465.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	552,434,880.	16	597,482,000.	
Liabilities	17 Accounts payable and accrued expenses	68,823,320.	17	72,763,234.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	1,565,108.	19	3,968,091.
	20 Tax-exempt bond liabilities	104,838,264.	20	97,215,592.
	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	4,297,736.	23	2,788,408.
	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	133,278,452.	25	120,748,675.
	26 Total liabilities. Add lines 17 through 25	312,802,880.	26	297,484,000.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	226,486,008.	27	284,184,553.
	28 Net assets with donor restrictions	13,145,992.	28	15,813,447.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	239,632,000.	32	299,998,000.
	33 Total liabilities and net assets/fund balances	552,434,880.	33	597,482,000.

Form **990** (2023)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	584,565,841.
2	Total expenses (must equal Part IX, column (A), line 25)	2	565,533,375.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,032,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	239,632,000.
5	Net unrealized gains (losses) on investments	5	17,974,660.
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	23,358,874.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	299,998,000.

Part XII Financial Statements and ReportingCheck 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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	

Form **990** (2023)

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

2023

**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) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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? 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.		
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? 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.		
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? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	Employer identification number
SAINT PETER'S UNIVERSITY HOSPITAL	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) 2023

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.			
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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		90,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		85,922.
j	Total. Add lines 1c through 1i			175,922.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

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 \$90,000 DURING
2023 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 \$85,922 IN 2023.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

22-1487330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.	
b 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) 2023

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 |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 13,145,992. | 13,479,619. | 11,593,589. | 6,357,732. | 6,677,335. |
| b Contributions | | -4,631. | 6,051. | | 150. |
| c Net investment earnings, gains, and losses | 2,667,455. | -328,996. | 1,881,030. | 5,236,075. | -316,657. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | 1,051. | 218. | 3,096. |
| f Administrative expenses | | | | | |
| g End of year balance | 15,813,447. | 13,145,992. | 13,479,619. | 11,593,589. | 6,357,732. |
- 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? ☐ Yes ☒ No
- (ii) Related organizations? ☐ Yes ☒ No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,237,884.		7,237,884.
b Buildings		371,022,757.	264,920,944.	106,101,813.
c Leasehold improvements		5,014,772.	5,014,772.	NONE
d Equipment		206,261,656.	165,775,950.	40,485,706.
e Other		6,544,810.	898,957.	5,645,853.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				159,471,256.

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, line 12, col. (B)) . . .		

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	230,381,157.	FMV
(2) BENEFICIAL INTEREST IN FDN	15,068,245.	FMV
(3) OTHER INVESTMENTS	6,888,903.	FMV
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	252,338,305.	

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	1,033,786.
(2) DUE FROM RELATED PARTIES	9,291,885.
(3) OPERATING LEASE ASSETS	5,078,343.
(4) OTHER RECEIVABLES	31,215,954.
(5) OTHER ASSETS	26,250,497.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	72,870,465.

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	2,454,125.
(3) OPERATING LEASE LIABILITY	5,078,343.
(4) EST. 3RD PARTY PAYOR SETTLEMENTS	5,455,875.
(5) DUE TO RELATED PARTIES	20,587,000.
(6) ACCRUED PENSION LIABILITY	52,934,423.
(7) OTHER LIABILITIES	34,238,909.
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	120,748,675.

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 . (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information

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

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 H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500.0000 %	<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"/>	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
5c 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"/>
6b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			22,823,494.	21,658,563.	1,164,931.	0.21
b Medicaid (from Worksheet 3, column a)			117,664,880.	88,241,836.	29,423,044.	5.20
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			140,488,374.	109,900,399.	30,587,975.	5.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,624,701.	3,728,051.	3,896,650.	0.69
f Health professions education (from Worksheet 5)			16,738,922.	8,485,693.	8,253,229.	1.46
g Subsidized health services (from Worksheet 6)			9,889,845.	7,637,937.	2,251,908.	0.40
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			191,773.		191,773.	0.03
j Total. Other Benefits			34,445,241.	19,851,681.	14,593,560.	2.58
k Total. Add lines 7d and 7j			174,933,615.	129,752,080.	45,181,535.	7.99

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	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.	2	23,574,412.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,178,721.	
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	60,465,863.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	71,393,439.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,927,576.
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 (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?	1	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	2	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):	3	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: 2022		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	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	6b	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):	7	X
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): WWW.SAINTPETERSHCS.COM		
b	<input checked="" type="checkbox"/> Other website (list url): WWW.HEALTHIERMIDDLESEX.COM		
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	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2022		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a	If "Yes," (list url): WWW.SAINTPETERSHCS.COM		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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:	13 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?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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)		

Schedule H (Form 990) 2023

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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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?		X	
If "No," indicate why:			
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.	23	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.	24	X

Schedule H (Form 990) 2023

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, QUESTION 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 J OF THE ORGANIZATION'S 2022 CHNA.

SCHEDULE H, PART V, SECTION B, QUESTION 5

IN ITS MOST RECENTLY CONDUCTED CHNA THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS AND ORGANIZATIONS 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, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, CENSUS BUREAU, HEALTHY PEOPLE 2030, 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 2023-2025. 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 2023 CHIP FOCUS AREAS WILL LEAD TO THE CREATION OF A MORE ROBUST AND EVIDENCE-BASED 2025 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 THROUGHOUT THE ASSESSMENT WAS OF PARAMOUNT IMPORTANCE, LEADING TO A FOCUS ON THE QUANTITATIVE MEASURES, COMMUNITY HEALTH NEEDS SURVEYS AND FOCUS

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.

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 SURVEY

A COMMUNITY PRIORITIES SURVEY WAS DEVELOPED AND ADMINISTERED OVER A FIVE-MONTH PERIOD FROM EARLY APRIL AND THROUGH THE END OF AUGUST 2021 BY THE SURVEY FIRM BRUNO & RIDGWAY, WHO WAS CONTRACTED DIRECTLY BY THE RWJBH SYSTEM. THE SURVEY FOCUSED ON HEALTH ISSUES AND CONCERNS THAT IMPACT THE COMMUNITY; COMMUNITY SAFETY AND QUALITY OF LIFE; PERSONAL HEALTH ATTITUDES, CONDITIONS AND BEHAVIORS; BARRIERS TO ACCESSING HEALTH CARE; DISCRIMINATION WHEN RECEIVING MEDICAL CARE; AND THE IMPACT OF COVID-19 AND VACCINATION COMPLIANCE. THE SURVEY WAS ADMINISTERED ONLINE AND WAS AVAILABLE BY PAPER IN 5 LANGUAGES (ENGLISH, SPANISH, PORTUGUESE, ARABIC, AND CHINESE).

EXTENSIVE OUTREACH WAS CONDUCTED WITH ASSISTANCE FROM HEALTHIER MIDDLESEX CONSORTIUM MEMBERS AND ORGANIZATIONS AS WELL AS THROUGH SOCIAL MEDIA. A LINK TO THE ONLINE SURVEY WAS DISPLAYED ON RWJUH NEW BRUNSWICK'S WEB PAGE AND SOCIAL MEDIA SITES. ADDITIONALLY, AN ONLINE PANEL SAMPLE WAS RECRUITED TO CAPTURE ADDITIONAL SURVEY RESPONSES FROM SPECIFIC AREAS TO AUGMENT THE LARGER SAMPLE. POSTCARDS WITH QR CODES THAT LINKED TO THE SURVEY WERE DISTRIBUTED AT VACCINATION EVENTS FOR COMMUNITY MEMBERS TO TAKE WHILE THEY WAITED FOR THEIR COVID-19 VACCINE.

THE FINAL SAMPLE OF THE COMMUNITY PRIORITIES SURVEY COMPRISED 526 RESPONDENTS WHO WERE RESIDENTS OF MIDDLESEX COUNTY. THE APPENDIX E-RESOURCE INVENTORY IN THE 2022 CHNA PROVIDES A TABLE WITH DEMOGRAPHIC COMPOSITION OF SURVEY RESPONDENTS. RESPONDENTS TO THE MIDDLESEX COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WERE PREDOMINATELY WHITE, FEMALE, MARRIED, AND WITH A HIGH SOCIOECONOMIC STATUS. ABOUT 64% WERE EMPLOYED FULL-TIME. THROUGHOUT THIS REPORT, MIDDLESEX COUNTY RESIDENTS WHO PARTICIPATED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY ARE REFERRED TO AS "RESPONDENTS" (WHEREAS FOCUS GROUP MEMBERS AND INTERVIEWEES ARE REFERRED TO AS "PARTICIPANTS" FOR DISTINCTION.)

