
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2020

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (SAINT PETER'S UNIVERSITY HOSPITAL), EIN (22-1487330), address (254 EASTON AVENUE, NEW BRUNSWICK, NJ 08901), and principal officer (LESLIE D. HIRSCH).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expense details.

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.

Signature lines for officer and preparer, including fields for signature, date, and name.

Preparer information section including name (SCOTT J MARIANI), firm name (WITHUMSMITH+BROWN, PC), and EIN (22-2027092).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 370,503,843. including grants of \$ 92,016.) (Revenue \$ 445,477,538.)

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 ▶ 370,503,843.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22 through 38 cover various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a, 1b, and 1c cover Form 1096 and backup withholding rules.

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 3,785		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	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 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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE D. HIRSCH, FACHE TRUSTEE - PRESIDENT/CEO	55.00 0.	X		X				0.	1,276,809.	254,635.
(2) ARKADY BRODER, M.D. GASTROENTEROLOGIST	55.00 0.					X		801,793.	0.	44,038.
(3) CARLOS BENITO, M.D. CHAIRMAN OBGYN	55.00 0.					X		781,635.	0.	44,626.
(4) DAVID JACOB, M.D. CARDIOLOGIST	55.00 0.					X		768,932.	0.	29,719.
(5) GARRICK J. STOLDT, FHFMA, CPA TREASURER - CFO SPHCS	55.00 0.			X				0.	633,655.	100,705.
(6) JOHN GALLUCCI, M.D. PEDIATRICIAN	55.00 0.					X		673,072.	0.	35,732.
(7) DAVID A. LASKOW, M.D. CHIEF, DIVISION OF SURGERY	55.00 0.					X		640,339.	0.	32,506.
(8) ALMA S. RATCLIFFE, M.D. VP; CHIEF CLIN TRANS OFFICER	55.00 0.					X		0.	566,845.	74,587.
(9) NAYAN K. KOTHARI, M.D. CHIEF ACADEMIC OFFICER	55.00 0.					X		588,049.	0.	31,817.
(10) GOPAL R. DESAI, M.D. TRUSTEE	55.00 0.	X						596,745.	0.	10,404.
(11) MARK HIATT, M.D. NEONATOLOGIST	55.00 0.					X		575,805.	0.	23,364.
(12) JORDAN M. TANNENBAUM, MD, MBA VP; CIO/CMIO	55.00 0.					X		0.	501,470.	87,972.
(13) BIPIN N. PATEL, M.D. PHYS IN CHIEF; CH HOSP @ SPUH	55.00 0.					X		514,917.	0.	30,808.
(14) ALYSSA A. VERDERAMI, ESQ. SECRETARY-VP LEGAL & RISK MGMT	55.00 0.					X		0.	448,181.	80,261.

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) PAMELA A. TEUFEL VP; CHIEF HR OFFICER	55.00 0.				X		0.	445,941.	76,939.	
16) LINDA CARROLL, MSN, RN-BC CNO/VP PATIENT CARE SVS	55.00 0.				X		441,488.	0.	76,003.	
17) NIRANJAN V. RAO, M.D. CHIEF MEDICAL OFFICER	55.00 0.			X			0.	441,673.	70,936.	
18) LISA M. DRUMBORE VP; CHIEF EXPERIENCE OFFICER	55.00 0.				X		0.	348,927.	67,019.	
19) BARBARA J. GRIFFITHS-WELSH CHIEF COMPLIANCE OFFICER	55.00 0.				X		0.	293,358.	63,458.	
20) VINCENT J. DICKS CHAIRMAN - TRUSTEE	1.00 0.	X		X			0.	0.	0.	
21) JUDITH T. CARUSO, DNP, MBA TRUSTEE	1.00 0.	X					0.	0.	0.	
22) REV. TIMOTHY A. CHRISTY TRUSTEE	1.00 0.	X					0.	0.	0.	
23) REV. MONSIGNOR JOHN N. FELL TRUSTEE	1.00 0.	X					0.	0.	0.	
24) ALFRED J. GABURO, JR. TRUSTEE	1.00 0.	X					0.	0.	0.	
25) MICHAEL LIGORANO, KM, ESQ. TRUSTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total							6,382,775.	4,956,859.	1,235,529.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							6,382,775.	4,956,859.	1,235,529.	

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 **529**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **90**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d	1,351,278.							
	e	Government grants (contributions)	1e	39,594,384.							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	515,821.							
	g	Noncash contributions included in lines 1a-1f.	1g	\$							
	h	Total. Add lines 1a-1f			41,461,483.						
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	622110	430,515,802.	430,515,802.				
b		OTHER HEALTHCARE RELATED REVENUE	Business Code	622110	14,961,736.	14,961,736.					
c											
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f			445,477,538.						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			3,244,097.		3,244,097.			
	4	Income from investment of tax-exempt bond proceeds			303,170.		303,170.				
	5	Royalties			0.						
	6a	Gross rents	6a	(i) Real	(ii) Personal						
						2,065,863.					
	b	Less: rental expenses	6b								
	c	Rental income or (loss)	6c	2,065,863.							
	d	Net rental income or (loss)				2,065,863.	2,065,863.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other						
	b	Less: cost or other basis and sales expenses	7b		56,768.						
	c	Gain or (loss)	7c		-56,768.						
d	Net gain or (loss)				-56,768.	-56,768.					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.						
			b	Less: direct expenses	8b		0.				
			c	Net income or (loss) from fundraising events.			0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
						b	Less: direct expenses	9b		0.	
						c	Net income or (loss) from gaming activities.			0.	
			10a	Gross sales of inventory, less returns and allowances	10a			0.			
						b	Less: cost of goods sold	10b		0.	
						c	Net income or (loss) from sales of inventory.			0.	
			Miscellaneous Revenue	11a	CAFETERIA/VENDING	Business Code	900099	1,114,447.		1,114,447.	
b	PARKING REVENUE	Business Code		812930	158,065.		158,065.				
c											
d	All other revenue										
e	Total. Add lines 11a-11d				1,272,512.						
12	Total revenue. See instructions			493,767,895.	445,477,538.		6,828,874.				

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Medical Supplies.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,210,776.	1	622,458.
	2 Savings and temporary cash investments	13,304,314.	2	123,887,753.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	51,189,683.	4	46,313,777.
	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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	5,449,656.	8	8,204,638.
	9 Prepaid expenses and deferred charges	2,754,481.	9	2,390,701.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 594,487,678.		
	b Less: accumulated depreciation	10b 430,869,037.	176,484,837.	10c 163,618,641.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	146,892,177.	13	161,123,335.
	14 Intangible assets	1,451,016.	14	1,287,731.
	15 Other assets. See Part IV, line 11	39,068,337.	15	44,227,656.
16 Total assets. Add lines 1 through 15 (must equal line 33)	442,805,277.	16	551,676,690.	
Liabilities	17 Accounts payable and accrued expenses	55,438,955.	17	59,169,525.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	108,391.	19	77,200.
	20 Tax-exempt bond liabilities	133,241,672.	20	127,731,010.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	11,756,049.	23	8,860,802.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	192,113,210.	25	299,860,153.
	26 Total liabilities. Add lines 17 through 25	392,658,277.	26	495,698,690.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,789,000.	27	44,384,411.
	28 Net assets with donor restrictions	6,358,000.	28	11,593,589.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	50,147,000.	32	55,978,000.
33 Total liabilities and net assets/fund balances	442,805,277.	33	551,676,690.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	493,767,895.
2	Total expenses (must equal Part IX, column (A), line 25)	2	475,055,076.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,712,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,147,000.
5	Net unrealized gains (losses) on investments	5	6,465,860.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-19,347,679.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	55,978,000.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
----------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
-----------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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)		123,672.	123,672.
c Total lobbying expenditures (add lines 1a and 1b)		123,672.	123,672.
d Other exempt purpose expenditures		474,931,405.	481,592,328.
e Total exempt purpose expenditures (add lines 1c and 1d)		475,055,077.	481,716,000.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	284,647.	119,645.	127,213.	123,672.	655,177.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A; LINE 1B

THE STATE OF NEW JERSEY FORM LI-L, ANNUAL REPORT OF REPRESENTED ENTITY,
FILED BY SAINT PETER'S UNIVERSITY HOSPITAL, REFLECTS THE FOLLOWING
LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT PETER'S UNIVERSITY
HOSPITAL AND ITS AFFILIATES:

THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM A TOTAL OF \$60,000 DURING
2020 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 \$63,672 IN 2020.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2020

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,357,732.	6,677,335.	8,161,875.	10,643,565.	8,622,000.
b Contributions		150.	17,017.	56,586.	172,758.
c Net investment earnings, gains, and losses	5,236,075.	-316,657.	-1,476,862.	-2,374,981.	1,928,859.
d Grants or scholarships					
e Other expenditures for facilities and programs	218.	3,096.	24,695.	163,295.	80,052.
f Administrative expenses					
g End of year balance	11,593,589.	6,357,732.	6,677,335.	8,161,875.	10,643,565.

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:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,142,884.		5,142,884.
b Buildings		343,157,233.	230,301,135.	112,856,098.
c Leasehold improvements		5,014,772.	5,014,741.	31.
d Equipment		238,157,299.	194,669,506.	43,487,793.
e Other		3,015,490.	883,655.	2,131,835.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				163,618,641.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIMITED USE ASSETS	142,710,686.	FMV
(2) BENEFICIAL INTEREST IN FDN	10,848,756.	FMV
(3) OTHER INVESTMENTS	7,563,893.	FMV
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	161,123,335.	

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	6,412,401.
(2) DUE FROM RELATED PARTIES	7,392,059.
(3) OPERATING LEASE ASSETS	5,513,910.
(4) OTHER RECEIVABLES	8,893,869.
(5) OTHER ASSETS	16,015,417.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	44,227,656.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	3,793,038.
(3) OPERATING LEASE LIABILITY	5,513,910.
(4) EST. 3RD PARTY PAYOR SETTLEMENTS	91,263,001.
(5) DUE TO RELATED PARTIES	14,656,083.
(6) ACCRUED PENSION LIABILITY	156,251,328.
(7) OTHER LIABILITIES	28,382,793.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	299,860,153.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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 PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, QUESTION 3A

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

SCHEDULE D, PART V

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	FINANCIAL VEHICLE	5,217,803.
(2) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		30,109,433.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					35,327,236.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					35,327,236.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

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

SCHEDULE F, PART I

THIS ORGANIZATION ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO RISK
 ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL; A FINANCIAL
 VEHICLE, \$5,217,803 FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
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 _____ %	X	
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 <u>500.0000</u> %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,807,533.	4,163,105.	19,644,428.	4.14
b Medicaid (from Worksheet 3, column a)			117,947,312.	73,882,055.	44,065,257.	9.28
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			141,754,845.	78,045,160.	63,709,685.	13.42
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,658,248.	2,030,537.	2,627,711.	.55
f Health professions education (from Worksheet 5)			15,396,875.	9,642,519.	5,754,356.	1.21
g Subsidized health services (from Worksheet 6)			8,714,743.	6,140,748.	2,573,995.	.54
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			205,426.		205,426.	.04
j Total. Other Benefits			28,975,292.	17,813,804.	11,161,488.	2.34
k Total. Add lines 7d and 7j			170,730,137.	95,858,964.	74,871,173.	15.76

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

Schedule H (Form 990) 2020

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

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- 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** 13,320,707.
- 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** 732,639.
- 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

- Enter total revenue received from Medicare (including DSH and IME). **5** 63,442,611.
- Enter Medicare allowable costs of care relating to payments on line 5. **6** 68,929,817.
- Subtract line 6 from line 5. This is the surplus (or shortfall). **7** -5,487,206.
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 SAINT PETER'S UNIVERSITY HOSPITAL
 254 EASTON AVENUE
 NEW BRUNSWICK NJ 08901
 WWW.SAINTPETERSHCS.COM
 11205

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X	X	X			X			1

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SAINTPETERSHCS.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		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.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2020

Part V Facility Information (continued)

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

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

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

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

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

IN REVIEWING THE INFORMATION THAT FOLLOWS, IT IS IMPORTANT TO NOTE THAT

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

IDENTIFYING PERVASIVE TRENDS AND ALIGNING THEM WITH THE 2016 CHIP FOCUS AREAS WILL LEAD TO THE CREATION OF A MORE ROBUST AND EVIDENCE-BASED 2020 CHIP. DURING THIS PROCESS THE NEW AND EMERGING TRENDS THAT OCCUR THROUGHOUT BOTH THE QUALITATIVE AND QUANTITATIVE MEASURES WILL BE HIGHLIGHTED.

IN ADDITION TO THE ABOVE, THERE WAS A PURPOSEFUL DECISION TO FOCUS ON AN UPDATE, RATHER THAN A DUPLICATION OF THE PREVIOUS CHNA. CONSISTENCY THROUGHOUT THE ASSESSMENT WAS OF PARAMOUNT IMPORTANCE, LEADING TO A FOCUS ON THE QUANTITATIVE MEASURES, COMMUNITY HEALTH NEEDS SURVEYS AND FOCUS GROUP DISCUSSIONS, ALLOWING PERVASIVE TRENDS TO EMERGE MORE READILY.

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

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.

OF THE COMMUNITY IN MIDDLESEX AND SOMERSET COUNTIES.

PRIMARY DATA SOURCES

COMMUNITY HEALTH NEEDS SURVEYS: IN ORDER TO OBTAIN A SERVICE AREA-SPECIFIC ANALYSIS FOR THE ORGANIZATION'S SERVICE AREA, ON-LINE SURVEY INTERVIEWS WERE CONDUCTED AMONG 1,185 RESIDENTS. INTERVIEWS WERE CONDUCTED ONLINE AND BY TELEPHONE. A LINK TO THE ONLINE SURVEY WAS DISPLAYED ON HOSPITAL WEB PAGES AND SOCIAL MEDIA SITES. ADDITIONALLY, POSTCARDS WERE HANDED OUT AT AREA BUSINESSES AND LIBRARIES, DIRECTING RESIDENTS TO THE ONLINE SURVEY LINK. A TELEPHONE AUGMENT WAS CONDUCTED TO CAPTURE ADDITIONAL INTERVIEWS IN SPECIFIC AREAS AND AMONG SPECIFIC ETHNIC GROUPS.