KEY INFORMANT INTERVIEWS

A TOTAL OF ELEVEN KEY INFORMANT INTERVIEW DISCUSSIONS WERE COMPLETED WITH 13 INDIVIDUALS BY ZOOM OR TELEPHONE. INTERVIEWS WERE 45-60-MINUTE SEMI-STRUCTURED DISCUSSIONS THAT ENGAGED INSTITUTIONAL, ORGANIZATIONAL, AND COMMUNITY LEADERS AS WELL AS FRONT-LINE STAFF ACROSS SECTORS.

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.

DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND PRIORITIES FOR FUTURE ALIGNMENT, COORDINATION, AND EXPANSION OF SERVICES, INITIATIVES, AND POLICIES. SECTORS REPRESENTED IN THESE INTERVIEWS INCLUDED: INDIVIDUALS WORKING TO ADDRESS STRUCTURAL RACISM AND INEQUALITY, FOOD ASSISTANCE AND HOUSING SERVICES, WORKFORCE DEVELOPMENT, MENTAL HEALTH AND SUBSTANCE USE SERVICES, AND THOSE WHO SERVE/WORK WITH SPECIFIC POPULATIONS (E.G., ECONOMICALLY VULNERABLE RESIDENTS, SENIOR POPULATION). ADDITIONALLY IN THE 2022 CHNA, SEE THE APPENDIX B- KEY INFORMANT INTERVIEWEES' ORGANIZATION FOR THE LIST OF SECTORS REPRESENTED BY KEY INFORMANT INTERVIEWEES AND APPENDIX C- KEY INFORMANT INTERVIEW GUIDE FOR THE KEY INFORMANT INTERVIEW GUIDE.

FOCUS GROUPS

A TOTAL OF 24 COMMUNITY RESIDENTS PARTICIPATED IN FIVE VIRTUAL FOCUS GROUPS (TELEPHONE OR VIDEO) CONDUCTED WITH SPECIFIC POPULATIONS OF INTEREST: NEWLY ARRIVED RESIDENTS OF SOUTH ASIAN DESCENT, AFRICAN AMERICAN MEN BETWEEN THE AGES OF 18-35, ECONOMICALLY VULNERABLE RESIDENTS (ONE GROUP OF ENGLISH-SPEAKING RESIDENTS, AND ONE GROUP OF SPANISH-SPEAKING RESIDENTS), AND ONE GROUP OF YOUTH AND YOUNG ADULTS.

FOCUS GROUPS WERE UP TO 60-MINUTE SEMI-STRUCTURED CONVERSATIONS AND AIMED TO DELVE DEEPLY INTO THE COMMUNITY'S NEEDS, STRENGTHS, AND OPPORTUNITIES FOR THE FUTURE AND TO GATHER FEEDBACK ON PRIORITIES FOR ACTION. PLEASE SEE APPENDIX D- FOCUS GROUP GUIDE FOR THE FOCUS GROUP FACILITATOR'S GUIDE.

SECONDARY DATA SOURCES

SECONDARY DATA ARE DATA THAT HAVE ALREADY BEEN COLLECTED FOR ANOTHER PURPOSE. EXAMINING SECONDARY DATA HELPS US TO UNDERSTAND TRENDS, PROVIDE A BASELINE, AND IDENTIFY DIFFERENCES BY SUB-GROUPS. IT ALSO HELPS IN GUIDING WHERE PRIMARY DATA COLLECTION CAN DIVE DEEPER OR FILL IN GAPS. SECONDARY DATA FOR THIS CHNA WERE DRAWN FROM A VARIETY OF SOURCES, INCLUDING THE U.S. CENSUS AMERICAN COMMUNITY SURVEY (ACS), THE U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS, THE FEDERAL BUREAU OF INVESTIGATION UNIFORM CRIME REPORTS, U.S. BUREAU OF LABOR STATISTICS, THE NEW JERSEY DEPARTMENT OF EDUCATION, NEW JERSEY DEPARTMENT OF HEALTH'S NEW JERSEY STATE HEALTH ASSESSMENT DATA (NJSHAD), AND A NUMBER OF OTHER AGENCIES AND ORGANIZATIONS. ADDITIONALLY, HOSPITALIZATION DATA CAN BE FOUND IN APPENDICES G AND H.

SECONDARY DATA WERE ANALYZED BY THE AGENCIES THAT COLLECTED OR RECEIVED THE DATA. DATA ARE TYPICALLY PRESENTED AS FREQUENCIES (%) OR RATES PER 100,000 POPULATION. IT SHOULD BE NOTED THAT WHEN THE NARRATIVE MAKES COMPARISONS BETWEEN TOWNS, BY SUBPOPULATION, OR WITH NJ OVERALL, THESE ARE LAY COMPARISONS AND NOT STATISTICALLY SIGNIFICANT DIFFERENCES.

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.

THE 2022 MIDDLESEX COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT FOCUSES ON MIDDLESEX COUNTY, NEW JERSEY, WHICH INCLUDES 25 MUNICIPALITIES AS WELL AS THREE COMMUNITIES THAT ARE IN SOMERSET COUNTY (FRANKLIN, PLEASANT PLAINS, AND SOMERSET) AND ALSO FALL WITHIN HEALTHIER MIDDLESEX'S PRIMARY SERVICE AREA. IT IS FOR THIS REASON THAT DATA FOR FRANKLIN, PLEASANT PLAINS, AND SOMERSET WERE INCLUDED IN THE REPORT. HOWEVER, DATA SPECIFIC TO THESE THREE TOWNS WAS NOT DISCUSSED IN THE NARRATIVE SINCE THE REPORT FOCUSES ON MIDDLESEX COUNTY.

THE U.S. CENSUS AMERICAN COMMUNITY SURVEY (ACS) 5-YEAR (2015-2019) ESTIMATES ARE THE PRIMARY DATA SOURCE FOR SOCIAL AND ECONOMIC INDICATORS REFERENCED IN THE REPORT. FIVE-YEAR ESTIMATES ARE CONSIDERED THE MOST RELIABLE AND COMPRISE A RELATIVELY LARGE SAMPLE SIZE. FURTHER, IN THE CASE OF SMALL POPULATION COUNTS FOUND IN SEVERAL MUNICIPALITIES IN MIDDLESEX COUNTY, FIVE-YEAR ESTIMATES PROVIDE A MORE PRECISE STATISTICAL PROFILE OF THE COMMUNITY OF INTEREST.

QUANTITATIVE DATA INCLUDED IN THE REPORT DEPICTING RACIAL/ETHNIC GROUPS WILL FOLLOW STANDARD TERMINOLOGY CONSISTENT WITH THE U.S. CENSUS UNLESS THE SECONDARY DATA SOURCE UTILIZES DIFFERENT CATEGORIES FOR RACE AND ETHNICITY, WHICH WILL BE NOTED IN THE NARRATIVE. QUALITATIVE DATA SPECIFIC TO RACIAL/ETHNIC GROUPS IN THE NARRATIVE WILL REFER TO RESIDENTS USING SHORTENED TERMS SUCH AS WHITE, BLACK, LATINO, AND ASIAN. THE TERM COMMUNITIES OF COLOR MAY ALSO BE USED WHEN DISCUSSING THEMES THAT EMERGE, SPECIFICALLY AMONG RESIDENTS OF MULTIPLE GROUPS.

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. 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,

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.

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.

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-ASSESSMENT](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-ASSESSMENT](https://www.saintpetershcs.com/community-health/community-health-needs-assessment)

SCHEDULE H, PART V, SECTION B, QUESTION 11

PLEASE SEE 2023-2025 CHIP

THE CHNA AND CHIP WERE CONDUCTED DURING AN UNPRECEDENTED TIME DUE TO THE ONGOING NOVEL CORONAVIRUS (COVID-19) PANDEMIC AND THE NATIONAL MOVEMENT FOR RACIAL JUSTICE. THE COVID-19 PANDEMIC COINCIDED WITH THE ACTIVITIES OF THE CHNA AND IMPACTED BOTH THE CHNA DATA COLLECTION PROCESS, AS WELL AS TOPICS AND CONCERNS THAT RESIDENTS RAISED IN FOCUS GROUPS AND KEY INFORMANT INTERVIEWS.

A WAVE OF NATIONAL PROTESTS FOR RACIAL EQUITY IN 2020 HIGHLIGHTED HOW RACISM IS EMBEDDED IN SYSTEMS ACROSS THE US. THE NATIONAL MOVEMENT INFORMED THE CONTENT OF THIS REPORT INCLUDING THE DATA COLLECTION

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.

PROCESSES, DESIGN OF DATA COLLECTION INSTRUMENTS, AND THE INPUT THAT WAS SHARED DURING FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND THROUGH SURVEY RESPONSES.

ON JUNE 27, 2022, A ONE-AND-A-HALF-HOUR VIRTUAL COMMUNITY MEETING WAS HELD FOR THE HEALTHIER MIDDLESEX ADVISORY BOARD MEMBERS TO DISCUSS AND VOTE ON PRELIMINARY COMMUNITY PRIORITIES. DURING THE PRIORITIZATION MEETING, ATTENDEES HEARD A DATA PRESENTATION ON THE KEY FINDINGS FOR THE HEALTHIER MIDDLESEX CHNA.

ALL MEMBERS OF THE HEALTHIER MIDDLESEX CONSORTIUM WERE INVITED TO PARTICIPATE IN AN ADDITIONAL PLANNING SESSION ON JULY 19, 2022, TO FURTHER REFINE THE TOP PRIORITIES.

FOLLOWING THE VOTING AND SUBSEQUENT DISCUSSIONS, THE HEALTHIER MIDDLESEX CONSORTIUM DECIDED ON THE FOLLOWING FOUR PRIORITIES FOR CHIP PLANNING WITH ADDRESSING SYSTEMIC RACISM AS AN OVERARCHING THEME ACROSS ALL PRIORITY AREAS:

1. FINANCIAL INSECURITY AND HOUSING INSTABILITY
2. MENTAL HEALTH AND SUBSTANCE USE
3. ACCESS TO HEALTH CARE WITH CHRONIC DISEASE AND TECHNOLOGY AS SUB-CATEGORIES
4. FOOD INSECURITY

PLANNING FOR THE CHIP TOOK PLACE IN NEW BRUNSWICK ON SEPTEMBER 13, 2022. FORTUNATELY, THE CHIP PLANNING PROCESS WAS FACILITATED IN-PERSON DURING A DAY-LONG PLANNING SESSION, WITH STRONG REPRESENTATION BY HEALTHIER MIDDLESEX COALITION MEMBERS. THE ADVISORY BOARD OF THE HEALTHIER MIDDLESEX COALITION WAS INSTRUMENTAL IN RECRUITING PARTICIPANTS TO ENGAGE IN THIS FULL-DAY, RAPID PLANNING PROCESS.

PRIORITY AREA 1: MENTAL HEALTH AND SUBSTANCE USE

GOAL: ESTABLISH A SYSTEM TO ENHANCE EQUITABLE, LOCAL ACCESS TO, AND AVAILABILITY AND UTILIZATION OF, AFFORDABLE, CULTURALLY AWARE MENTAL HEALTH AND SUBSTANCE USE RESOURCES FOR ALL IN MIDDLESEX COUNTY.

- BY DECEMBER 2025, INCREASE EQUITABLE ACCESS AND AVAILABILITY OF MENTAL HEALTH AND SUBSTANCE USE PREVENTION AND WELLNESS PROGRAMS IN MIDDLESEX COUNTY BY UPDATING AND ALIGNING THE BEHAVIORAL HEALTH RESOURCE AND REFERRAL GUIDE (BHRRG) AND THE MIDDLESEX COUNTY SERVICE LOCATOR.
- BY DECEMBER 2025, INCREASE UTILIZATION OF MENTAL HEALTH, SUBSTANCE USE, AND WELLNESS SERVICES BY 10% FROM BASELINE.
- BY DECEMBER 2025, EXPAND THE RWJUH- HOSPITAL VIOLENCE INTERVENTION

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.

PROGRAM (HVIP), SERVING TRAUMATICALLY INJURED ADULT VICTIMS OF COMMUNITY VIOLENCE, TO IMPROVE PATIENT OUTCOMES, REDUCE PATIENT RE-INJURY, AND REDUCE RETALIATORY VIOLENCE.

- BY DECEMBER 2025, ENHANCE AND SUPPORT COLLABORATIONS WITH INTERNAL AND EXTERNAL PARTNERS TO IMPROVE OUTCOMES FOR HVIP PARTICIPANTS.

PRIORITY AREA 2: FINANCIAL WELL-BEING AND HOUSING STABILITY

GOAL: EVERYONE HAS EQUITABLE ACCESS TO SECURE THE FINANCIAL RESOURCES TO MEET THEIR BASIC NEEDS, SAVE FOR THE FUTURE, AND MAINTAIN SAFE, QUALITY, AND STABLE HOUSING.

- BY DECEMBER 2025, INCREASE THE NUMBER OF PEOPLE WHO PARTICIPATE IN FINANCIAL LITERACY PROGRAMS WITHIN MIDDLESEX COUNTY, WITH A FOCUS ON ENGAGING TRADITIONALLY UNDERSERVED COMMUNITIES/POPULATIONS.

- BY DECEMBER 2025, PARTNER WITH COMMUNITY-BASED ORGANIZATIONS IN MIDDLESEX COUNTY TO HOLD 5 EMPLOYMENT FAIRS WITHIN THE COMMUNITY FOR COUNTY RESIDENTS.

- BY DECEMBER 2025, ENGAGE PARTICIPANTS ENROLLED IN FINANCIAL LITERACY PROGRAMS TO INCREASE THE NUMBER OF PEOPLE (BY 15%) WHO CAN MEET THEIR BASIC NEEDS AND SAVE 10% OF THEIR INCOME.

- BY DECEMBER 2025, HOLD 3 WORKSHOPS PER YEAR TO INCREASE THE EDUCATION AND AWARENESS OF SAFE, AFFORDABLE HOUSING OPTIONS.

PRIORITY 3: ACCESS TO HEALTHCARE

GOAL: ENSURE ALL COMMUNITY MEMBERS HAVE AWARENESS OF AND EQUITABLE ACCESS TO AFFORDABLE, COMPREHENSIVE, AND CULTURALLY APPROPRIATE HEALTH EDUCATION/ INFORMATION AND QUALITY CARE.

- BY DECEMBER 2025, CREATE A DYNAMIC ACCESS POINT/HUB FOR CULTURALLY APPROPRIATE SOCIAL DETERMINANTS OF HEALTH PROVIDER INFORMATION AND SERVICE RESOURCES.

- BY DECEMBER 2025, DEVELOP A STANDARD FOR THE COLLECTION, ANALYSIS, AND SHARING OF HEALTH SERVICE USE DATA BY INDIVIDUAL, COMMUNITY, AND COUNTY.

- BY DECEMBER 2025, COORDINATE AND ALIGN DATA COLLECTED FROM THE COMMUNITY, HEALTH SYSTEMS, AND STAKEHOLDERS TO CONSISTENTLY MEASURE SOCIAL DETERMINANTS OF HEALTH (SDOH) (E.G., HOUSING) AND IDENTIFY LINGUISTICALLY/CULTURALLY APPROPRIATE SOLUTIONS.

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.

- BY DECEMBER 2025, INCREASE (BY 10%) THE NUMBER OF PEOPLE IN MIDDLESEX COUNTY THAT PARTICIPATE IN EDUCATION PROGRAMS TO IMPROVE THEIR HEALTH LITERACY, WITH A FOCUS ON ENGAGING TRADITIONALLY UNDERSERVED COMMUNITIES/POPULATIONS WITHIN THE COUNTY.

- BY DECEMBER 2025, INCREASE ANNUALLY BY 10%, THE NUMBER OF RESIDENTS THAT CAN ACCESS HEALTH AND SOCIAL SERVICES WITHIN THEIR COMMUNITY WITH A FOCUS ON ENGAGING MEDICALLY UNDERSERVED POPULATIONS WITHIN THE COUNTY IN THEIR PREFERRED LANGUAGE.