FOCUS GROUP DISCUSSIONS: TWO FOCUS GROUPS WERE UNDERTAKEN TO UNCOVER ADDITIONAL INFORMATION FROM KEY COMMUNITY GROUPS AND INDIVIDUALS WITH RESPECT TO HEALTH NEEDS, CHALLENGES AND BARRIERS, AND SUGGESTIONS FOR IMPROVING ACCESS TO HEALTH CARE SERVICES. ONE FOCUS GROUP WAS MADE UP OF YOUTH COUNSELORS, INDIVIDUALS, AND REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS PROVIDING SERVICES TO YOUTH AND ADOLESCENTS. THIS GROUP WAS DESIGNED TO UNCOVER MAJOR ISSUES ABOUT CONCERNS FACING MIDDLE AND HIGH SCHOOL AGED ADOLESCENTS. ANOTHER FOCUS GROUP WAS MADE UP OF UNDOCUMENTED HISPANIC/LATINA WOMEN TO DISCUSS THEIR HEALTH NEEDS AND THE BARRIERS THEY FACED IN ACCESSING CARE, AND IN LEADING HEALTHY LIFESTYLES. FOCUS GROUP

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.

MEETINGS WERE CONDUCTED ON AUGUST 27TH AND 30TH, 2019 BY NEW SOLUTIONS, INC.

SECONDARY DATA SOURCES

OVER 100 SECONDARY DATA SOURCES WERE UTILIZED IN COMPILING OUR CHNA, PRESENTING DATA BY INDICATOR BY COUNTY AND STATE. SOURCES INCLUDE: THE UNITED STATES CENSUS BUREAU, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NEW JERSEY DEPARTMENT OF HEALTH (NJDOH), AND BEHAVIORAL RISK FACTOR APPENDIX C CONTAINS A DETAILED REPORT OF CANCER INCIDENCE AND MORTALITY BY CANCER SITE FOR MIDDLESEX COUNTY FOR THE YEARS 2010-2017. IN ADDITION, HOSPITAL TUMOR REGISTRY DATA IS UTILIZED TO UNDERSTAND STAGE OF CANCER AT TIME OF DIAGNOSIS.

HEALTH PROFILE: SECTION 5 OF THE ORGANIZATION'S CHNA PROVIDES A COMPREHENSIVE PRESENTATION OF HEALTH OUTCOMES AS WELL AS THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH FACTORS THAT CONTRIBUTE TO THE HEALTH AND WELL-BEING OF MIDDLESEX COUNTY RESIDENTS.

COLOR INDICATOR TABLES: THROUGHOUT THE HEALTH PROFILE SECTION OF THIS CHNA, THE COLOR INDICATOR TABLES COMPARE COUNTY LEVEL DATA TO HEALTHY PEOPLE 2020 TARGETS, COUNTY HEALTH RANKINGS BENCHMARKS, AND NEW JERSEY STATE DATA. DATA BY RACE/ETHNICITY ARE COMPARED TO DATA FOR ALL RACES IN THE COUNTY, UNLESS OTHERWISE INDICATED. MIDDLESEX COUNTY WAS THE MIDPOINT

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.

VALUE COMPARED TO A RANGE 20% HIGHER THAN THE VALUE FOR NEW JERSEY, HEALTHY PEOPLE 2020, OR COUNTY HEALTH RANKINGS BENCHMARKS, OR 20% LOWER THAN THE VALUE FOR NEW JERSEY, HEALTHY PEOPLE 2020, OR COUNTY HEALTH RANKINGS BENCHMARKS. IF THE COUNTY VALUE WAS WITHIN THE RANGE 20% LOWER OR 20% HIGHER THAN THE COMPARISON INDICATOR, OR CONSIDERED WITHIN REASONABLE RANGE, THE INDICATOR WILL BE YELLOW. THE TABLE WILL BE RED IF THE MIDDLESEX COUNTY VALUE IS MORE THAN 20% WORSE OR LOWER THAN THE INDICATOR VALUE. IF THE MIDDLESEX COUNTY VALUE IS 20% BETTER OR HIGHER THAN THE INDICATOR VALUE, THE TABLE WILL BE GREEN. COMPARATIVE COUNTIES ARE ALSO PRESENTED PROVIDING ADDITIONAL CONTEXT FOR SELECT HEALTH INDICATORS.

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

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

UNDER THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), NON-PROFIT HOSPITALS MUST CONDUCT A CHNA AND IDENTIFY AN IMPLEMENTATION STRATEGY TO ADDRESS THOSE NEEDS EVERY THREE YEARS. IN ORDER TO CONTINUE

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.

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, WHILE DEVELOPING STRUCTURE AND SUSTAINABLE STRATEGIES THAT INTEGRATE HEALTH AND WELLNESS INTO ALL ASPECTS OF ITS COMMUNITY. RWJUH AND SPUH ARE FOUNDING MEMBERS OF THE CONSORTIUM AND PROVIDE SPONSORSHIP FOR THE DEVELOPMENT OF THE CHNA. THE CHNA IS DESIGNED TO ENSURE THAT THE HOSPITALS AND OTHER COMMUNITY STAKEHOLDERS CONTINUE TO SERVE THE HEALTH NEEDS OF ITS SERVICE AREA EFFECTIVELY AND EFFICIENTLY.

THE CHNA'S DEVELOPMENT CONSULTANTS, NEW SOLUTIONS, INC. ("NSI"), HAVE PLANNED AND CONDUCTED NUMEROUS COMMUNITY NEEDS ASSESSMENTS AND IMPLEMENTATION PLANS WITH MULTIPLE ORGANIZATIONS INCLUDING INDIVIDUAL

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.

HOSPITALS, HEALTH SYSTEMS, OTHER HEALTH CARE AND COMMUNITY ORGANIZATIONS SUCH AS CONSORTIA COMPRISED OF A WIDE RANGE OF PARTICIPANT ORGANIZATIONS. THE NSI TEAM INCLUDES: PLANNING CONSULTANTS, MARKET RESEARCHERS, EPIDEMIOLOGISTS, COMPUTER PROGRAMMERS AND DATA ANALYSTS. NSI HAS EXTENSIVE REGIONAL AND LOCAL COMMUNITY KNOWLEDGE OF HEALTH ISSUES, COMMUNITY SERVICES AND PROVIDER RESOURCES. THIS EXPERTISE, AS WELL AS THE METHODOLOGICAL AND TECHNICAL SKILLS OF THE ENTIRE STAFF, WAS BROUGHT TO BEAR IN CONDUCTING THIS NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:
[HTTPS://WWW.SAINTPETERSHCS.COM/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-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

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.

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

SCHEDULE H, PART V, SECTION B, QUESTION 11

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

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

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

THE STEERING COMMITTEE REVIEWED THE RESULTS OF THE PRIORITIZATION PROCESS AND THROUGH DISCUSSION DETERMINED THAT THE TOP THREE PRIORITY ISSUES OF

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 PLAN WOULD ADDRESS INCLUDED: ACCESS TO CARE AND SERVICES, PREVENTIVE CARE AND VACCINE USE, AND NUTRITION AND PHYSICAL ACTIVITY. SPECIFIC AREAS OF CONCERN WITHIN THE MAJOR AREAS INCLUDED:

1) ACCESS TO CARE AND SERVICES

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

2) PREVENTATIVE CARE AND VACCINATION USE

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

3) NUTRITION AND PHYSICAL ACTIVITY

- FOOD SECURITY
- OBESITY

THE ORGANIZATION PLANS TO ADDRESS THE ABOVE HEALTH NEEDS BY DOING THE FOLLOWING AS INDICATED WITHIN ITS COMMUNITY HEALTH IMPROVEMENT PLAN.

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.

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

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

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

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

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

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

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.

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

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

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

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

OBJECTIVE: BY 2022, DEVELOP A HOSPITAL-BASED PROGRAM TO IDENTIFY, REFER
AND SERVICE VICTIMS OF VIOLENCE AND BUILD A CRIME VICTIM SURVIVORS
CONSORTIUM OF COMMUNITY-BASED ORGANIZATIONS TO PROVIDE EDUCATION,
RESOURCES AND REFERRALS FOR VICTIMS AND SURVIVORS OF VIOLENT CRIMES AND
THEIR FAMILIES.

ACTION ITEMS: (1) BY THE END OF 2020, TRAIN AND ON BOARD RWJUH AND PRAB

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.

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

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

ACTION ITEMS: (1) PARTNER WITH FAMILY SUCCESS CENTERS TO PROVIDE AND IMPLEMENT ACES TRAINING; (2) IMPLEMENT 20 PRESENTATIONS YEARLY WITH A MINIMUM OF 10 MUNICIPALITIES REPRESENTED, UNTIL 2022; (3) IDENTIFY AND TRAIN A MINIMUM OF 5 COMMUNITY HEALTH AMBASSADORS (CHA) TO BECOME ACES

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.

EXPERTS AND PROVIDE TRAININGS TO THE COMMUNITY (JULY 2020); (4) IMPLEMENT 10 ACES WORKSHOPS TARGETING 75 RESIDENTS FACILITATED BY CHA IN THE COMMUNITY (DECEMBER 2020).

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

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

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

ACTION ITEMS: (1) UPDATE, DISTRIBUTE AND TRAIN COMMUNITY PROVIDERS ON THE BHRRG; (2) TRANSLATE PRESENTATION AND HOLD BHRRG TRAINING IN SPANISH, 2021; (3) MARKET TRAININGS AND BHRRG TO APPROPRIATE COMMUNITY PROVIDERS, ANNUALLY; (4) ADD BHRRG TO THE HEALTHIER MIDDLESEX WEBSITE AND TRACK UTILIZATION.

OBJECTIVE: BY 2022, ENCOURAGE SCHOOLS, CAMPS, AFTER SCHOOL PROGRAMS AND FAITH-BASED ORGANIZATIONS TO OFFER PROGRAMS DESIGNED TO PROVIDE CHILDREN

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.

AND FAMILIES WITH THE TOOLS AND RESOURCES THEY NEED TO NAVIGATE THE CHALLENGES THEY FACE ON A DAILY BASIS.

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

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

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

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

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

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

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.

INITIATIVE BY 10%.

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

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

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

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

GOAL: INCREASE UTILIZATION OF COMMUNITY RESOURCES FOR PREVENTION AND
MANAGEMENT OF CHRONIC DISEASES.

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

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

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.

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

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

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

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

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

ACTION ITEMS: (1) IDENTIFY SOURCES OF EDUCATIONAL MATERIALS ON VECTOR BORNE DISEASE PREVENTION; (2) DISTRIBUTE CDC AND OTHER RELEVANT EDUCATIONAL MATERIALS ABOUT VECTOR BORNE DISEASE PREVENTION THROUGHOUT

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 REGION; (3) BY 2020, COUNTY AND LOCAL HEALTH DEPARTMENTS SHOULD DEVELOP OR UPDATE RESPONSE PLANS FOR PREVENTABLE DISEASE OUTBREAKS AND SHARE DOCUMENTS WITH EACH OTHER.

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

ACTION ITEMS: (1) SUPPORT COMMUNICATIONS TO ENHANCE INFORMED VACCINE DECISION MAKING, INCLUDING AUGUST CAMPAIGN TO REMIND PARENTS ABOUT GETTING CHILDREN VACCINATED BEFORE SCHOOL STARTS; (2) BY 2021 DEVELOP AT LEAST 1 NEW CAMPAIGN TO EDUCATE RESIDENTS ABOUT THE BENEFITS OF VACCINE USE IN THE PREVENTION OF FLU AND PNEUMONIA; (3) IN 2020, OFFER PROGRAM TO FOOD HANDLERS ON HEPATITIS A PREVENTION AND PROVIDE ACCESS TO FREE OR LOW-COST VACCINES; (4) WORK WITH COMMUNITY PARTNERS TO INCREASE THE NUMBER OF COMMUNITY SITES PROVIDING FREE OR LOW-COST FLU AND PNEUMONIA VACCINES; (5) ENHANCE EDUCATION OF SEXUALLY TRANSMITTED INFECTION PREVENTION AND AVAILABILITY OF SCREENING SERVICES IN THE REGION.

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

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.

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

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

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

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

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.

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

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

ACTION ITEMS: (1) BY 2020, USE GIS MAPPING TOOLS TO LOCATE AND IDENTIFY FREE OR LOW-COST HEALTHY FOOD SOURCES WITHIN EACH MUNICIPALITY IN MIDDLESEX COUNTY; (2) BY 2021, PROMOTE FREE AND LOW COST FOOD DISTRIBUTION SERVICES (FOOD PANTRIES, SOUP KITCHENS, FARMER'S MARKETS) BY DEVELOPING MARKETING AND PROMOTIONAL MATERIALS AND PROVIDE TO MUNICIPALITIES AND OTHER SOCIAL SERVICES; (3) SUPPORT FOOD RETAIL STORES TO PROMINENTLY DISPLAY HEALTHY OPTIONS WITHIN KEY MUNICIPALITIES IN NEED, OUTLINED IN THE CHNA; (4) WORK WITH FOOD SOURCES AND PANTRIES TO MAXIMIZE THE NUMBER OF THE DAYS/HOURS OF OPERATION FOR INCREASED ACCESS AREA-WIDE.

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

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

OBJECTIVE: BY 2022, INCORPORATE PHYSICAL ACTIVITY AND WELLNESS

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.

INITIATIVES INTO EXISTING PROGRAMS THROUGH PARTNER ORGANIZATIONS AND
EXPAND THE UTILIZATION OF HEALTHY KIDS CAMP, WALK WITH A DOC, PARKSRX.