PRIORITY AREA 4: SUPPLEMENTAL FOOD ASSISTANCE

GOAL: ENSURE ACCESS TO AND UTILIZATION OF LOCAL, HEALTHY, CULTURALLY APPROPRIATE, AND SUSTAINABLE FOOD CHOICES WITHOUT STIGMA OR BARRIERS.

- BY DECEMBER 2025, ESTABLISH AND INCREASE THE NUMBER OF ORGANIZATIONS ADDRESSING FOOD INSECURITY THAT EDUCATE THEIR STAFF AND UTILIZE MAPPING TECHNOLOGY TO PROMOTE THEIR SERVICES AND CONNECT THE COMMUNITY TO RESOURCES.

- BY DECEMBER 2025, INCREASE ANNUALLY BY 10% FROM BASELINE, THE NUMBER OF HEALTH AND SOCIAL SERVICE PROVIDERS WHO ARE EDUCATED ON FOOD RESOURCES AND BARRIERS TO ACCESS.

- BY DECEMBER 2025, TO CREATE AND EXPAND VOLUNTEER BASE (HEALTHCARE AND OTHER SOCIAL SERVICE PROVIDERS) BY 50% FROM BASELINE TO ASSIST MIDDLESEX COUNTY'S FOOD INSECURITY PROGRAMS.

- BY DECEMBER 2025, INCREASE COMMUNITY MEMBERS' AWARENESS AND SKILLS RELATED TO HEALTHY EATING, FOOD SAFETY, AND AVAILABLE RESOURCES BY 70%.

- BY DECEMBER 2025, INCREASE ACCESS TO SUPPLEMENTAL FOOD RESOURCES WITHIN THE HEALTHCARE SETTING.

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? 7

Name and address	Type of facility (describe)
1 CLEARBROOK ADULT COMMUNITY	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
1 CLEARBROOK CLUBHOUSE	
MONROE TOWNSHIP NJ 08831	
2 THE PONDS	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
100 WATERSIDE BLVD.	
MONROE TOWNSHIP NJ 08831	
3 ROSSMOOR ADULT COMMUNITY	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
1000 OLD NASSAU ROAD	
MONROE TOWNSHIP NJ 08831	
4 GREENBRIAR AT WHITTINGHAM	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
100 WHITTINGHAM DRIVE	
MONROE TOWNSHIP NJ 08831	
5 CONCORDIA ADULT COMMUNITY	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
1 CLUBHOUSE DRIVE	
MONROE TOWNSHIP NJ 08831	
6 STONEBRIDGE ADULT COMMUNITY	HEALTHCARE SERVICES FOR ADULT COMMUNITIES
1 COBBLESTONE BLVD.	
MONROE TOWNSHIP NJ 08831	
7 COMMUNITY MOBILE HEALTH UNIT	MOBILE HEALTH SERVICES FOR THE COMMUNITY
254 EASTON AVENUE	
NEW BRUNSWICK NJ 08901	
8	
9	
10	

Schedule H (Form 990) 2023

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.
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- 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 EMERGENT 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.
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- 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.
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- 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.
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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.
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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 CERTAIN HOSPITALS USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM DURING 2023 TOTALED APPROXIMATELY \$44M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM DURING 2023 TOTALED APPROXIMATELY \$15M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, SAINT PETER'S UNIVERSITY HOSPITAL RECEIVED QUALITY IMPROVEMENT

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.
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- 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.

PROGRAM - NEW JERSEY ("QIP-NJ") FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM QIP-NJ PROGRAM DURING 2023 TOTALED APPROXIMATELY \$4M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF SAINT PETER'S UNIVERSITY HOSPITAL DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE \$77,721,941 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 13.74%.

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

Part VI Supplemental Information

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- 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.
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- 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.

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.

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

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.
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- 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.

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.

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.
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- 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'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

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.
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- 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.

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.

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

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.
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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, 2023 AND 2022, CHANGES IN THE SYSTEM'S ESTIMATES OF IMPLICIT PRICE CONCESSIONS, DISCOUNTS, CONTRACTUAL

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.
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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.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2022 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

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.
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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
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

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.
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- 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" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY

Part VI Supplemental Information

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- 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.

TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED
COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS
BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE
WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE
SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM
REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS
WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN
REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT
STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A
BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD
PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC
PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT

Part VI Supplemental Information

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WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. § 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER

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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 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

Part VI Supplemental Information

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BENEFIT FOR THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN
ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY,
MEDICARE REIMBURSES HOSPITALS ON AVERAGE 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."

Part VI Supplemental Information

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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 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,

Part VI Supplemental Information

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NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

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

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

Part VI Supplemental Information

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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
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

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 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.

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 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

Part VI Supplemental Information

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- 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.

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:

- 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

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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:

- 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

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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;
- REPORTING ADVERSE INFORMATION TO CREDIT AGENCIES OR BUREAUS;
- 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; AND
- SPUH DOES NOT IMPOSE LIENS AND FORECLOSURES NOR DOES IT REPORT
NON-PAYMENT TO CREDIT AGENCIES AND BUREAUS.

Part VI Supplemental Information

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SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, SECTION B, QUESTIONS 1-12 AND SECTION C, THIS ORGANIZATION CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUALLY WHICH INCLUDES: A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC.) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS; HEALTHCARE SERVICE ESTIMATES AND FORECASTS (BOTH INPATIENT AND OUTPATIENT); ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION; AND, A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES (HEALTH RESEARCH AND EDUCATION TRUST OF RUTGERS).

THIS ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS. SPECIFIC SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE. THESE REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE RESPONSIVENESS TO IDENTIFIED COMMUNITY NEEDS.

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.
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- 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.

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.

SCHEDULE H, PART VI; QUESTION 3

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

Part VI Supplemental Information

Provide the following information.

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(HEALTH RESEARCH AND EDUCATION TRUST OF RUTGERS).

THIS ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN
NEED STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS. SPECIFIC
SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE. THESE
REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE
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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.

SAINT PETER'S UNIVERSITY HOSPITAL

DEPARTMENT: RESOURCE SERVICES

TELEPHONE #: 732.745.8600 EXTENSION: 5019

Part VI Supplemental Information

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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 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.

G) IN JUNE 2022, SPUH INTRODUCED A PHONE APP THAT ALLOWS PATIENTS TO COMPLETE THEIR DOCUMENTS REQUIRED TO RECEIVE MEDICAID AND CHARITY CARE BY

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IMAGING THEIR DOCUMENTS WITHOUT RETURNING TO THE HOSPITAL.

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 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.

Part VI Supplemental Information

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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
(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.

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- 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.

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

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OFFICE, SURPLUS FUNDS ARE USED FOR CAPITAL PROJECTS TO IMPROVE SERVICES

OR PURCHASE EQUIPMENT, WHICH IN TURN, BENEFIT THE COMMUNITY.

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

Part VI Supplemental Information

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SYSTEM. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN
THE STATE OF NEW JERSEY.

SAINT PETER'S HEALTHCARE SYSTEM, INC. IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE
CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL
REVENUE CODE §509(A)(3)

SAINT PETER'S UNIVERSITY HOSPITAL

SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS A 478-BED ACUTE CARE AND
TEACHING HOSPITAL LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY.
SPUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE
CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS
CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE
SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF
RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

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.

MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS
REVENUE RULING 69-545.

1. SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL
INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-
PAY, MEDICARE AND MEDICAID PATIENTS;
2. SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS
OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. SPUH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL
QUALIFIED PHYSICIANS;
4. CONTROL OF SPUH RESTS WITH ITS BOARD OF GOVERNORS WHICH IS COMPRISED
OF INDEPENDENT CIVIC LEADERS, MEMBERS OF THE COMMUNITY AND MEDICAL STAFF
REPRESENTATION; AND
5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND

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.

AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND
ACTIVITIES.

ST. PETER'S FOUNDATION

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.

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.
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- 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.

SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION

SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION IS AN
ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT
PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE
FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

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

SAINT PETER'S PROPERTIES CORPORATION

SAINT PETER'S PROPERTIES CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE

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.

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(2).

NEW BRUNSWICK AFFILIATED HOSPITALS, INC.

NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL
REVENUE CODE §509(A)(3).

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

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.
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- 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.

PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH
A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF
SAINT PETER'S UNIVERSITY HOSPITAL. THE ORGANIZATION COMPRISES A COMPONENT
OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART
OF SAINT PETER'S UNIVERSITY HOSPITAL.

SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC.

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.

RISK ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL

A CONTROLLED FOREIGN CORPORATION BY SPUH. THE ORGANIZATION WAS FORMED 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.
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- 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.

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.

SAINT PETER'S ADVANCED CARE, 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

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.
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- 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.

HOSPITAL. THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE
PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S
UNIVERSITY HOSPITAL. THIS ORGANIZATION WAS DISSOLVED IN 2022.

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

SAINT PETER'S UNIVERSITY HOSPITAL

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

2023

Open to Public
Inspection

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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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				
LESLIE D. HIRSCH, FACH 1 TRUSTEE - PRESIDENT/CEO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,232,193.	427,744.	43,212.	294,160.	21,175.	2,018,484.	NONE
ARKADY BRODER, M.D. 2 GASTROENTEROLOGIST	(i)	610,714.	378,017.	23,490.	16,500.	44,631.	1,073,352.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID JACOB, M.D. 3 CARDIOLOGIST	(i)	602,731.	332,308.	10,668.	14,605.	20,105.	980,417.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINDSAY ARTHUR 4 CHAIRMAN - SURGERY	(i)	834,609.	65,000.	4,282.	16,500.	36,419.	956,810.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GARRICK J. STOLDT, FHF 5 TREASURER - CFO SPHCS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	642,418.	137,395.	44,487.	93,086.	28,301.	945,687.	NONE
ALMA S. RATCLIFFE, M.D. 6 VP; CHIEF CLINICAL TRANSF. OFF.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	512,100.	116,377.	132,764.	81,370.	20,976.	863,587.	91,146.
ANDREW KORMAN, M.D. 7 GASTROENTEROLOGIST	(i)	372,289.	429,963.	840.	16,500.	36,680.	856,272.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JORDAN M. TANNENBAUM, 8 VP; CIO/CMIO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	454,471.	105,318.	125,074.	75,206.	30,556.	790,625.	85,518.
KIANOUSH SHEYKHOLESLAM 9 ENT SURGEON (TERM 12/31/2023)	(i)	742,310.	NONE	3,612.	16,500.	20,150.	782,572.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINDA CARROLL, MSN, RN 10 CNO/VP PATIENT CARE SERVICES	(i)	506,037.	102,042.	8,792.	72,699.	30,726.	720,296.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NIRANJAN V. RAO, M.D. 11 CHIEF MEDICAL OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	405,486.	92,889.	117,819.	69,273.	28,475.	713,942.	70,884.
ALYSSA A. VERDERAMI, E 12 SECRETARY-VP LEGAL & RISK MGT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	438,866.	94,797.	21,811.	70,357.	31,437.	657,268.	NONE
NAYAN K. KOTHARI, M.D. 13 CHIEF ACADEMIC OFFICER	(i)	483,243.	54,405.	18,924.	16,500.	25,166.	598,238.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA M. DRUMBORE 14 VP; CHIEF EXPERIENCE OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	342,421.	73,212.	26,674.	57,310.	24,566.	524,183.	NONE
LAURA ATKINSON 15 VP; CHIEF HR OFF. (EFF 3/20/23)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	301,733.	100,959.	606.	46,956.	17,309.	467,563.	NONE
BARBARA J. GRIFFITHS-W 16 CHIEF COMPLIANCE OFFICER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	275,707.	67,100.	33,409.	53,029.	27,096.	456,341.	NONE

Schedule J (Form 990) 2023

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	WILLIAM J. REARS CHIEF TECHNOLOGY OFFICER	(i) NONE	(ii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
		(ii) 264,647.	NONE	6,151.	13,191.	30,280.	314,269.	NONE
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
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 COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS
INCLUDES CURRENT YEAR VESTINGS IN AN INTERNAL REVENUE CODE SECTION 457(F)
PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO
LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS
OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2023 FORM W-2, BOX 5,
AS TAXABLE MEDICARE WAGES: ALMA S. RATCLIFFE, M.D., \$91,146; JORDAN M.
TANNENBAUM, M.D., MBA, \$85,518 AND NIRANJAN V. RAO, M.D., \$70,884.

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 2023 FORM
W-2, AS TAXABLE MEDICARE WAGES: LESLIE D. HIRSCH, FACHE, \$277,660;
GARRICK J. STOLDT, FHFMA, CPA, \$76,586; ALMA S. RATCLIFFE, M.D., \$64,870;

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.

JORDAN M. TANNENBAUM, M.D., MBA, \$58,706; LINDA CARROLL, MSN, RN-BC,
\$56,879; NIRANJAN V. RAO, M.D., \$52,773; ALYSSA A. VERDERAMI, ESQ.,
\$53,857; LISA M. DRUMBORE, \$40,810; LAURA ATKINSON, \$36,925 AND BARBARA
J. GRIFFITHS-WELSH, \$37,403.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS
DURING CALENDAR YEAR 2023 WHICH WAS INCLUDED IN COLUMN (II) HEREIN AND IN
EACH INDIVIDUAL'S 2023 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

2023

**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	645790RW8	10/25/2022	105,925,000.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue				104,814,655.							
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				1,204,975.							
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				3,150,000.							
11	Other spent proceeds				100,459,680.							
12	Other unspent proceeds											
13	Year of substantial completion				2022							
					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							
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						
16	Has the final allocation of proceeds been made?				X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X							

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

Schedule K (Form 990) 2023

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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	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?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		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?								
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	1.5300 %							
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 %							
6 Total of lines 4 and 5	1.5300 %							
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?								
c No rebate due?								
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						

Schedule K (Form 990) 2023

Part IV Arbitrage *(continued)*

TAX EXEMPT BONDS

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE K, PART I, COLUMN C

SCHEDULE K; PART I, LINE A, COLUMN C

THE SERIES 2022A TAX-EXEMPT BOND ISSUANCE ALSO INCLUDES THE FOLLOWING
ADDITIONAL CUSIP #S: 645790RW8; 645790RX6; 645790RY4; 645790RZ1;
645790SA5; 645790SB3; 645790SC1; 645790SD9; 645790SE7; 645790SF4;
645790SG2; 645790SH0; 645790SJ6; 645790SK3; 645790SL1.

SCHEDULE K; PART I, LINE A, COLUMN F

THE PROCEEDS OF THE SERIES 2022A TAX-EXEMPT BONDS WERE USED FOR:

- THE REIMBURSEMENT OF COSTS OF THE ACQUISITION OF CERTAIN REAL PROPERTY;
- THE REFUNDING OF ALL OF THE OUTSTANDING SERIES 2011 REVENUE AND
REFUNDING BONDS AND THE SERIES 2007 REVENUE BONDS; AND
- THE PAYMENT OF THE COSTS OF ISSUANCE OF THE SERIES 2022A BONDS.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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► 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.

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**Open to Public
Inspection**

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

SAINT PETER'S UNIVERSITY HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, SAINT PETER'S UNIVERSITY HOSPITAL 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, SAINT PETER'S UNIVERSITY HOSPITAL OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. SAINT PETER'S UNIVERSITY HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID;

2. SAINT PETER'S UNIVERSITY HOSPITAL OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS THAT IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR;

3. SAINT PETER'S UNIVERSITY HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF WITH

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PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF SAINT PETER'S UNIVERSITY HOSPITAL 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 SAINT PETER'S UNIVERSITY HOSPITAL, AS SHOWN THROUGH THE
FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY
DEMONSTRATE THAT THE USE AND CONTROL OF SAINT PETER'S UNIVERSITY HOSPITAL
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, A
STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL AND A STATE-DESIGNATED
REGIONAL PERINATAL CENTER SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF
METUCHEN. SAINT PETER'S UNIVERSITY HOSPITAL, 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

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SAINT PETER'S UNIVERSITY HOSPITAL

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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, CERTIFIED AS A MAGNET® HOSPITAL FOR NURSING EXCELLENCE BY THE
AMERICAN NURSES CREDENTIALING CENTER (ANCC), AND RECIPIENT OF THE BEACON
AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL-CARE
NURSES (AACN) FOR THE ADULT INTENSIVE CARE UNIT, CARDIAC PROGRESSIVE CARE
UNIT, NEONATAL INTENSIVE CARE UNIT, AND PEDIATRIC INTENSIVE CARE UNIT.
SAINT PETER'S WAS ONE OF ONLY FIVE HOSPITALS WORLDWIDE TO RECEIVE MAGNET®
DESIGNATION SIX CONSECUTIVE TIMES. 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 3,600 HEALTHCARE PROFESSIONALS AND SUPPORT PERSONNEL, AND
MORE THAN 900 PHYSICIANS AND DENTISTS HAVE PRIVILEGES AT ITS FACILITIES.