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

SCHEDULE H, PART V; SECTION B, QUESTION 16

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

[HTTP://WWW.SAINTPETERSHCS.COM/PATIENTS/BILLING-AND-PAYMENT/FINANCIAL-ASSIS
TANCE-PROGRAM](http://WWW.SAINTPETERSHCS.COM/PATIENTS/BILLING-AND-PAYMENT/FINANCIAL-ASSIS
TANCE-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? 10

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

Schedule H (Form 990) 2020

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.
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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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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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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.

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

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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.

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.

SCHEDULE H, PART I, QUESTION 7

THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED.

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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SCHEDULE H, PART II

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

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.

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

ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE

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

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.

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

THE SYSTEM'S INITIAL ESTIMATE OF THE TRANSACTION PRICE FOR SERVICES PROVIDED TO PATIENTS IS DETERMINED BY REDUCING THE TOTAL STANDARD CHARGES RELATED TO THE PATIENT SERVICES PROVIDED BY VARIOUS ELEMENTS OF VARIABLE CONSIDERATION, INCLUDING CONTRACTUAL ADJUSTMENTS, DISCOUNTS, IMPLICIT PRICE CONCESSIONS, AND OTHER REDUCTIONS TO THE SYSTEM'S STANDARD CHARGES. THE SYSTEM DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL OR FORMULA-DRIVEN RATES FOR THE SERVICES RENDERED (SEE DESCRIPTION OF THIRD-PARTY PAYOR PAYMENT PROGRAMS BELOW). THE ESTIMATES FOR CONTRACTUAL ALLOWANCES AND DISCOUNTS ARE BASED ON CONTRACTUAL

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.

AGREEMENTS, THE SYSTEM'S DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE SYSTEM DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES ON THE BASIS OF CHARGES REDUCED BY IMPLICIT PRICE CONCESSIONS.

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

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

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.

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

SUBSTANTIALLY ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS PRIMARILY RELATE TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD FOR PATIENTS WHO REMAIN ADMITTED AT THAT TIME (IN-HOUSE PATIENTS). THE PERFORMANCE OBLIGATIONS FOR IN-HOUSE PATIENTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE

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.

DISCHARGED, WHICH FOR THE MAJORITY OF THE SYSTEM'S IN-HOUSE PATIENTS OCCURS WITHIN DAYS OR WEEKS AFTER THE END OF THE REPORTING PERIOD.

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

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2020 MEDICARE COST REPORT.

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.

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

AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT 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

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.

IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

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

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.

§501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS

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.

WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. § 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS

Part VI Supplemental Information

Provide the following 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.

ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS
INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO
SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS
OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS
EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD
PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER
CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE
FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND
HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND
RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF
INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE
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.

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.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007, WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA BELIEVED THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

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

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.

NEGATIVE 5.4 PERCENT.

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

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

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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- 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.

I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER

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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.

COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40 PERCENT OF BAD DEBT IS PENDING CHARITY CARE.

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

- AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' 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 SHOULD 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.

Part VI Supplemental Information

Provide the following 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.

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

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

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

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

Part VI Supplemental Information

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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.

GUARANTOR) RESPONSIBILITY AMOUNT. IF THE ACCOUNT HAS A PRIOR HISTORY OF MEDICAID OR CHARITY CARE ELIGIBILITY, WE WILL MAKE ALL EFFORTS TO REVIEW CURRENT DOCUMENTATION AND CHECK FOR POTENTIAL ELIGIBILITY.

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

- 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

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.

- INCLUDE A COPY OF THE PLS.

IN ADDITION, SPUH MUST MAKE A REASONABLE EFFORT TO ORALLY NOTIFY THE INDIVIDUAL ABOUT THE FAP.

3) THERE MUST BE A MINIMUM SPAN OF 120 DAYS, FROM THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT, PRIOR TO ANY BAD DEBT WRITE-OFF AND POTENTIAL REFERRAL TO ONE OF OUR EXTERNAL COLLECTION AGENCIES.

4) IF AT ANY TIME OUR EXTERNAL COLLECTION AGENCY IS NOTIFIED THAT THE PATIENT/GUARANTOR IS FAP-ELIGIBLE THE HOSPITAL RETAINS THE OPTION TO:

- 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

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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- 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.

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

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

- TAKING ACTIONS THAT REQUIRE LEGAL OR JUDICIAL PROCESS - INCLUDING LIENS, FORECLOSURES, CIVIL ACTIONS;
- REPORTING ADVERSE INFORMATION TO CREDIT AGENCIES OR BUREAUS; AND
- DEFERRING, DENYING, OR REQUIRING A PAYMENT BEFORE REQUIRING NON-MEDICALLY NECESSARY OR EMERGENT CARE BECAUSE OF NON-PAYMENT FOR PREVIOUSLY PROVIDED CARE THAT IS COVERED UNDER THE FAP.

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.

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.

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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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- 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.

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

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

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.

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

SAINT PETER'S UNIVERSITY HOSPITAL
 ATTN: RESOURCE SERVICES
 254 EASTON AVENUE
 NEW BRUNSWICK, NJ 08901

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

SAINT PETER'S UNIVERSITY HOSPITAL
 DEPARTMENT: RESOURCE SERVICES
 TELEPHONE #: 732.745.8600 EXTENSION: 5019

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.

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.

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.

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.

MIDDLESEX COUNTY HAS A LARGER PROPORTION OF AFRICAN-AMERICAN AND HISPANIC/LATINO RESIDENTS THAN NEW JERSEY.

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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- 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.

- MIDDLESEX COUNTY'S POPULATION IS 9.6% AFRICAN-AMERICAN, COMPARED TO 12.8% STATEWIDE.

- MIDDLESEX COUNTY'S POPULATION IS 21.3% HISPANIC/LATINO, COMPARED TO 20.7% STATEWIDE.

- MIDDLESEX COUNTY'S POPULATION IS 41.8% WHITE, COMPARED TO 54.4% STATEWIDE.

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%).

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.

- 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.

- THE 2016 MEDIAN HOUSEHOLD INCOME OF NEW BRUNSWICK RESIDENTS (\$40,428) WAS A LITTLE MORE THAN HALF THE STATEWIDE FIGURE (\$73,702).4

- 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

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.

BOARD MEMBERS ARE INVITED AS WELL AS SENIOR MANAGEMENT TEAM AND STAFF MEMBERS. THE MAJORITY OF THE BOARD OF TRUSTEES ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS AND PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION). ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES BY THEIR RESPECTIVE DEPARTMENTS. UNDER THE DIRECTIVE OF THE ORGANIZATION'S CORPORATE FINANCE OFFICE, SURPLUS FUNDS ARE USED FOR CAPITAL PROJECTS TO IMPROVE SERVICES OR PURCHASE EQUIPMENT, WHICH IN TURN, BENEFIT THE COMMUNITY.

SCHEDULE H, PART VI; QUESTION 6

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

NOT-FOR-PROFIT SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ENTITIES:

Part VI Supplemental Information

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SAINT PETER'S HEALTHCARE SYSTEM, INC.

SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM") IS THE TAX-EXEMPT PARENT OF THE SAINT PETER'S HEALTHCARE SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER SYSTEM OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY SAINT PETER'S HEALTHCARE SYSTEM. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY.

SAINT PETER'S HEALTHCARE SYSTEM, INC. IS AN ORGANIZATION RECOGNIZED BY 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

Part VI Supplemental Information

Provide the following information.

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SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS A 478-BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. SPUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. MOREOVER, SPUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

- 1. SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
- 2. SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

Part VI Supplemental Information

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3. SPUH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF SPUH RESTS WITH ITS BOARD OF GOVERNORS WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS, MEMBERS OF THE COMMUNITY AND MEDICAL STAFF REPRESENTATION; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES.

SAINT PETER'S FOUNDATION

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

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.

CODE §509(A)(1).

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

SAINT PETER'S HEALTH AND MANAGEMENT SERVICES CORPORATION

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

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SPUH; A RELATED INTERNAL

Part VI Supplemental Information

Provide the following information.

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

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

SAINT PETER'S PROPERTIES CORPORATION

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

NEW BRUNSWICK AFFILIATED HOSPITALS, INC.

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

Part VI Supplemental Information

Provide the following information.

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

REVENUE CODE §509(A)(3).

GIANNA PHYSICIAN PRACTICE OF NEW YORK, P.C.

GIANNA PHYSICIAN PRACTICE OF NEW YORK, P.C. IS A PROFESSIONAL CORPORATION
 RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE
 §501(C)(3) TAX EXEMPT ORGANIZATION AND AS A NON-PRIVATE FOUNDATION
 PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). DUE TO STATE OF NEW YORK
 CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS
 OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE
 BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL.

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

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

Part VI Supplemental Information

Provide the following information.

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

INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL. THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S UNIVERSITY HOSPITAL.

SAINT PETER'S SOLAR ENERGY SOLUTIONS, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS SAINT PETER'S HEALTH AND MANAGEMENT SERVICES. THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES SOLAR GENERATED ELECTRICITY TO THE HOSPITAL AND ONE OTHER NON-PROFIT ORGANIZATION.

PARK AVENUE COLLECTIONS CORPORATION

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.

AN INACTIVE FOR-PROFIT ORGANIZATION.

RISK ASSURANCE COMPANY OF SAINT PETER'S UNIVERSITY HOSPITAL

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

SAINT PETER'S SPECIALTY PHYSICIANS, P.C.

DUE TO STATE OF NEW JERSEY CORPORATE PRACTICE OF MEDICINE PROHIBITION RULES, THE ORGANIZATION IS OWNED THROUGH A NOMINEE RELATIONSHIP BY A LICENSED PROFESSIONAL FOR THE BENEFIT OF SAINT PETER'S UNIVERSITY HOSPITAL. THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS AND IS AN INTEGRAL PART OF SAINT PETER'S UNIVERSITY HOSPITAL. AN INACTIVE PROFESSIONAL CORPORATION LOCATED IN NEW

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.

BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY.

SAINT PETER'S ADVANCED CARE, P.C.

AN INACTIVE FOR-PROFIT ORGANIZATION.

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

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

2020

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LESLIE D. HIRSCH, FACHE TRUSTEE - PRESIDENT/CEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,069,372.	168,280.	39,157.	235,840.	18,795.	1,531,444.
2 ARKADY BRODER, M.D. GASTROENTEROLOGIST	(i)	408,746.	372,678.	20,369.	8,550.	35,488.	845,831.
	(ii)	0.	0.	0.	0.	0.	0.
3 CARLOS BENITO, M.D. CHAIRMAN OBGYN	(i)	729,546.	44,500.	7,589.	8,550.	36,076.	826,261.
	(ii)	0.	0.	0.	0.	0.	0.
4 DAVID JACOB, M.D. CARDIOLOGIST	(i)	621,646.	141,529.	5,757.	8,550.	21,169.	798,651.
	(ii)	0.	0.	0.	0.	0.	0.
5 GARRICK J. STOLDT, FHFH TREASURER - CFO SPHCS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	540,289.	63,122.	30,244.	66,030.	34,675.	734,360.
6 JOHN GALLUCCI, M.D. PEDIATRICIAN	(i)	661,631.	5,684.	5,757.	8,550.	27,182.	708,804.
	(ii)	0.	0.	0.	0.	0.	0.
7 DAVID A. LASKOW, M.D. CHIEF, DIVISION OF SURGERY	(i)	562,520.	57,222.	20,597.	8,550.	23,956.	672,845.
	(ii)	0.	0.	0.	0.	0.	0.
8 ALMA S. RATCLIFFE, M.D. VP; CHIEF CLIN TRANS OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	472,752.	57,418.	36,675.	58,582.	16,005.	641,432.
9 NAYAN K. KOTHARI, M.D. CHIEF ACADEMIC OFFICER	(i)	517,832.	60,454.	9,763.	8,550.	23,267.	619,866.
	(ii)	0.	0.	0.	0.	0.	0.
10 GOPAL R. DESAI, M.D. TRUSTEE	(i)	558,060.	375.	38,310.	8,550.	1,854.	607,149.
	(ii)	0.	0.	0.	0.	0.	0.
11 MARK HIATT, M.D. NEONATOLOGIST	(i)	538,962.	28,500.	8,343.	8,550.	14,814.	599,169.
	(ii)	0.	0.	0.	0.	0.	0.
12 JORDAN M. TANNENBAUM, M VP; CIO/CMIO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	417,849.	48,180.	35,441.	53,823.	34,149.	589,442.
13 BIPIN N. PATEL, M.D. PHYS IN CHIEF; CH HOSP @ SPUH	(i)	481,039.	0.	33,878.	8,550.	22,258.	545,725.
	(ii)	0.	0.	0.	0.	0.	0.
14 ALYSSA A. VERDERAMI, ES SECRETARY-VP LEGAL & RISK MGMT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	401,004.	44,604.	2,573.	49,061.	31,200.	528,442.
15 PAMELA A. TEUFEL VP; CHIEF HR OFFICER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	397,055.	47,173.	1,713.	49,041.	27,898.	522,880.
16 LINDA CARROLL, MSN, RN- CNO/VP PATIENT CARE SVS	(i)	394,416.	42,305.	4,767.	48,123.	27,880.	517,491.
	(ii)	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NIRANJAN V. RAO, M.D. CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	367,385.	42,494.	31,794.	48,400.	22,536.	512,609.	0.
2 LISA M. DRUMBORE VP; CHIEF EXPERIENCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	310,779.	34,448.	3,700.	39,291.	27,728.	415,946.	0.
3 BARBARA J. GRIFFITHS-WE CHIEF COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,518.	27,277.	28,563.	34,523.	28,935.	356,816.	0.
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 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 2020 FORM W-2, AS TAXABLE MEDICARE WAGES: LESLIE D. HIRSCH, FACHE, \$227,290; GARRICK J. STOLDT, FHFMA, CPA, \$57,480; ALMA S. RATCLIFFE, M.D., \$50,032; JORDAN M. TANNENBAUM, M.D., MBA, \$45,273; ALYSSA A. VERDERAMI, ESQ., \$40,511; PAMELA A. TEUFEL, \$40,491; LINDA CARROLL, MSN, RN-BC, \$39,573; NIRANJAN V. RAO, M.D., \$39,850; LISA M. DRUMBORE, \$31,323 AND BARBARA J. GRIFFITHS-WELSH, \$26,860.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2020 WHICH WAS INCLUDED IN COLUMN (II) HEREIN AND IN

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.