AS A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL, THE CHILDREN'S

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HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL 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 (NICUS) 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.

WHILE MEDICAL ADVANCES HELP TO PROVIDE BETTER PATIENT CARE THAN EVER
BEFORE, SAINT PETER'S HEALING MISSION WOULD BE INCOMPLETE WITHOUT THE
PERSONAL COMMITMENT OF EMPLOYEES THAT RESPOND TO THE TOTAL, INDIVIDUAL
PERSON-SPIRITUALLY, EMOTIONALLY, AND PHYSICALLY.

MISSION STATEMENT

=====

KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED
BY THE BISHOP OF METUCHEN, SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED
TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE
AND GOOD STEWARDSHIP OF RESOURCES.

WE MINISTER TO THE WHOLE PERSON, BODY, AND SPIRIT, PRESERVING THE DIGNITY
AND SACREDNESS OF EACH LIFE.

WE ARE PLEDGED TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG

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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

=====

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

SAINT PETER'S DELIVERED MORE THAN 5,600 NEWBORNS IN 2023 AND ADMITS
APPROXIMATELY 740 NEWBORNS TO THE 54-BASSINETT L LEVEL IV NICU, WHICH IS
ONE OF THE LARGEST ON THE EAST COAST.

SAINT PETER'S WAS THE FIRST HOSPITAL IN NEW JERSEY TO EARN THE LEVEL IV
MATERNAL CARE VERIFICATION FROM THE JOINT COMMISSION, THE HIGHEST LEVEL
ACHIEVABLE, AND IS ALSO CERTIFIED IN PERINATAL CARE BY THE JOINT
COMMISSION.

SAINT PETER'S INTRODUCED A NEW MIDWIFERY PROGRAM WITH 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

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ONLY HOSPITAL-BASED, MIDWIFERY-LED BIRTH CENTER LICENSED IN THE STATE OF
NEW JERSEY. IT IS ACCREDITED BY THE COMMISSION FOR THE ACCREDITATION OF
BIRTH CENTERS.

SAINT PETER'S IS RENOWNED THROUGHOUT THE STATE FOR ITS PRACTICE OF
OBSTETRICS, ESPECIALLY IN THE AREA OF HIGH-RISK PREGNANCIES. SERVICES
INCLUDE:

- DIVISION OF MATERNAL-FETAL MEDICINE (HIGH-RISK OBSTETRICAL CARE);
- ANTENATAL TESTING UNIT (ADVANCED ULTRASOUND TESTING) WITH APPROXIMATELY
14,500 ULTRASOUNDS PERFORMED ANNUALLY;
- THE 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, SAINT PETER'S HAS BEEN A REGIONAL PROVIDER OF
COMPREHENSIVE CANCER SERVICES ACCREDITED BY THE COMMISSION ON CANCER,
INCLUDING A FREE-STANDING ADULT ONCOLOGY CENTER, RADIATION ONCOLOGY,

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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.

SAINT PETER'S SPECIALIZES IN INTEGRATED GERIATRIC MEDICINE, OFFERING
SERVICES AND SATELLITE CENTERS THAT INCLUDE GERIATRIC EVALUATION AND
MANAGEMENT SERVICE (INTENSIVE OUTPATIENT PROGRAM FOR FRAIL SENIORS), WITH
LOCATIONS IN MONROE AND NEW BRUNSWICK, AND COMMUNITY NURSING CARE AT SIX
RETIREMENT COMMUNITIES IN MONROE.

SAINT PETER'S WAS THE FIRST HOSPITAL IN NEW JERSEY TO BE RECOGNIZED AS AN
AGE-FRIENDLY HEALTH SYSTEM BY THE INSTITUTE FOR HEALTHCARE IMPROVEMENT.

SAINT PETER'S IS ALSO A NICHE DESIGNATED HOSPITAL - NICHE (NURSES
IMPROVING CARE FOR HEALTHSYSTEM ELDERS) IS THE LEADING NURSE DRIVEN
PROGRAM DESIGNED TO HELP HOSPITALS AND HEALTHCARE ORGANIZATIONS IMPROVE
THE CARE OF OLDER ADULTS. THE VISION OF NICHE IS FOR ALL PATIENTS 65 AND
OVER TO BE GIVEN SENSITIVE AND EXEMPLARY CARE. THE MISSION OF NICHE IS TO
PROVIDE PRINCIPLES AND TOOLS TO STIMULATE A CHANGE IN THE CULTURE OF
HEALTHCARE FACILITIES TO ACHIEVE PATIENT CENTERED CARE FOR OLDER ADULTS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SAINT PETER'S UNIVERSITY HOSPITAL WAS DESIGNATED A PRIMARY STROKE CENTER

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BY THE NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES IN 2009.

IN 2022, SAINT PETER'S ACHIEVED CERTIFICATION AS AN ADVANCED PRIMARY
STROKE CENTER BY THE JOINT COMMISSION, DEMONSTRATING THAT THE HOSPITAL
HAS CONSISTENTLY MET QUALITY METRICS AND PROVIDED SOME OF THE BEST
EVIDENCE-BASED CARE FOR ITS STROKE PATIENTS. IN 2023, SAINT PETER'S
RECEIVED THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S
GET WITH THE GUIDELINES® - GOLD PLUS STROKE QUALITY ACHIEVEMENT AWARD FOR
ITS COMMITMENT TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE
TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES,
ULTIMATELY LEADING TO MORE LIVES SAVED AND REDUCED DISABILITY.

THE DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE IS 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 AT SAINT PETER'S INCLUDE IMAGING SERVICES,
GENERAL OB/GYN AND MIDWIFERY SERVICES, BREAST DISEASE SERVICES,
UROGYNECOLOGY, AND GYNECOLOGIC ONCOLOGY.

SPECIALTY SERVICES

=====

REGIONAL PERINATAL CENTER (RPC): DELIVERING MORE THAN 5,600 BABIES IN

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SAINT PETER'S UNIVERSITY HOSPITAL

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2023, SAINT PETER'S OFFERS ONE OF THE LARGEST, MOST SOPHISTICATED MATERNITY PROGRAMS IN THE COUNTRY. THE HOSPITAL WAS THE FIRST REGIONAL PERINATAL CENTERS 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. IT 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. THE CHILDREN'S HOSPITAL AT SAINT PETER'S UNIVERSITY HOSPITAL WAS RANKED AMONG THE TOP 50 BEST CHILDREN'S HOSPITALS FOR NEONATOLOGY IN THE NATION BY U.S. NEWS AND WORLD REPORT THREE YEARS IN A ROW.

THE CANCER PROGRAM AT SAINT PETER'S 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 AN ACADEMIC COMPREHENSIVE CANCER PROGRAM. THE SAINT PETER'S BREAST CENTER IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

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(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.

CARDIAC CATHETERIZATION: SAINT PETER'S EXPERTLY PERFORMS CARDIAC
CATHETERIZATION; PERIPHERAL VASCULAR ANGIOGRAMS; ELECTIVE AND EMERGENCY
ANGIOPLASTIES TO OPEN CLOGGED ARTERIES IN THE ARMS, KIDNEYS AND LEGS; AND
PACEMAKER IMPLANTATION.

SAINT PETER'S THYROID AND DIABETES CENTER IS 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: SAINT PETER'S OFFERS MINIMALLY INVASIVE, ROBOTIC, AND
TRADITIONAL SURGICAL TECHNIQUES. AMONG THE SURGICAL PROCEDURES OFFERED
ARE BARIATRIC; BREAST; COLORECTAL; EAR, NOSE AND THROAT AND HEAD AND

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NECK; GASTROENTEROLOGICAL; GENERAL; GYNECOLOGICAL; NEUROLOGICAL;
ONCOLOGICAL; ORTHOPEDIC INCLUDING SCOLIOSIS; PEDIATRIC GENERAL, THORACIC,
AND ONCOLOGIC; PLASTIC AND RECONSTRUCTIVE; THORACIC; UROGYNECOLOGIC;
UROLOGICAL; AND VASCULAR AND ENDOVASCULAR. SAME-DAY PROCEDURES ARE
PERFORMED IN THE CARES SURGICENTER, WHICH WAS NAMED THE "BEST AMBULATORY
SURGERY CENTER IN NEW JERSEY" BY NEWSWEEK MAGAZINE IN 2022 AND 2023.
GENERAL AND SPECIALTY PEDIATRIC SURGERIES ARE PERFORMED AND SUPPORTED BY
THE LARGEST GROUP OF PEDIATRIC ANESTHESIOLOGISTS IN THE AREA.

WOMEN'S SERVICES INCLUDE UROGYNECOLOGY, BREAST DISEASE, GENERAL OB-GYN
AND MIDWIFERY SERVICES, AND GYNECOLOGIC ONCOLOGY. THE WOMEN'S IMAGING
CENTER PROVIDES DIAGNOSTIC SERVICES INCLUDING HOLOGIC@GENIUST3D
MAMMOGRAPHYT AND BONE DENSITY TESTING. A COMPLETE PROGRAM FOR THE
DIAGNOSIS AND TREATMENT OF BREAST CANCER IS AVAILABLE THROUGH SAINT
PETER'S BREAST CENTER.

SAINT PETER'S GIANNA CENTER PROVIDES 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.

THE 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

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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.

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

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

SAINT PETER'S FAMILY HEALTH CENTER OFFERS COMPLETE MEDICAL AND SUBSPECIALTY SERVICES FOR UNDERSERVED ADULTS AND CHILDREN THROUGH ITS ADULT MULTISPECIALTY HEALTH CENTER, THE PEDIATRIC HEALTH CENTER AND THE WOMEN'S HEALTH CENTER. THE CENTER ALSO PROVIDES SOCIAL SERVICES, NUTRITION SERVICES, PHYSICAL THERAPY AND AN OUTPATIENT LAB. SAINT PETER'S FAMILY HEALTH CENTER ALSO OFFERS BEHAVIORAL SERVICES TO CHILDREN THROUGH THE FOR KEEPS (KIDS EMBRACED AND EMPOWERED THROUGH PSYCHOLOGICAL SERVICES) PROGRAM. AT THE DOROTHY B. HERSH CHILD PROTECTION CENTER, A

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MULTIDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, INCLUDING CERTIFIED CHILD ABUSE PEDIATRICIANS, NURSES, PSYCHOLOGISTS, AND SOCIAL WORKERS, OFFERS HELP TO CHILDREN AND THEIR FAMILIES IN THE EVALUATION AND TREATMENT OF PHYSICAL AND EMOTIONAL INJURIES CAUSED BY CHILD ABUSE AND NEGLECT. PATIENTS 18 AND OLDER WHO ARE EXPERIENCING STRESS-RELATED DISORDERS, DEPRESSIVE DISORDERS, TRAUMA-RELATED DISORDERS, MOOD DISORDERS, EATING DISORDER ANXIETY AND FAMILY SYSTEMS DISORDER, AS WELL AS OTHER SERIOUS MENTAL HEALTH DISORDERS, CAN ACCESS BEHAVIORAL HEALTH SERVICES UNDER QIP-NJ (QUALITY IMPROVEMENT PROGRAM-NEW JERSEY) AT SAINT PETER'S FAMILY HEALTH CENTER.

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

SAINT PETER'S HEALTH AND WELLNESS CENTER OFFERS PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH AND LANGUAGE THERAPY, AND AUDIOLOGY SERVICES FOR CHILDREN AND ADULTS. SPEARHEADED BY THE STAFF OF SAINT PETER'S PHYSICAL REHABILITATION SERVICES, THESE THERAPIES AIM TO IMPROVE THE QUALITY OF LIFE FOR EACH PATIENT-WHETHER IT'S HELPING A PATIENT RESTORE MOBILITY, ADDRESS BALANCE ISSUES, OR IMPROVE THEIR COMMUNICATION SKILLS. THE CENTER IS ALSO HOME TO SAINT PETER'S OTOLARYNGOLOGY PRACTICE FOR THE TREATMENT OF CHILDREN AND ADULTS.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY HEALTH SERVICES (CHS): THE COMMUNITY HEALTH SERVICES MOBILE TEAM CONSISTS OF NURSES, CLINICIANS, AND STAFF WHO TRAVEL THROUGHOUT MIDDLESEX COUNTY AND SURROUNDING SOMERSET AND UNION COUNTIES PROVIDING HEALTH SCREENINGS, COVID AND INFLUENZA VACCINATIONS, AND WELLNESS EDUCATION TO BUSINESSES, SENIOR CENTERS, SOUP KITCHENS, AND OTHERS VARIOUS SITES IN A 43 FOOT-LONG SPECIALLY EQUIPPED MOBILE HEALTH UNIT. AT THE SCREENING SITES, IF THE PARTICIPANT IS IDENTIFIED WITH SPECIFIC HEALTH ISSUES, THEY ARE PROVIDED HEALTH EDUCATION AND HEALTHCARE PROVIDER/SERVICE REFERRALS THAT ARE AVAILABLE IN THE AREA.

IN SIX OF THE 55+ ADULT COMMUNITIES IN MONROE TOWNSHIP, A TEAM OF GERIATRIC NURSES STAFFS THEIR HEALTHCARE CENTERS. THESE NURSES PROVIDE SERVICES ANYWHERE FROM 12-24 HOURS PER DAY BASED ON THE 55+ ADULT COMMUNITY'S CONTRACT. THE NURSING STAFF ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, DRAWING BLOODWORK, HEALTH SCREENING, ADMINISTERING HEALTHCARE PROVIDER'S PRESCRIBED TREATMENTS, AND FIRST AID FOR EMERGENCIES.

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

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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
- 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
- DIVISION OF PEDIATRIC HEMATOLOGY/ONCOLOGY THAT INCLUDES INFUSION
SERVICES AND A VASCULAR CLINIC
- REGIONAL CRANIOFACIAL-NEUROSURGICAL CENTER SPECIALIZING IN THE
CORRECTION OF CLEFT LIP AND CLEFT PALATE (UNIQUE TO THE REGION)
- DIVISION OF PEDIATRIC ENDOCRINOLOGY RECOGNIZED BY THE AMERICAN DIABETES
ASSOCIATION IN DIABETES EDUCATION.

THE MARY V. O'SHEA BIRTH CENTER AT SAINT PETER'S UNIVERSITY HOSPITAL

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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, ACCREDITED BY THE COMMISSION FOR THE ACCREDITATION OF BIRTH CENTERS, IS 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, AND VARIOUS MASSAGE TECHNIQUES.

OTHER SERVICES

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

THE CRANIOFACIAL AND NEUROSURGICAL CENTER OFFERS CORRECTIVE SURGERY, MULTIDISCIPLINARY SUPPORT AND FOLLOW-UP SERVICES AND SUPPORT GROUPS FOR

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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).

THE DOROTHY B. HERSH 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 CHILDCARE AND LAW ENFORCEMENT PROFESSIONALS. IT SERVES EIGHT
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
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

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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.
- THE NAYAN K. KOTHARI MD 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, AND STONEBRIDGE
- PEDIATRIC CALL CENTER
- FAMILY HEALTH CENTER - ADULT, PEDIATRIC AND WOMEN'S HEALTH SERVICES,
BEHAVIORAL HEALTH
- THYROID AND DIABETES CENTER
- GERIATRICS
- CHILD PROTECTION CENTER
- INFECTION CONTROL
- MARKETING AND MEDIA RELATIONS
- PHARMACY
- EMPLOYEE HEALTH SERVICES

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- 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
- BONE MARROW TRANSPLANT SUPPORT GROUP
- BREAST CANCER SUPPORT GROUP
- GYNECOLOGIC CANCER SUPPORT GROUP
- LIVING WITH CANCER 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

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- 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
- BREASTFEEDING
- BREASTFEEDING SUPPORT GROUP
- NEW DADDY CLASS
- NEW MOMS SUPPORT GROUP
- PRENATAL NUTRITION CLASS
- SIBLING CLASS
- GRANDPARENTS CLASS
- MARVELOUS MULTIPLES CLASS
- HYPNOBIRTHING CLASS

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- CYBERKNIFE® ROBOTIC RADIOSURGERY
- SAINT PETER'S BREAST CENTER
- BARIATRIC BEHAVIORIAL HEALTH SUPPORT
- BARIATRIC NUTRITION SUPPORT
- MYGOAL AUTISM FAMILY SUPPORT GROUP

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AFFILIATIONS

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SAINT PETER'S HAS DEVELOPED AFFILIATIONS WITH SOME OF THE LEADING MEDICAL INSTITUTIONS IN THE COUNTRY 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.