EACH INDIVIDUAL'S 2020 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 K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired			84,163,069.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	67,469,850.		100,604,659.					
4	Gross proceeds in reserve funds	6,610,980.		8,563,895.					
5	Capitalized interest from proceeds	2,839,321.							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,284,750.		2,063,899.					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	56,734,799.		5,813,796.					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2020

Part III Private Business Use		TAX EXEMPT BONDS							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.2100 %		.4700 %					
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 ▶								
6	Total of lines 4 and 5	1.2100 %		.4700 %					
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				

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

SCHEDULE K, PART I, COLUMN C

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

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

SCHEDULE K, PART I, COLUMN F

THE PURPOSE OF THE SERIES 2007 BONDS WERE TO (I) REFUND A PORTION OF THE
OUTSTANDING PRINCIPAL AMOUNT OF THE ST. PETER'S MEDICAL CENTER ISSUE,
SERIES F; (II) PAY OR REIMBURSE THE COSTS OF THE CONSTRUCTION AND
RENOVATION OF CERTAIN PORTIONS OF THE HOSPITAL'S FACILITIES AND THE
ACQUISITION OF VARIOUS CAPITAL EQUIPMENT; (III) PAY CAPITALIZED INTEREST
ON A PORTION OF THE SERIES 2007 BONDS; (IV) FUND THE DEBT SERVICE RESERVE
FUND RELATED TO THE SERIES 2007 BONDS; AND (V) PAY OR REIMBURSE THE COSTS
OF ISSUANCE OF THE SERIES 2007 BONDS.

THE PURPOSE OF THE SERIES 2011 BOND WERE TO (I) REFUND ALL OF THE

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

OUTSTANDING SERIES F REVENUE BONDS, SERIES 2000A REVENUE BONDS, AND SERIES 2000B BONDS; (II) PAY OR REIMBURSE THE COSTS OF CERTAIN CAPITAL EXPENDITURES RELATING TO THE RENOVATION OF PORTIONS OF THE HOSPITAL'S FACILITIES AND THE ACQUISITION AND INSTALLATION OF VARIOUS EQUIPMENT TO BE USED BY THE HOSPITAL AT ITS FACILITIES (APPROXIMATELY \$5,500,000); (III) FUND THE DEBT SERVICE RESERVE FUND RELATING TO THE SERIES 2011 BONDS; AND (IV) PAY THE COSTS OF ISSUANCE OF THE SERIES 2011 BONDS.

SCHEDULE K, PART IV, LINE 2C

THE REBATE CALCULATION FOR THE 2007 BOND ISSUANCE WAS PERFORMED ON OCTOBER 31, 2017.

THE REBATE CALCULATION FOR THE 2011 BOND ISSUANCE WAS PERFORMED ON AUGUST 9, 2021.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

22-1487330

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

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SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, SEXUAL IDENTITY AND ORIENTATION, NATIONAL ORIGIN, OR ABILITY TO PAY.

MOREOVER, SPUH OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. SPUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. SPUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS THAT IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR;
3. SPUH MAINTAINS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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4. CONTROL OF SPUH RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS, CLERGY AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.

THE OPERATIONS OF SPUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SPUH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

SAINT PETER'S UNIVERSITY HOSPITAL, LOCATED AT 254 EASTON AVE., NEW BRUNSWICK, N.J. IS A 478-BED NONPROFIT ACUTE-CARE TEACHING HOSPITAL SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF METUCHEN. SAINT PETER'S, A MEMBER OF THE SAINT PETER'S HEALTHCARE SYSTEM, IS A MAJOR CLINICAL AFFILIATE OF RUTGERS UNIVERSITY BIOMEDICAL AND HEALTH SCIENCES DIVISION AND SPONSORS ITS OWN FREESTANDING RESIDENCY PROGRAMS IN OBSTETRICS AND GYNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE AND FELLOWSHIP PROGRAMS IN PULMONOLOGY AND GASTROENTEROLOGY. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION AND IS CERTIFIED AS A MAGNET HOSPITAL FOR NURSING

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CENTER. SAINT PETER'S IS ALSO A STATE-DESIGNATED ACUTE CARE CHILDREN'S HOSPITAL AND A REGIONAL PERINATAL CENTER AND IS AFFILIATED WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOR PEDIATRIC CARDIOLOGY SERVICES. SAINT PETER'S WAS THE FIRST HOSPITAL IN MIDDLESEX COUNTY AND HAS SERVED THE HEALTHCARE NEEDS OF CENTRAL NEW JERSEY CONTINUOUSLY SINCE 1907, PROVIDING SUBSTANTIAL COMMUNITY BENEFIT.

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

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

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

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NEONATOLOGY IN THE COUNTRY BY U.S. NEWS AND WORLD REPORT. SAINT PETER'S IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION AND IS NEW JERSEY'S FIRST DESIGNATED AGE-FRIENDLY HEALTH SYSTEM.

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

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

MISSION STATEMENT

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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

Name of the organization SAINT PETER'S UNIVERSITY HOSPITAL	Employer identification number 22-1487330
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AND SACREDNESS OF EACH LIFE.

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

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

FACTS

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NEW JERSEY'S FIRST STATE-DESIGNATED REGIONAL PERINATAL CENTER (LEVEL 3) AND NEONATAL INTENSIVE CARE UNIT (LEVEL 3), ESTABLISHED IN 1981.

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

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

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

FOR MORE THAN 40 YEARS, A REGIONAL PROVIDER OF COMPREHENSIVE CANCER SERVICES ACCREDITED BY THE COMMISSION ON CANCER, INCLUDING A FREE-STANDING ADULT ONCOLOGY CENTER, RADIATION ONCOLOGY, OUTPATIENT CHEMOTHERAPY, PROSTATE SEED IMPLANTATION, A NATIONALLY ACCREDITED BREAST CENTER, BREAST CANCER TREATMENT, GYNECOLOGIC ONCOLOGY, MINIMALLY INVASIVE SURGERY, CYBERKNIFE ROBOTIC RADIOSURGERY, DA VINCI ROBOTICALLY ASSISTED SURGERY, AND SUPPORT GROUPS.

SPECIALIZES IN INTEGRATED GERIATRIC MEDICINE, OFFERING SERVICES AND SATELLITE CENTERS THAT INCLUDE GERIATRIC EVALUATION AND MANAGEMENT

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SERVICE (INTENSIVE OUTPATIENT PROGRAM FOR FRAIL SENIORS), WITH LOCATIONS IN MONROE AND NEW BRUNSWICK, AND COMMUNITY NURSING CARE AT EIGHT RETIREMENT COMMUNITIES IN MONROE.

THE SAINT PETER'S THYROID AND DIABETES CENTER, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION.

THE DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE, THE SOLE HOSPITAL-BASED PROVIDER OF GENETICS SERVICES TO INFANTS, CHILDREN AND ADULTS IN CENTRAL NEW JERSEY, COUNSELS, TESTS AND TREATS THOSE WITH A FAMILY HISTORY OF CHROMOSOME ABNORMALITIES, BIRTH DEFECTS, SKELETAL DYSPLASIA, CANCER SYNDROMES AND OTHER TYPES OF INHERITED DISORDERS.

WOMEN'S HEALTH SERVICES, INCLUDING IMAGING SERVICES, GENERAL OB/GYN, MIDWIFERY SERVICES, BREAST DISEASE, UROGYNECOLOGY, GYNECOLOGIC ONCOLOGY AND SAINT PETER'S GIANNA CENTER, DEDICATED TO PROVIDING A MORE NATURAL ALTERNATIVE TO ASSISTED REPRODUCTIVE TECHNOLOGIES SUCH AS IN VITRO FERTILIZATION AND COMPREHENSIVE GYNECOLOGIC PRIMARY CARE AND SPECIALIZED FERTILITY AND FAMILY PLANNING TECHNIQUES USED TO UNMASK THE TRUE CAUSES OF INFERTILITY FOR ALL WOMEN, REGARDLESS OF FAITH. FERTILITY AND FAMILY PLANNING TECHNIQUES USED TO UNMASK THE TRUE CAUSES OF INFERTILITY FOR ALL WOMEN, REGARDLESS OF FAITH.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SPECIALTY SERVICES

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REGIONAL PERINATAL CENTER (RPC): DELIVERING NEARLY 5,300 BABIES ANNUALLY, SAINT PETER'S OFFERS ONE OF THE LARGEST, MOST SOPHISTICATED MATERNITY PROGRAMS IN THE COUNTRY. THE HOSPITAL WAS THE FIRST REGIONAL PERINATAL CENTER IN NEW JERSEY AND SPECIALIZES IN HIGH-RISK PREGNANCY. THE ANTENATAL TESTING UNIT IS ONE OF THE LARGEST UNITS OF ITS KIND AND FEATURES 3-D AND 4-D ULTRASOUND TESTING. SPECIALTY MATERNAL FETAL MEDICINE PROGRAMS INCLUDE THE INFANT AND PERINATAL LOSS EVALUATION PROGRAM AND THE INFANT PREMATURETY ASSESSMENT AND PREVENTION PROGRAM.

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

CANCER PROGRAM: INCLUDES A 24-BED INPATIENT UNIT AND OUTPATIENT SERVICES INCLUDING RADIATION AND INFUSION THERAPIES AND SURGERY. THE PROGRAM PROVIDES STATE-OF-THE-ART TREATMENTS SUCH AS IMRT, CYBERKNIFE AND BREAST

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

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

THE THYROID AND DIABETES CENTER: RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN ALL AREAS OF DIABETES EDUCATION, THE CENTER DIAGNOSES, TREATS, EDUCATES AND HELPS PATIENTS MANAGE THIS CHRONIC DISEASE. CERTIFIED DIABETES EDUCATORS SERVE ALL INPATIENTS THROUGHOUT SAINT PETER'S, AND THE HOSPITAL HAS A DEDICATED METABOLIC INPATIENT UNIT FOR PATIENTS WITH DIABETES. THE CENTER PROVIDES EXTENSIVE INPATIENT AND OUTPATIENT EDUCATION AND THE MOST CURRENT DIAGNOSTICS AND TREATMENTS, INCLUDING PUMP THERAPY.

SURGERY: ORTHOPEDIC PROCEDURES, INCLUDING HIPS, KNEES AND SPINES AND THE NAVIO SURGICAL SYSTEM. GENERAL, VASCULAR AND OTHER SURGICAL PROCEDURES, INCLUDING BARIATRIC, COLORECTAL AND EAR, NOSE AND THROAT, ARE ALSO

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AVAILABLE. SAME-DAY PROCEDURES ARE PERFORMED IN THE CARES SURGICENTER.

GENERAL AND SPECIALTY PEDIATRIC SURGERIES ARE PERFORMED AND SUPPORTED BY THE LARGEST GROUP OF PEDIATRIC ANESTHESIOLOGISTS IN THE AREA.

WOMEN'S SERVICES INCLUDES UROGYNECOLOGY, BREAST DISEASE, GENERAL OB/GYN, MIDWIFERY SERVICES, AND GYNECOLOGIC ONCOLOGY. THE WOMEN'S IMAGING CENTER PROVIDES DIAGNOSTIC SERVICES INCLUDING HOLOGICGENIUS3D MAMMOGRAPHY AND BONE DENSITY TESTING AND A COMPLETE PROGRAM FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER IS AVAILABLE THROUGH SAINT PETER'S BREAST CENTER.

DEPARTMENT OF MEDICAL GENETICS AND GENOMIC MEDICINE COUNSELS, DIAGNOSES AND TREATS INDIVIDUALS AND FAMILIES WITH A HISTORY OF INHERITED DISEASES, INCLUDING PRENATAL THROUGH ADULT SERVICES. THE DEPARTMENT SERVES AS BOTH A REGIONAL CENTER FOR INHERITED METABOLIC DISORDERS AND A REGIONAL CENTER FOR MEDICAL GENETIC SERVICES FOR CENTRAL NEW JERSEY. SAINT PETER'S IS HOME TO ONE OF THE LARGEST COMPREHENSIVE LYSOSOMAL DISEASE THERAPY CENTERS IN THE UNITED STATES. THE DEPARTMENT PROVIDES COMPREHENSIVE TESTING, TREATMENT AND LIFETIME MANAGEMENT FOR INFANTS FOUND TO HAVE AN INHERITED METABOLIC DISORDER. PRENATAL SERVICES ARE ALSO PROVIDED. THE TEAM INCLUDES GENETICISTS, GENETIC COUNSELORS, ENDOCRINOLOGISTS, NUTRITIONISTS AND A PATHOLOGIST.

WOUND CARE CENTER AND HYPERBARIC SERVICES PROVIDES TREATMENT FOR NON-HEALING WOUNDS CAUSED BY DIABETES, RADIATION THERAPY, ETC., INCLUDING

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HYPERBARIC OXYGEN THERAPY CHAMBERS, IN BOTH NEW BRUNSWICK AND MONROE.

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

FAMILY HEALTH CENTER: LOCATED AT 123 HOW LANE IN NEW BRUNSWICK, THE CENTER OFFERS COMPLETE MEDICAL AND SUBSPECIALTY SERVICES FOR UNDERSERVED ADULTS AND CHILDREN THROUGH ITS ADULT FACULTY PRACTICE, PEDIATRIC FACULTY GROUP AND WOMEN'S AMBULATORY CARE SERVICES. THE CENTER ALSO PROVIDES SOCIAL SERVICES, DIETITIAN SERVICES AND PHYSICAL MEDICINE.

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

COMMUNITY HEALTH SERVICES: A TEAM OF NURSES AND CLINICIANS TRAVELS THROUGHOUT CENTRAL NEW JERSEY WITH STAFF PROVIDING HEALTH SCREENINGS, VACCINATIONS AND WELLNESS EDUCATION TO BUSINESSES, SENIOR CENTERS, SOUP KITCHENS AND OTHERS. A 34-FOOT-LONG SPECIALLY EQUIPPED VAN SERVES AS A MOBILE HEALTH UNIT. REFERRALS ARE PROVIDED.

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

CARING FOR CHILDREN HAS ALWAYS BEEN VERY IMPORTANT FOR SAINT PETER'S. AS

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A STATE-DESIGNATED CHILDREN'S HOSPITAL, WE OFFER MANY SPECIALTY SERVICES FOR CHILDREN. WE CARE FOR HIGH-RISK BABIES AND SERIOUSLY ILL CHILDREN IN OUR NEONATAL INTENSIVE CARE AND PEDIATRIC INTENSIVE CARE UNITS. OUR CHILD LIFE PROGRAM HELPS TO EDUCATE AND PREPARE CHILDREN FOR THEIR STAY AT SAINT PETER'S, WHILE OUR PEDIATRIC EMERGENCY DEPARTMENT CAN HANDLE ANY INJURY OR ILLNESS A CHILD MAY HAVE. AT THE CHILDREN'S HOSPITAL AT SAINT PETER'S WE CARE FOR 9,000 INPATIENTS AND OVER 45,000 OUTPATIENTS EACH YEAR IN OUR FACILITIES AND THE DOROTHY B. HERSH PEDIATRIC EMERGENCY DEPARTMENT. SERVICES INCLUDE:

- AN EIGHT-BED PEDIATRIC INTENSIVE CARE UNIT (PICU) STAFFED BY PEDIATRIC INTENSIVISTS AND SPECIALLY TRAINED PEDIATRIC NURSES.
- A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT THAT TREATS MORE THAN 24,500 CHILDREN ANNUALLY (THE NEWLY RECONSTRUCTED FACILITY OPENED IN APRIL 2013).
- CHOP CARDIAC CENTER.
- COMPREHENSIVE PEDIATRIC SURGERY, INCLUDING MINIMALLY INVASIVE SERVICES AND PEDIATRIC ORTHOPEDIC SURGERY INCLUDING ANTERIOR SCOLIOSIS CORRECTION.
- THE LARGEST GROUP OF SPECIALLY TRAINED PEDIATRIC ANESTHESIOLOGISTS IN THE AREA, AVAILABLE 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK.
- A DIVISION OF PEDIATRIC HEMATOLOGY-ONCOLOGY THAT INCLUDES INFUSION SERVICES AND A VASCULAR CLINIC.
- A REGIONAL CRANIOFACIAL-NEUROSURGICAL CENTER SPECIALIZING IN THE CORRECTION OF CLEFT LIP AND CLEFT PALATE (UNIQUE TO THE REGION).
- PEDIATRIC ENDOCRINOLOGY DIVISION RECOGNIZED BY THE AMERICAN DIABETES

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ASSOCIATION IN DIABETES EDUCATION.

MARY V. O'SHEA BIRTH CENTER

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

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

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

OTHER SERVICES

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

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CHILDREN WITH DIABETES AND OTHER ENDOCRINE DISORDERS, EMPHASIZING FAMILY MANAGEMENT AND SUPPORT. THE CENTER OFFERS PUMP THERAPY TO APPROPRIATE PATIENTS AND SUPPORT GROUPS.

CRANIOFACIAL AND NEUROSURGICAL CENTER OFFERS CORRECTIVE SURGERY, MULTIDISCIPLINARY SUPPORT AND FOLLOW-UP SERVICES AND SUPPORT GROUPS FOR CHILDREN BORN WITH CLEFT LIP, CLEFT PALATE AND OTHER FACIAL DEFORMITIES. MEMBERS OF THE MULTIDISCIPLINARY MEDICAL TEAM ARE ACTIVE WITH OPERATION SMILE AND HEAL THE CHILDREN. THE STAFF OF THE CENTER IS RECOGNIZED AS A "CROSS-SPECIALTY TEAM" ONE OF THE HIGHEST RECOGNITIONS DESIGNATED BY THE AMERICAN CLEFT PALATE-CRANIOFACIAL ASSOCIATION (ACPA).

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DOROTHY B. HERSH REGIONAL CHILD PROTECTION CENTER IS A STATE-DESIGNATED REGIONAL DIAGNOSTIC AND TREATMENT CENTER FOR CHILD ABUSE PREVENTION. THE CENTER IDENTIFIES ABUSE, PROVIDES MEDICAL AND PSYCHOLOGICAL EVALUATION AND REFERRALS TO VICTIMS AND FAMILIES, SERVES AS EXPERT WITNESSES AND EDUCATES CHILD CARE AND LAW ENFORCEMENT PROFESSIONALS. IT SERVES MIDDLESEX, SOMERSET, MERCER, HUNTERDON, MONMOUTH, OCEAN, UNION AND WARREN COUNTIES. THE CHILD PROTECTION CENTER WAS THE ONLY CENTER OF ITS TYPE OPEN DURING THE PANDEMIC.

FOR KEEPS - KIDS EMBRACED AND EMPOWERED THROUGH PSYCHOLOGICAL SERVICES PROVIDES MENTAL HEALTH DIAGNOSES AND INTENSIVE TREATMENT FOR AREA CHILDREN, AGES 5 THROUGH 17, WHO SUFFER FROM EMOTIONAL OR BEHAVIORAL

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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 PAY. THIS IS EVIDENT BY, BUT NOT LIMITED TO, THE FOLLOWING:

- OPERATING MORE THAN 50 CLINICS AND MORE THAN 146,000 VISITS IN PEDIATRIC AND PEDIATRIC SUBSPECIALTIES, ADULT MEDICINE AND SUBSPECIALTIES, WOMEN'S HEALTH AND SUBSPECIALTIES, AND GERIATRIC MEDICINE AND SUBSPECIALTIES.
- SAINT PETER'S SPORTS MEDICINE INSTITUTE OFFERS A MULTIDISCIPLINARY APPROACH TO TREATMENT THAT RECOGNIZES THE UNIQUE RELATIONSHIP BETWEEN SPORTS MEDICINE, ORTHOPEDIC SURGERY AND PHYSICAL REHABILITATION.
- THE SIMULATION CENTER FOR INTERPROFESSIONAL LEARNING OFFERS TWO SEPARATE AND DISTINCT SPECIALTY AREAS - AN INSTITUTE FOR BEDSIDE MEDICINE (IBM) AND AN INSTITUTE FOR TECHNICAL SIMULATION (ITS).

OTHER COMMUNITY BENEFIT PROGRAMS/SUPPORT GROUPS/SCREENINGS:

- ADULT COMMUNITIES: CONCORDIA, CLEARBROOK, THE PONDS, GREENBRIAR AT
- WHITTINGHAM, ROSSMOOR, STONEBRIDGE

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- COMMUNITY HEALTH SERVICES MOBILE HEALTH VAN
- PEDIATRIC CALL CENTER
- FAMILY HEALTH CENTER - ADULT, CHILDREN AND WOMEN'S AMBULATORY SERVICES
- THYROID AND DIABETES CENTER
- DIABETES AND HYPERTENSION CENTER - A PATIENT-CENTERED MEDICAL HOME
- GERIATRICS
- CHILD PROTECTION CENTER
- INFECTION CONTROL
- MARKETING AND MEDIA RELATIONS
- PHARMACY
- EMPLOYEE HEALTH SERVICES
- MAIN KITCHEN FOOD SERVICES
- PERINATAL SERVICES
- MIDWIFERY SERVICES
- COMMUNITY OUTREACH
- OPIOID TASK FORCE
- PASTORAL CARE
- VOLUNTEER SERVICES
- MEDICAL LIBRARY
- CRANIOFACIAL-NEUROSURGICAL CENTER
- ABSTINENCE EDUCATION
- FERTILITY AWARENESS
- SOUP KITCHEN - ELIJAH'S PROMISE
- SPEAKERS BUREAU
- BREAST CANCER SUPPORT GROUP

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- LEUKEMIA, LYMPHOMA, AND MYELOMA SUPPORT GROUP
- LIVING WITH CANCER SUPPORT GROUP
- NEW VISIONS SUPPORT GROUP (FOR TEENAGERS WITH CANCER)
- STRENGTH FOR CARING (FOR CAREGIVERS OF CANCER PATIENTS)
- ADVANCED CARDIAC LIFE SUPPORT
- ADVANCED CARDIAC LIFE SUPPORT RENEWAL
- BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS
- CPR FOR FAMILY AND FRIENDS
- FIRST AID
- HEARTSAVER AED ADULT/PEDIATRIC
- ADULTS WITH DIABETES SUPPORT GROUP
- ALZHEIMER'S CAREGIVERS
- BEREAVEMENT SUPPORT GROUP
- CAREGIVERS SUPPORT GROUP
- PREGNANCY AFTER LOSS SUPPORT GROUP
- SHARE SUPPORT GROUP
- BLOOD PRESSURE AND BLOOD SUGAR SCREENINGS
- OSTEOPOROSIS SCREENINGS
- BODY MASS INDEX SKIN SCREENINGS
- SKIN CANCER SCREENINGS
- BREAST HEALTH INFORMATION AND SELF-EXAM INSTRUCTION
- PARENT EDUCATION
- BABY CARE
- BREASTFEEDING
- BREASTFEEDING SUPPORT GROUP

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- NEW DADDY CLASS
- NEW FAMILY SUPPORT GROUP
- PRENATAL NUTRITION CLASS
- SIBLING CLASS
- TINY TOTS
- HYPNOBIRTH CLASS
- CYBERKNIFE ROBOTIC RADIOSURGERY
- BREAST CENTER

AFFILIATIONS

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

AN AGREEMENT WITH KEAN UNIVERSITY ENHANCES OUR EDUCATIONAL PROGRAMS AND, IN TURN, PROVIDES MEDICAL STUDENTS AND RESIDENTS WITH OPPORTUNITIES TO

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BECOME THE BEST DOCTORS POSSIBLE.

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

COMMITMENT TO TEACHING

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SAINT PETER'S UNIVERSITY HOSPITAL ("SPUH") IS COMMITTED TO THE EDUCATION OF HEALTHCARE PROFESSIONS AT MANY LEVELS. SPUH IS AFFILIATED WITH RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL AND SAINT GEORGES MEDICAL SCHOOL. BOTH ORGANIZATIONS SEND SOME OF THEIR THIRD- AND FOURTH-YEAR MEDICAL STUDENTS TO SPUH TO COMPLETE THEIR GRADUATE EDUCATION. SPUH SPONSORS ITS OWN MEDICAL RESIDENCY PROGRAMS IN INTERNAL MEDICINE, PEDIATRICS, AND OBSTETRICS AND GYNECOLOGY ALONG WITH FELLOWSHIPS IN GASTROENTEROLOGY AND PULMONOLOGY. IN ADDITION, RUTGERS AND THE NEW JERSEY MEDICAL SCHOOL SEND SPUH ROTATIONS OF MEDICAL RESIDENTS IN ORTHOPEDICS, GENERAL SURGERY, RADIOLOGY AND FELLOWS IN NEONATOLOGY. RUTGERS SCHOOL OF PHARMACY HAS PHARMACY STUDENT ROTATIONS AT SPUH. THE FOLLOWING COLLEGES, CHAMBERLAIN, COLLEGE OF NEW JERSEY, RUTGERS AND SETON HALL, SEND THEIR BSN STUDENTS TO SPUH FOR THEIR PRACTICAL EXPERIENCE AS PART OF THEIR UNDERGRADUATE DEGREE

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PROGRAM.

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

SAINT PETER'S HEALTHCARE SYSTEM, INC. ("SYSTEM") IS THE SOLE MEMBER OF THIS ORGANIZATION. SYSTEM HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). SAINT PETER'S HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT OF THE SYSTEM. THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE SAINT PETER'S HEALTH CARE SYSTEM, INC. AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION 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

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AND SYSTEM INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE CHIEF FINANCIAL OFFICER, CONTROLLER AND OTHER SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE, FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS APPROVAL, THE SYSTEM'S AUDIT AND COMPLIANCE COMMITTEE REVIEWED THE FORM 990 AT A REGULARLY SCHEDULED MEETING. IN ADDITION, THE CPA FIRM GAVE A FORM 990 PRESENTATION AT THIS MEETING. THEREAFTER, THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

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

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A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE SYSTEM'S CHIEF COMPLIANCE OFFICER FOR REVIEW. THE CHIEF COMPLIANCE OFFICER THEN PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED BY AN INDIVIDUAL ON AN INDIVIDUAL BASIS. POTENTIAL CONFLICTS WERE THEN REVIEWED AND DISCUSSED AT A MEETING WITH THE SYSTEM'S CHIEF COMPLIANCE OFFICER, CHIEF FINANCIAL OFFICER, CONTROLLER AND DIRECTOR OF INTERNAL AUDIT. THE SUMMARY IS PRESENTED TO THE CORPORATE SECRETARY FOR REFERENCE, REVIEW AND DISCUSSION DURING BOARD MEETINGS.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "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.

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

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

THE COMMITTEE IS 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

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EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION.

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

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

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MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW. THE ORGANIZATION'S FILED
CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND
REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII AND SCHEDULE J

LESLIE D. HIRSCH 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 PETERS HEALTHCARE SYSTEM, INC. ACCORDINGLY, HIS COMMON LAW
EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH SAINT PETERS HEALTHCARE SYSTEM,
INC. (EIN: 26-2019056). SAINT PETERS HEALTHCARE SYSTEM, INC. FILED A 2020
FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR.
HIRSCH'S COMPENSATION IN EXCESS OF \$1M.