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.

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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 ONE OF
THE MOST RESPECTED CHILDREN'S HOSPITALS 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. SAINT PETER'S UNIVERSITY HOSPITAL
IS AFFILIATED WITH RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL AND ST.
GEORGE'S MEDICAL SCHOOL. BOTH ORGANIZATIONS SEND SOME OF THEIR THIRD- AND
FOURTH-YEAR MEDICAL STUDENTS TO SAINT PETER'S UNIVERSITY HOSPITAL TO
COMPLETE THEIR GRADUATE EDUCATION. SAINT PETER'S UNIVERSITY HOSPITAL
SPONSORS ITS OWN MEDICAL RESIDENCY PROGRAMS IN INTERNAL MEDICINE,
PEDIATRICS, AND OBSTETRICS AND GYNECOLOGY ALONG WITH FELLOWSHIPS IN
GASTROENTEROLOGY AND PULMONOLOGY. IN ADDITION, RUTGERS ROBERT WOOD
JOHNSON MEDICAL SCHOOL SENDS ROTATIONS OF MEDICAL RESIDENTS IN
ORTHOPEDICS, GENERAL SURGERY, RADIOLOGY, AND FELLOWS IN NEONATOLOGY TO
SAINT PETER'S. RUTGERS UNIVERSITY'S ERNEST MARIO SCHOOL OF PHARMACY HAS
PHARMACY STUDENT ROTATIONS AT SAINT PETER'S UNIVERSITY HOSPITAL.

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CHAMBERLAIN, THE COLLEGE OF NEW JERSEY, RUTGERS, AND SETON HALL, SEND
THEIR NURSING STUDENTS TO SAINT PETER'S UNIVERSITY HOSPITAL FOR THEIR
PRACTICAL EXPERIENCE AS PART OF THEIR UNDERGRADUATE DEGREE PROGRAM.

CORE FORM, PART V; QUESTION 15

LESLIE D. HIRSCH, FACHE, IS A VOTING BOARD MEMBER/OFFICER OF THE
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 2023 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE
TAX RELATED TO MR. HIRSCH'S COMPENSATION IN EXCESS OF \$1M.

ARKADY BRODER, M.D. IS INCLUDED WITHIN THE ORGANIZATION'S FEDERAL FORM
990, PART VII AND SCHEDULE J. THE ORGANIZATION WAS NOT REQUIRED TO FILE A
FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. LEE BECAUSE HE
IS A LICENSED MEDICAL PROVIDER WHOSE COMPENSATION WAS ATTRIBUTABLE TO
CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER
INTERNAL REVENUE CODE SECTION 4960.

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

SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM") IS THE SOLE MEMBER OF

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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
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.

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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, 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

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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
"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

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CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

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

THE COMMITTEE IS 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

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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.

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

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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. IN
ADDITION, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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.

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CORE FORM, PART VII, SECTION A, COLUMN B

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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
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 - (\$4,230,534);
- CHANGE IN PENSION LIABILITY - \$4,968,408;

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- NET CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - \$2,668,000; AND
- DONATED EQUIPMENT AND OTHER CHANGES IN NET ASSETS - \$19,953,000.

CORE FORM, PART XII; QUESTION 2

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, 2023 AND DECEMBER 31, 2022; 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 AS SET FORTH IN THE UNIFORM GUIDANCE, 2 C.F.R., PART 200, SUBPART F.

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

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

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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 646064 PITTSBURGH, PA 15264-6064	STAFFING	15,638,978.
EPIC MANAGEMENT INCORPORATED 136 11TH STREET PISCATAWAY, NJ 08854	CONSTRUCTION	4,827,623.
ALLIED UNIVERSAL SECURITY SERVICES, LLC P.O. BOX 828854 PHILADELPHIA, PA 19182-8854	SECURITY	2,470,550.
VERICON CONSTRUCTION COMPANY, LLC 1063 ROUTE 22 EAST MOUNTAINSIDE, NJ 07092	CONSTRUCTION	2,220,704.
ATHENAHEALTH, INC. P.O. BOX 415615 BOSTON, MA 02241-5615	IT/EHR	1,441,357.

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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

2023

Open to Public
Inspection

Employer identification number

22-1487330

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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)	7	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)	12B	SPHCS		X
(3) ST. PETER'S HEALTHCARE SYSTEM, INC. 26-2019056 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HOLDING CO.	NJ	501(C)(3)	12A	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 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	12A	RWJHCC		X
(6) SAINT PETER'S HEALTHCARE SYST PHYS ASSOC 27-4645523 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HEALTH SVCS.	NJ	501(C)(3)	12C	SPUH	X	
(7) MARGARET MCLAUGHLIN MCCARRICK CARE CNTR 22-2577732 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	501(C)(3)	7	SPUH	X	

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

Schedule R (Form 990) 2023

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)												
(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) RISK ASSURANCE CO. OF SPUH 98-0417672 94 SOLARIS AVENUE, 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS	FINANCIAL VEHICLE	ID	SPUH	FOREIGN CORP.	3,972,220.	35,319,752.	100.0000	X	
(3) SAINT PETER'S SPECIALTY PHYSICIANS, P.C. 36-4761935 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HEALTH SVCS.	NJ	SPUH	C CORP.	403,351.	197,670.	100.0000	X	
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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	5,074,280.	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									
<input type="checkbox"/> Yes		<input type="checkbox"/> 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							2,358,933.		
TOTAL GROSS INCOME									2,358,933.
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									2,358,933.
TOTAL RENT OR ROYALTY INCOME (LOSS)									
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)					2,358,933.				
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	2,358,933.

	2,358,933.
	=====

RENT AND ROYALTY SUMMARY
=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	2,358,933.			2,358,933.
	-----	-----	-----	-----
TOTALS	2,358,933.			2,358,933.
	=====	=====	=====	=====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2023

Name of estate or trust

Employer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.		779,701.		-779,701.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				16 -779,701.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2023

Part III Summary of Parts I and II**Caution:** Read the instructions **before** completing this part.

	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17		
18 Net long-term gain or (loss):			
a Total for year	18a		-779,701.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss). Combine lines 17 and 18a.	19		-779,701.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	20	(3,000.)
a The loss on line 19, column (3); or b \$3,000		

Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24 Add lines 22 and 23	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		
27 Subtract line 26 from line 21. If zero or less, enter -0-	27		
28 Enter the smaller of the amount on line 21 or \$3,000	28		
29 Enter the smaller of the amount on line 27 or line 28	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31 Enter the smaller of line 21 or line 26	31		
32 Subtract line 30 from line 26	32		
33 Enter the smaller of line 21 or \$14,650	33		
34 Add lines 27 and 30	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		
36 Enter the smaller of line 32 or line 35	36		
37 Multiply line 36 by 15% (0.15)	37		
38 Enter the amount from line 31	38		
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		
41 Multiply line 40 by 20% (0.20)	41		
42 Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43 Add lines 37, 41, and 42	43		
44 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Schedule D (Form 1041) 2023

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

SAINT PETER'S UNIVERSITY HOSPITAL

22-1487330

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CYBERKNIFE JOINT VENTURE	MAY 2017	DEC 2023		779,701.00			-779,701.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .					779,701.			-779,701.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form 4797

Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

OMB No. 1545-0184

2023

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 2023 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 ~~SEE STATEMENT~~ 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):

							-118,062.

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 -118,062.

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

18a

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

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

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 1a 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	

Form **4797** (2023)

SAINT PETER'S UNIVERSITY HOSPITAL
Supplement to Form 4797 Part II Detail

22-1487330

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
FIXED ASSETS	VARIOUS	VARIOUS			118,062.	-118,062.
Totals						-118,062.