CORE FORM, PART VII AND SCHEDULE J

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

CORE FORM, PART VII AND SCHEDULE J

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AN INDIVIDUAL WAS REPORTED AS A KEY EMPLOYEE ON THE ORGANIZATION'S PRIOR YEAR FORM 990, CORE FORM, PART VII AND SCHEDULE J, PART II. UPON A REVIEW OF HIS RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THIS INDIVIDUAL DID NOT SATISFY THE CRITERIA TO BE A KEY EMPLOYEE UNDER (1) FORM 990 RULES, REGULATIONS, AND INSTRUCTIONS; (2) APPLICABLE STATE LAW; OR (3) THE ORGANIZATION'S GOVERNING DOCUMENTS. ACCORDINGLY, THIS INDIVIDUAL HAS NOT BEEN INCLUDED ON THE ORGANIZATION'S 2020 FORM 990 AS EITHER A KEY EMPLOYEE OR A FORMER KEY EMPLOYEE NOR SHOULD HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990. PRIOR YEARS FORMS 990 WERE NOT AMENDED WITH RESPECT TO THE RECLASSIFICATIONS OUTLINED ABOVE.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN SAINT PETER'S HEALTHCARE SYSTEM, INC. AND AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. 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

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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 - (\$2,337,543);
- CHANGE IN PENSION LIABILITY -(\$23,087,823);
- NET CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - \$5,235,687; AND
- DONATED EQUIPMENT AND OTHER CHANGES IN NET ASSETS - \$842,000.

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, 2020 AND DECEMBER 31, 2019; 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

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AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3

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

ATTACHMENT 1

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

KEEPING FAITH WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND GUIDED BY THE BISHOP OF METUCHEN, SAINT PETER'S UNIVERSITY HOSPITAL IS COMMITTED TO HUMBLE SERVICE TO HUMANITY, ESPECIALLY THE POOR, THROUGH COMPETENCE AND GOOD STEWARDSHIP OF RESOURCES. WE MINISTER TO THE WHOLE PERSON, BODY AND SPIRIT, PRESERVING THE DIGNITY AND SACREDNESS OF EACH LIFE. WE ARE PLEDGED TO THE CREATION OF AN ENVIRONMENT OF MUTUAL SUPPORT AMONG OUR EMPLOYEES, PHYSICIANS AND VOLUNTEERS AND TO THE EDUCATION AND TRAINING OF HEALTHCARE PERSONNEL.

WE ARE WITNESSES IN OUR COMMUNITY TO THE HIGHEST ETHICAL AND MORAL PRINCIPLES IN PURSUIT OF EXCELLENCE AND PATIENT SAFETY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

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ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CROTHALL HEALTHCARE 1500 LIBERTY RIDGE DRIVE, SUITE 210 WAYNE, PA 19087	ENVIRONMENTAL	2,231,510.
ALLIED UNIVERSAL SECURITY SERVICES, LLC P.O. BOX 828854 PHILADELPHIA, PA 19182-8854	SECURITY	1,979,255.
SILLS CUMMIS & GROSS P.O. BOX 404398 ATLANTA, GA 30384	LEGAL	1,850,240.
E PLUS TECHNOLOGY, INC. P.O. BOX 404398 ATLANTA, GA 30384	IT	1,379,378.
ATHENAHEALTH, INC. P.O. BOX 415615 BOSTON, MA 02241-5615	IT/EHR	1,344,684.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY HOSPITAL

Employer identification number

22-1487330

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2329197	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	SPHCS		X
(2) SAINT PETER'S HEALTH & MGMT. SVCS. CORP. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 27-0045088	SUPPORT SPUH	NJ	501(C)(3)	509(A)(3)	SPHCS		X
(3) ST. PETER'S HEALTHCARE SYSTEM, INC. 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 26-2019056	HOLDING CO.	NJ	501(C)(3)	509(A)(3)	N/A		X
(4) ST. PETER'S PROPERTIES CORPORATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 22-2428823	REAL ESTATE	NJ	501(C)(2)	N/A	SPHCS		X
(5) NEW BRUNSWICK AFFILIATED HOSPITALS, INC. 120 ALBANY STREET, SUITE 750 NEW BRUNSWICK, NJ 08901 22-1946837	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	RWJHCC		X
(6) GIANNA PHYSICIAN PRACTICE OF NEW YORK PC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 45-2043596	INACTIVE	NY	501(C)(3)	509(A)(2)	SPUH	X	
(7) SAINT PETER'S HEALTHCARE SYST PHYS ASSOC 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901 27-4645523	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	SPUH	X	

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

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SAINT PETERS SOLAR ENERGY SOLUTIONS, INC 22-3351339 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	SOLAR ENERGY	NJ	N/A	C CORP.					
(2) PARK AVENUE COLLECTIONS CORP. 20-8498534 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	SPUH	C CORP.	0.	0.	100.0000	X	
(3) RISK ASSURANCE CO. OF SPUH 98-0417672 94 SOLARIS AVENUE, 2ND FLOOR GRAND CAYMAN, CAYMAN ISLANDS	FINANCIAL VEHICLE	CJ	SPUH	FOREIGN CORP.	4,041,408.	30,109,433.	100.0000	X	
(4) SAINT PETER'S SPECIALTY PHYSICIANS, P.C. 36-4761935 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	HEALTHCARE SVCS.	NJ	SPUH	C CORP.	117,059.	25,200.	100.0000	X	
(5) SAINT PETERS ADVANCED CARE, P.C. 47-2597921 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	INACTIVE	NJ	SPUH	C CORP.	0.	0.	100.0000	X	
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. PETER'S FOUNDATION	C	1,351,278.	COST
(2) SAINT PETER'S HEALTHCARE SYSTEMS, INC.	O	11,321,950.	COST
(3) SAINT PETER'S HEALTHCARE SYSTEMS, INC.	P	7,557,854.	COST
(4) ST. PETER'S FOUNDATION	Q	337,000.	COST
(5) RISK ASSURANCE CO. OF SPUH	R	4,746,485.	COST
(6) SAINT PETER'S HEALTHCARE SYSTEMS, INC.	R	19,468,422.	COST

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

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

RENT AND ROYALTY INCOME

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

DESCRIPTION OF PROPERTY
 RENTAL INCOME

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

TYPE OF PROPERTY:
 REAL RENTAL INCOME

OTHER INCOME: RENTAL INCOME	2,065,863.	
TOTAL GROSS INCOME		2,065,863.

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		2,065,863.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		2,065,863.

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

2,065,863.
2,065,863.

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL INCOME	2,065,863.			2,065,863.
TOTALS	<u>2,065,863.</u>			<u>2,065,863.</u>

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

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

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

Name(s) shown on return: SAINT PETER'S UNIVERSITY HOSPITAL
Identifying number: 22-1487330

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

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)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (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). Row 1: ATTACHMENT 1, -56,768.

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 -56,768.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions. 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7. 11 (56,768.)
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 -56,768.

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 (2020)

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

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Rows A, B, C, D.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows 20-29b detailing depreciation and gain calculations.

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

Summary table with 3 columns: Description, Property A, Property B, Property C, Property D. Rows 30-32 for total gains and adjustments.

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

Table with 3 columns: (a) Section 179, (b) Section 280F(b)(2). Rows 33-35 for recapture amounts.

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Saint Peter's Healthcare System, Inc.
Years Ended December 31, 2020 and 2019
With Report of Independent Auditors

Ernst & Young LLP



Saint Peter’s Healthcare System, Inc.

Consolidated Financial Statements
and Supplementary Information

Years Ended December 31, 2020 and 2019

Contents

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ey.com

Report of Independent Auditors

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

We have audited the accompanying consolidated financial statements of Saint Peter's Healthcare System, Inc. (the System), which comprise the consolidated balance sheets as of December 31, 2020 and 2019, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of Risk Assurance Company of Saint Peter's University Hospital (RAC), a wholly-owned subsidiary, which statements reflect total assets of \$30,110,000 and \$26,303,000 as of December 31, 2020 and 2019, respectively. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for RAC, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the report of the other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Saint Peter's Healthcare System, Inc. at December 31, 2020 and 2019, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets as of and for the year ended December 31, 2020 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, based on our audits and the report of other auditors, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst + Young LLP

May 6, 2021

Saint Peter's Healthcare System, Inc.

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2020	2019
Assets		
Current assets:		
Cash and cash equivalents	\$ 127,023	\$ 22,383
Patient accounts receivable, net	46,314	51,190
Assets whose use is limited, current portion	132,500	122,824
Supplies	8,205	5,450
Estimated third-party payor settlements, current portion	6,643	507
Other current assets	14,086	14,581
Total current assets	334,771	216,935
Assets whose use is limited, less current portion	47,813	39,975
Property, plant, equipment, and construction, net	175,006	188,630
Estimated third-party payor settlements, less current portion	348	516
Operating lease assets	9,930	13,034
Investments in joint ventures and other assets	5,220	6,472
	\$ 573,088	\$ 465,562
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 9,084	\$ 8,635
Accounts payable	30,839	25,940
Accrued expenses and other liabilities	37,259	38,914
Accrued interest	3,793	3,933
Current portion of operating lease liability	2,459	3,331
Estimated third-party payor settlements, current portion	66,024	2,308
Total current liabilities	149,458	83,061
Long-term debt, less current portion	132,002	139,946
Operating lease liability, less current portion	7,471	9,703
Estimated third-party payor settlements, less current portion	25,239	2,731
Accrued pension liability	162,685	142,803
Other liabilities	28,383	27,753
Total liabilities	505,238	405,997
Commitments and contingencies		
Net assets:		
Net assets without donor restrictions	57,492	54,616
Net assets with donor restrictions	10,358	4,949
Total net assets	67,850	59,565
	\$ 573,088	\$ 465,562

See accompanying notes.

Saint Peter's Healthcare System, Inc.

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

	Year Ended December 31	
	2020	2019
Revenue, gains, and other support:		
Net patient service revenue	\$ 438,081	\$ 466,802
Other operating revenue	62,674	30,983
Net assets released from restriction	1,031	2,299
Total revenue, gains, and other support	501,786	500,084
Expenses:		
Salaries and wages	240,856	236,143
Resident and physician fees	9,333	8,921
Employee benefits	52,100	53,174
Supplies and other	141,553	149,871
Governmental taxes, fees, and assessments	3,815	3,298
Interest	8,554	9,073
Depreciation and amortization	25,505	25,517
Total expenses	481,716	485,997
Income from operations	20,070	14,087
Equity in net (loss) earnings of joint ventures and other income	(720)	485
(Loss) gain on sale of property, plant, and equipment	(57)	68
Net change in unrealized gains and losses on equity investments	6,187	6,325
Non-operating net periodic pension cost	(2,363)	(3,994)
Excess of revenue over expenses	23,117	16,971
Net change in unrealized gains and losses on fixed income investments	2,005	2,199
Change in pension liability to be recognized in future periods	(23,088)	(14,263)
Donated equipment and other	842	2,145
Increase in net assets without donor restrictions before discontinued operations	2,876	7,052
Gain from discontinued operations	-	66
Increase in net assets without donor restrictions	2,876	7,118

Continued on next page.

Saint Peter's Healthcare System, Inc.

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

	Year Ended December 31	
	2020	2019
Increase in net assets without donor restrictions	\$ 2,876	\$ 7,118
Net assets with donor restrictions:		
Restricted gifts and contributions and related items, net	6,440	1,200
Net assets released from restriction	(1,031)	(2,299)
Increase in net assets with donor restrictions	5,409	(1,099)
Increase in net assets	8,285	6,019
Net assets at beginning of year	59,565	53,546
Net assets at end of year	\$ 67,850	\$ 59,565

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31	
	2020	2019
Operating activities		
Increase in net assets	\$ 8,285	\$ 6,019
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	25,505	25,517
Net change in unrealized gains and losses on investments	(8,192)	(8,524)
Equity in net loss (earnings) of joint ventures	720	(485)
Donated equipment	(842)	(2,145)
Gain on discontinued operations	-	(66)
Loss (gain) on sale of equipment	57	(68)
Changes in operating assets and liabilities:		
Patient accounts receivable, net	4,876	(2,203)
Supplies and other assets	(2,158)	(3,117)
Accounts payable, accrued expenses, and other liabilities	3,734	5,653
Estimated third-party payor settlements, net	80,256	167
Accrued pension liability	19,882	13,529
Net cash provided by operating activities	<u>132,123</u>	<u>34,277</u>
Investing activities		
Cash received from joint ventures	430	739
Net purchases of assets whose use is limited	(9,400)	(11,572)
Purchases of property, plant, equipment, and construction, net	(10,893)	(14,082)
Net cash used in investing activities	<u>(19,863)</u>	<u>(24,915)</u>
Financing activities		
Proceeds from issuance of long-term debt	783	3,163
Payments on long-term debt and finance lease obligations	(8,481)	(13,170)
Advances on line of credit	9,200	-
Repayments on line of credit	(9,200)	-
Net cash used in financing activities	<u>(7,698)</u>	<u>(10,007)</u>
Net increase (decrease) in cash and cash equivalents and restricted cash and restricted cash equivalents	104,562	(645)
Cash and cash equivalents and restricted cash and restricted cash equivalents, beginning of year	<u>29,337</u>	<u>29,982</u>
Cash and cash equivalents and restricted cash and restricted cash equivalents, end of year	<u>\$ 133,899</u>	<u>\$ 29,337</u>
Reconciliation of cash and cash equivalents and restricted cash and restricted cash equivalents at end of year to the balance sheets		
Cash and cash equivalents	\$ 127,023	\$ 22,383
Restricted cash and cash equivalents – designated by donors	123	100
Restricted cash and cash equivalents – under bond indenture	6,753	6,854
Total cash and cash equivalents and restricted cash and restricted cash equivalents	<u>\$ 133,899</u>	<u>\$ 29,337</u>
Supplemental disclosure of non-cash investing and financing activities and cash flow information		
Assets acquired under finance lease obligations	<u>\$ 596</u>	<u>\$ 1,006</u>
Cash paid for interest, net of amounts capitalized	<u>\$ 8,694</u>	<u>\$ 9,206</u>

See accompanying notes.

Saint Peter's Healthcare System, Inc.

Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2020

1. Organization and Summary of Significant Accounting Policies

Organization

Saint Peter's Healthcare System, Inc. (the System) is a nonprofit corporation. The Roman Catholic Diocese of Metuchen (the Diocese) is the sponsor of the System and, as provided in the System's bylaws, certain powers are reserved to the Bishop of the Diocese. The System's accompanying consolidated financial statements include the following entities: Saint Peter's University Hospital (the Hospital), an acute care 478 licensed bed teaching hospital located in New Brunswick, New Jersey; Saint Peter's Health & Management Services Corporation (Management Services); Saint Peter's Foundation (the Foundation); Margaret McLaughlin McCarrick Care Center (the Care Center); Saint Peter's Properties Corporation (Properties); Risk Assurance Company of Saint Peter's University Hospital (RAC); Saint Peter's Solar Energy Solutions, Inc. (Solar Energy Solutions); Saint Peter's Healthcare System Physician Associates, P.C. (Physician Associates PC); Saint Peter's Advanced Care, P.C. (Advanced Care); Saint Peter's Specialty Physicians, P.C. (Specialty Physicians); and Park Avenue Collections Corporation (Park Avenue) (Park Avenue had no operations during 2020 or 2019). Gianna Physician Practice of New York, P.C. (Gianna NY PC) ended operations as of May 31, 2019. Additionally, amounts due from Gianna NY PC were forgiven as of December 31, 2020. Prior to May 31, 2019, Gianna NY PC was included in the System's consolidated financial statements.

On September 10, 2020, the System, the Hospital and RWJ Barnabas Health, Inc. (RWJBH) entered into a Member Substitution and Merger Agreement (the Agreement). The Agreement provides that at closing RWJBH shall become the sole corporate member of the System, and upon the satisfaction of additional conditions related thereto, the System shall be merged with and into the Hospital, with RWJBH as the sole corporate member of the Hospital. Additionally, the Hospital shall maintain its Catholic identity and its ecclesiastical sponsorship by the Bishop of the Diocese of Metuchen. The Agreement also provides, among other things, that RWJBH will invest a substantial amount of capital in the Hospital. The Agreement is currently under regulatory review by the State of New Jersey and the Federal Trade Commission. The regulatory reviews are anticipated to be completed by late 2021 or early 2022.

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

Saint Peter's Healthcare System, Inc.

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

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

Other unconsolidated entities, for which the System records its interest or investment, include CARES Surgicenter, LLC (CARES); New Brunswick Cardiac Cath Lab, LLC (Cardiac Cath); New Brunswick CK Leasing, LLC (Cyber Knife joint venture); New Brunswick Affiliated Hospitals (NBAH); and Holy Redeemer Healthcare System (Holy Redeemer).

The System accounts for its investments in CARES and Cardiac Cath on the equity method of accounting (see Note 5) because the System does not control the operations of the investees. As of December 31, 2020, the Cardiac Cath joint venture is in the process of dissolving and the System no longer has an equity method investment balance recorded (see Note 5). The System accounts for its investments in Cyber Knife, Holy Redeemer and NBAH on the cost basis of accounting. The investment in NBAH is fully reserved.

Significant Accounting Policies

A summary of the significant accounting policies follows:

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

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

Saint Peter's Healthcare System, Inc.

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

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

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

Assets Whose Use is Limited: Assets whose use is limited represent assets whose use is restricted for specific purposes through internal designation, by donors or under terms of bond indenture agreements or trust agreements, as well as investments held by RAC (see Note 4). Assets whose use is limited investments consist of marketable securities and alternative investments.

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

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

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

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

Saint Peter's Healthcare System, Inc.

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

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

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

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

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

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

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

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

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

Saint Peter's Healthcare System, Inc.

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

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

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

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

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

Subsequent changes in the fair value of the trust are recognized in the change in unrealized gains and losses on marketable investments within the change in net assets with donor restrictions.

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

Discontinued Operations: During November 2015, the Board of Governors, with no disapproval from the Vatican, approved the sale of the Care Center to an unrelated entity. The sale was approved by the New Jersey Attorney General in December 2015 and finalized on February 1, 2016. Proceeds from the sale were received in 2016, with minor wind down activity in 2020 and 2019. This transaction met the criteria to be reported as a discontinued operation initially in 2016. The System reported a gain from the operations of the discontinued skilled nursing facility of \$66 for the year ended December 31, 2019 (none in 2020).

Saint Peter's Healthcare System, Inc.

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

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

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

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

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

Recent Accounting Pronouncements: The Financial Accounting Standards Board (FASB) amended certain guidance related to various disclosures in Accounting Standards Update No. (ASU) 2018-13, *Technical Corrections and Improvements to Financial Instruments – Overall (Subtopic 825-10) – Recognition and Measurement of Financial Assets and Financial Liabilities*, which included several disclosure changes involving transfers between the fair value levels and other updates related to fair value Level 3 investments. ASU 2018-13 also requires entities that use the practical expedient to measure the fair value of certain investments at their net asset values to disclose (1) the timing of liquidation of an investee's assets and (2) the date when redemption restrictions will lapse, but only if the investee has communicated this information to the entity or announced it publicly. ASU 2018-13 became effective for the System for annual periods beginning after December 15, 2019. The adoption of ASU 2018-13 did not have a material impact on the System's consolidated financial statements.

Saint Peter's Healthcare System, Inc.

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

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

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

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

In August 2018, the FASB issued ASU 2018-15, *Intangibles – Goodwill and Other -Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. The standard aligns the requirement for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software (and hosting arrangements that include an internal use software license). The accounting for the service element of a hosting arrangement that is a service contract is not affected by this standard.

Saint Peter's Healthcare System, Inc.

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

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

The standard requires the customer in a hosting arrangement that is a service contract to follow the guidance in Accounting Standards Codifications Subtopic 350-40 to determine which implementation costs to capitalize as an asset related to the service contract and which costs to expense by determining which project stage an implementation activity relates to and the nature of the costs. The standard also requires the customer to expense the capitalized implementation costs of a hosting arrangement that is a service contract over the term of the hosting arrangement, among other provisions. The amendments in ASU 2018-15 are effective for the System for annual reporting periods beginning after December 15, 2020, and interim periods thereafter. Early adoption is permitted. The amendments should be applied either retrospectively or prospectively to all implementation costs incurred after the date of adoption. The System is in the process of evaluating the impact of ASU 2018-15 on its consolidated financial statements.

Reclassifications: Certain reclassifications have been made to 2019 financial statements and disclosures to conform to the presentation in the 2020 consolidated financial statements.

2. Charity Care and Community Benefits

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

The System provides care to patients who meet certain criteria defined by the New Jersey Department of Health (DOH) without charge or at amounts less than established rates. Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System's records identify and monitor the level of charity care it provides and include the amount of charges forgone for services and supplies furnished. DOH allows retroactive application for charity care up to two years from the date of service.

For patients who were determined by the System to have the ability to pay but did not, the expected uncollected amounts are classified as an implicit price concession which reduces net patient service revenue (\$15,280 and \$15,819 in 2020 and 2019, respectively). Distinguishing between charity care and implicit price concessions is difficult, in part because services are often rendered prior to the System's full evaluation of the patient's ability to pay.

Saint Peter's Healthcare System, Inc.

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

2. Charity Care and Community Benefits (continued)

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

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

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

	Year Ended December 31	
	2020	2019
Community benefits provided to the indigent:		
Charity care provided	\$ 23,808	\$ 23,426
Unpaid cost of public programs, Medicaid (inclusive of managed Medicaid activity), and other indigent care programs	44,065	36,015
Community benefits provided to the broader community:		
Non-billed services for the community	5,407	5,484
Education and research provided for the community	5,754	5,297
Estimated cost of community benefits	\$ 79,034	\$ 70,222

In 2020 the System received funding from the HHS Provider Relief Fund of which approximately \$8,600 is estimated to be attributable to the Medicaid patient population and is an offset to the unpaid cost of public programs in the table above.

Saint Peter's Healthcare System, Inc.

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

2. Charity Care and Community Benefits (continued)

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

The estimated cost of community benefits was 16.6% and 15.0% of total Hospital operating expenses in 2020 and 2019, respectively, before consideration of charity care subsidies.

The System receives payments from the New Jersey Health Care Subsidy Funds for charity care, and such amounts totaled approximately \$4,163 and \$4,333 for the years ended December 31, 2020 and 2019, respectively.

3. Net Patient Service Revenue

Accounts Receivable and Net Patient Service Revenue

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

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

The System's initial estimate of the transaction price for services provided to patients is determined by reducing the total standard charges related to the patient services provided by various elements of variable consideration, including contractual adjustments, discounts, implicit price concessions, and other reductions to the System's standard charges. The System determines the transaction price associated with services provided to patients who have third-party payor coverage on the basis of

Saint Peter's Healthcare System, Inc.

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

3. Net Patient Service Revenue (continued)

contractual or formula-driven rates for the services rendered (see description of third-party payor payment programs below). The estimates for contractual allowances and discounts are based on contractual agreements, the System's discount policies and historical experience. For uninsured and under-insured patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges reduced by implicit price concessions.

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

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

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

Saint Peter's Healthcare System, Inc.

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

3. Net Patient Service Revenue (continued)

Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2020 and 2019, changes in the System's estimates of implicit price concessions, discounts, contractual adjustments or other reductions to expected payments for performance obligations satisfied in prior periods were not significant. Portfolio collection estimates are updated quarterly based on collection trends. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay (determined on a portfolio basis when applicable) are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2020 and 2019 was not significant.

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

Net patient service revenue by major payor source for the years ended December 31, 2020 and 2019, based on primary insurance designation, is as follows:

	2020	2019
Medicare and Uninsured Relief Fund	\$ 104,003	\$ 106,759
Medicaid	60,128	81,906
Commercial carriers and managed care organizations	271,484	275,074
Self-pay	2,466	3,063
	\$ 438,081	\$ 466,802

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

Net patient service revenue for the years ended December 31, 2020 and 2019, by line of business, is as follows:

	2020	2019
Hospital	\$ 405,183	\$ 428,126
Physician services	32,898	38,676
	\$ 438,081	\$ 466,802

Saint Peter's Healthcare System, Inc.

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

3. Net Patient Service Revenue (continued)

At December 31, 2020 and 2019, patient accounts receivable is comprised of the following components:

	<u>2020</u>	<u>2019</u>
Patient receivables	\$ 41,900	\$ 46,007
Contract assets	4,414	5,183
	<u>\$ 46,314</u>	<u>\$ 51,190</u>

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

Third-Party Payment Programs

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

Medicare: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data. Medicare cost reports of the System have been audited and settled for years through 2015 at December 31, 2020.

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

Saint Peter's Healthcare System, Inc.

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

3. Net Patient Service Revenue (continued)

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

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

Settlements with third-party payors for cost report filings and retroactive adjustments due to ongoing and future audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the System's historical settlement activity (for example, cost report final settlements or repayments related to recovery audits), including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. For the years ended December 31, 2020 and 2019, there was no impact of the System's revisions to prior year settlement estimates impacting net patient service revenue.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of or revisions to health care reform that has been or will be enacted by the federal and state governments, cannot be determined presently. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the System. Additionally, certain payors' payment rates for various years have been appealed by the System for cost report years 2006 through 2019. If the appeals are successful, additional income applicable to those years could be realized.

Saint Peter's Healthcare System, Inc.

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

3. Net Patient Service Revenue (continued)

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

In December 2018, the System, jointly with the New Brunswick Cardiac Cath Lab, LLC (Cardiac Cath), the Disclosing Parties, submitted a preliminary letter to the Office of Counsel to the Inspector General, United States Department of Health and Human Services (the OIG) through the OIG's Self-Disclosure Protocol (the Protocol), notifying the OIG of certain physician compensation matters that potentially violate the Federal Civil Monetary Penalties Law (CMPL), the Anti-kickback statute, and/or the Stark Law and requesting acceptance into the Protocol. In January 2019, the Disclosing Parties received notification that they had been accepted into the Protocol. On March 28, 2019, the Disclosing Parties filed a detailed review of their investigation in accordance with the Protocol. The OIG Protocol was established to encourage providers to voluntarily identify, disclose and resolve certain matters involving Federal health care programs under the OIG's civil monetary penalties authorities. The OIG's Protocol indicates that a provider's good faith participation in the Protocol can potentially mitigate the provider's exposure under the OIG's civil monetary penalties authorities.

Corrective actions relating to the matters discussed in the March 2019 letter were taken. In October 2020, a settlement agreement was signed, and the Disclosing Parties paid the OIG approximately \$3,040.

Saint Peter’s Healthcare System, Inc.

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

3. Net Patient Service Revenue (continued)

State and Other Funding

The New Jersey Health Care Subsidy Funds were established for various purposes, including the distribution of charity care payments to hospitals statewide. Effective January 1, 2014, the State of New Jersey replaced the Hospital Relief Subsidy Fund with the Delivery System Reform Incentive Payment Pool (the Pool). The Pool was available to certain hospitals that were able to establish performance improvement activities in one of eight specified clinical improvement areas. The Pool program concluded June 30, 2020. The State implemented a transitional program effective July 1, 2020 through June 30, 2021, however, no amounts were received or recorded in 2020. Amounts received from the Pool are subject to the satisfaction of certain performance criteria, with adjustments to the Pool allocations processed prospectively. The following state and other funding amounts have been included in the System’s net patient service revenue:

	Year Ended December 31	
	2020	2019
State:		
Delivery System Reform Incentive Payments	\$ 6,745	\$ 4,644
Charity Care <i>(Note 2)</i>	4,163	4,333
Graduate Medical Education	6,912	6,475
Federal:		
Graduate Medical Education	4,578	4,262
	\$ 22,398	\$ 19,714

The System expects to receive approximately \$1,993 in Charity Care subsidies for distributions scheduled through June 30, 2021. The System expects to receive approximately \$2,100 in 2021 for the first of two payments under the transitional program succeeding the Pool based on utilization data for the period from July 1, 2020 to September 30, 2020; the second distribution amount will be determined by the State based on utilization data for the period from October 1, 2020 to March 31, 2021.

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

Saint Peter’s Healthcare System, Inc.

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

4. Liquidity and Assets Whose Use is Limited

Liquidity and Availability

The System has a working capital surplus of \$185,313 and \$133,874 as of December 31, 2020 and 2019, respectively. The System’s average days of cash on hand as of December 31, 2020 and 2019 was 206.3 and 109.1, respectively (based on normal expenditures).

Financial assets available for general expenditure within one year of December 31, 2020 and 2019 consist of the following:

	2020	2019
Cash and cash equivalents	\$ 127,023	\$ 22,383
Patient accounts receivable, net	46,314	51,190
Physician services receivable, net	1,926	2,867
Assets whose use is limited which are available for general expenditures:		
Board designated	120,545	111,514
Donor restricted – health care programs	3,277	2,480
	\$ 299,085	\$ 190,434

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

As part of the System’s liquidity management plan, cash in excess of daily requirements is invested in short term money market funds. The money market funds at December 31, 2020 and 2019 totaled \$124,072 and \$13,300, respectively.

Additionally, the System maintained lines of credit aggregating \$20,000 in 2020 and \$10,000 in 2019, as described in Note 7. As of December 31, 2020 and 2019, there was no balance outstanding on the lines of credit.

Saint Peter's Healthcare System, Inc.

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

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

As of December 31, 2020 and 2019, the System was in compliance with all financial debt covenants.

Assets Whose Use Is Limited

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

	December 31	
	2020	2019
Assets held as designated by Board of Trustees of the Hospital	\$ 120,545	\$ 111,514
Assets held as designated by donors	9,600	4,566
Assets held under bond indenture	22,166	22,202
Assets held by RAC (Note 10)	28,002	24,517
Total assets whose use is limited	180,313	162,799
Less current portion	132,500	122,824
Non-current portion	\$ 47,813	\$ 39,975

Refer to Note 12 for the composition by asset type for investments reported at fair value. The System's holdings of alternative investments and commingled funds within assets whose use is limited totaled approximately \$9,401 and \$8,418 at December 31, 2020 and 2019, respectively. These investments are measured based on the equity method of accounting as described in Note 1.

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

	December 31	
	2020	2019
Debt service interest fund	\$ 3,805	\$ 3,944
Debt service principal fund	2,893	2,799
Debt service reserve fund	15,468	15,459
	\$ 22,166	\$ 22,202

Saint Peter's Healthcare System, Inc.

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

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

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

	Year Ended December 31	
	2020	2019
Interest and dividend income	\$ 2,162	\$ 3,236
Realized gains and losses	1,236	1,550
Total investment income reported in other operating revenue (Note 15)	<u>\$ 3,398</u>	<u>\$ 4,786</u>

The System's gross unrealized losses and fair value of individual fixed income securities, which have been in a continuous unrealized loss position less than 12 months and greater than 12 months at December 31, 2020 and 2019 are not significant. At December 31, 2020 and 2019, management determined that the unrealized losses were temporary based on the extent and length of time the securities' fair value was below cost.

5. Other Assets

Included within investment in joint ventures and other assets on the accompanying consolidated balance sheets are the System's joint venture investments, including CARES and Cardiac Cath which are equity method investments (aggregate balance of approximately \$836 at December 31, 2020 and \$1,800 at December 31, 2019). CARES leases and operates an ambulatory surgery center located in a building owned by the Hospital. Cardiac Cath leased a portion of the CARES building to operate a low-risk outpatient cardiac catheterization laboratory. As described in Note 1, the Cardiac Cath joint venture is in the process of dissolving and the System recorded an impairment loss of \$976 in 2020. In 2020 and 2019, the System collected distributions from the CARES joint venture of approximately \$287 and \$376, respectively, and recorded total equity method (losses), inclusive of the impairment loss, and gains of (\$720) and \$485, respectively.

Saint Peter's Healthcare System, Inc.

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

5. Other Assets (continued)

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

	CARES	
	December 31	
	2020	2019
Total assets	\$ 4,208	\$ 3,636
Total liabilities	1,136	504
Total equity	\$ 3,073	\$ 3,132

In 2020 and 2019, the System collected distributions from the Cyber Knife joint venture of approximately \$143 and \$363, respectively.

6. Property, Plant, Equipment, and Construction

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

	December 31	
	2020	2019
Land	\$ 8,152	\$ 8,152
Buildings, building service equipment, and improvements	344,137	341,544
Fixed equipment	9,071	9,071
Major movable equipment	249,993	247,107
	611,353	605,874
Less accumulated depreciation and amortization	438,485	418,199
	172,868	187,675
Construction-in-progress	2,138	955
	\$ 175,006	\$ 188,630

Depreciation expense was \$25,304 and \$25,306 in 2020 and 2019, respectively. Useful lives of depreciable assets range from 3 to 40 years.

During 2020 and 2019, the System wrote off approximately \$4,871 and \$3,900 of fully depreciated assets, respectively.

Saint Peter's Healthcare System, Inc.

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

6. Property, Plant, Equipment, and Construction (continued)

During 2019, the System received grants related to certain energy upgrade projects. Grant revenue of \$510 related to an energy resilient project was recognized in the accompanying statements of operations and changes in net assets in 2019 (none in 2020).

7. Long-Term Debt and Lines of Credit

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

	December 31	
	2020	2019
New Jersey Health Care Facilities Financing Authority (NJHCFFA) Series 2011 Revenue and Refunding Bonds, which bear interest at rates between 5.00% and 6.25% due in varying maturities through July 1, 2035 (a)	\$ 70,050	\$ 74,525
NJHCFFA Series 2007 Revenue Bonds, which bear interest at rates between 5% and 6.25% due in varying maturities through July 1, 2037 (a)	58,170	59,245
Other loans (b)	10,297	12,080
Mortgages payable with interest between 4.75% and 5.25% payable in monthly installments of principal and interest through December 1, 2031	1,703	1,763
Finance lease obligations, with interest rates ranging from 1.53% to 4.50% and payments through 2023	2,643	2,947
	142,863	150,560
Less unamortized original issue discount	489	528
Less unamortized deferred financing costs	1,288	1,451
Less current portion	9,084	8,635
	\$ 132,002	\$ 139,946

(a) In August 2011, the Hospital and the Care Center, collectively the Saint Peter's University Hospital Obligated Group (the Obligated Group), closed on the Series 2011 Revenue and Refunding Bonds (the Series 2011 Bonds) in the amount of \$100,640 issued by the NJHCFFA on behalf of the Obligated Group. The proceeds of the Series 2011 Bonds were used for (i) the current refunding of all of the outstanding Series F Revenue Bonds, Series

Saint Peter's Healthcare System, Inc.

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

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

2000A Revenue Bonds, and Series 2000B Bonds; (ii) the payment or reimbursement of the costs of certain capital expenditures relating to the renovation of portions of the Hospital's facilities and the acquisition and installation of various equipment to be used by the Hospital at its facilities (approximately \$5,500); (iii) the funding of the Debt Service Reserve Fund relating to the Series 2011 Bonds; and (iv) the payment of the costs of issuance of the Series 2011 Bonds.

In December 2007, the Obligated Group closed on the Series 2007 Revenue Bonds (the Series 2007 Bonds) with the NJHCFFA in the amount of \$65,175, the proceeds of which were used to (i) refund a portion of the outstanding principal amount of the St. Peter's Medical Center Issue, Series F; (ii) pay or reimburse the costs of the construction and renovation of certain portions of the Hospital's facilities and the acquisition of various capital equipment; (iii) pay capitalized interest on a portion of the Series 2007 Bonds; (iv) fund the Debt Service Reserve Fund related to the Series 2007 Bonds; and (v) pay or reimburse the costs of issuance of the Series 2007 Bonds.

The Series 2011 and Series 2007 Bonds were issued in the name of the Obligated Group. Each of the Series 2011 and Series 2007 Bonds is collateralized by a pledge of the revenue of the Obligated Group and the assets held under bond indenture pursuant to the Master Trust Indenture (the Indenture). Under the terms of the Indenture, the Obligated Group is required to maintain a Debt Service Reserve Fund in an amount equal to one year's principal and interest for the Series 2011 and Series 2007. At December 31, 2020 and 2019, the Obligated Group was in compliance with this requirement.

Under the terms of the Indenture and other agreements with the NJHCFFA, the Obligated Group is required to maintain certain financial ratios and be in compliance with other restrictive covenants as described in the respective agreements. At December 31, 2020 and 2019, the Obligated Group was in compliance with such financial covenants.

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

Saint Peter's Healthcare System, Inc.

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

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

- (b) At December 31, 2020 and 2019, the System has a loan to a utility company totaling \$2,792 and \$3,272, respectively, related to amounts borrowed for the installation of solar panels by Solar Energy Solutions. The loan is being repaid by tax credits that are purchased by the utility company. The tax credits are created when solar energy is produced.

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

The System has other loans with financial institutions maturing in 2024 with interest rates ranging from approximately 3.50% to 4.50% to finance the construction of interventional radiology and catheterization suites and the replacement of the System's power plant totaling \$4,172 and \$5,273 at December 31, 2020 and 2019, respectively.

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

Saint Peter's Healthcare System, Inc.

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

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

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

	Series 2011 and 2007 Bonds	Other Loans	Finance Lease Obligations	Total
2021	\$ 5,830	\$ 2,042	\$ 1,212	\$ 9,084
2022	6,245	1,735	847	8,827
2023	6,570	1,588	395	8,553
2024	6,925	1,543	174	8,642
2025	7,290	1,306	15	8,611
Thereafter	95,360	3,786	–	99,146
	\$ 128,220	\$ 12,000	\$ 2,643	\$ 142,863

8. Retirement Plans

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

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

The defined contribution plan established in 2010 provides for annual contributions for eligible employees of between 1% and 3% of pay based on the employee's years of service. Eligible employees begin to accrue benefits six months from their date of hire. The System funds the

Saint Peter's Healthcare System, Inc.

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

8. Retirement Plans (continued)

defined contribution expense on a current basis. Such expense was approximately \$2,217 in 2019 (none in 2020). Additionally, a defined contribution plan was established in 2014 for Physician Associates PC eligible employees with contribution expense of approximately \$93 in 2019 (none in 2020).

In 2019, the System froze the existing defined contribution plans and instituted a new 401(k) retirement plan effective April 2019. The System contributes 2% of the employee's pay for all plan participants with an employee match contribution up to 3%. The System funds the 401(k) plan on a current basis. Such expense totaled \$9,153 and \$7,045 in 2020 and 2019, respectively.

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

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

	December 31	
	2020	2019
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 354,358	\$ 314,107
Interest cost	12,231	13,621
Benefits paid	(11,503)	(10,881)
Actuarial loss	35,823	37,511
Benefit obligation at end of year	390,909	354,358
Change in plan assets:		
Fair value of plan assets at beginning of year	211,555	184,833
Actual return on plan assets	22,486	33,067
Employer contributions	6,000	5,000
Benefits paid	(11,503)	(10,881)
Administrative expenses and other	(314)	(464)
Fair value of plan assets at end of year	228,224	211,555
Accrued pension liability	\$ (162,685)	\$ (142,803)

Saint Peter's Healthcare System, Inc.

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

8. Retirement Plans (continued)

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

	December 31	
	2020	2019
Projected benefit obligation	\$ 390,909	\$ 354,358
Accumulated benefit obligation	390,909	354,358
Fair value of plan assets	228,224	211,555

The actuarial losses of \$35,823 and \$37,511 in 2020 and 2019, respectively, primarily relate to decreases in the discount rate assumption in 2020 and 2019.

The unrecognized actuarial loss included in other changes in net assets without donor restrictions at December 31, 2020 and 2019 is \$161,365 and \$138,277, respectively, of which \$4,300 is expected to be recognized in net periodic pension cost during the year ending December 31, 2021. The change in the pension liability to be recognized in future periods as reported on the accompanying consolidated statements of operations and changes in net assets totaled (\$23,088) in 2020 and represents the change in these amounts from December 31, 2020 to 2019.

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

	Year Ended December 31	
	2020	2019
Interest cost	\$ 12,231	\$ 13,621
Expected return on plan assets	(14,173)	(13,177)
Recognized actuarial loss and administrative expenses	4,736	3,822
Net periodic pension cost	\$ 2,794	\$ 4,266

Administrative expenses totaled \$431 and \$272 in 2020 and 2019, respectively, and are reported within employee benefits expense; the remaining amounts above are reported as non-operating net periodic pension cost.

Saint Peter's Healthcare System, Inc.

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

8. Retirement Plans (continued)

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

	December 31	
	2020	2019
Weighted average assumptions used to determine benefit obligations at December 31:		
Discount rate	2.79%	3.50%
Weighted average assumptions used to determine net periodic benefit cost for the year ended December 31:		
Discount rate	3.50	4.41
Expected long-term rate of return on plan assets	6.80	7.25

To develop the expected long-term rate of return on assets assumption, the System considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio. This resulted in the selection of the 6.80% and 7.25% expected long-term rate of return on assets assumption for the year ended December 31, 2020 and 2019, respectively.

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

	Target	Permissible Range
Equities	48%	33% – 55%
Fixed income	21	18% – 23%
Global asset allocation	6	4% – 10%
Equity alternatives	10	6% – 14%
Fixed-income alternatives	15	10% – 20%

Saint Peter's Healthcare System, Inc.

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

8. Retirement Plans (continued)

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

	December 31	
	2020	2019
Equities	52%	49%
Fixed income	20	21
Global asset allocation	5	6
Equity alternatives	9	10
Fixed-income alternatives	14	14
	100%	100%

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

Refer to Note 12 for the composition at fair value of the defined benefit pension plan assets at December 31, 2020 and 2019.

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

Saint Peter's Healthcare System, Inc.

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

8. Retirement Plans (continued)

The accrued pension liability reported in the accompanying consolidated financial statements of \$162,685 and \$142,803 at December 31, 2020 and 2019, respectively, is actuarially determined in accordance with the accounting requirements for reporting in the financial statements of the plan sponsor, which differs from the determination of the accumulated plan benefits as reported in the Plan's financial statements.

During 2020 and 2019, the System contributed \$6,000 and \$5,000 to the Plan, respectively. The System plans to contribute \$7,000 to the Plan in 2021.

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

2021	\$	13,614
2022		14,481
2023		15,326
2024		16,194
2025		17,061
2026–2030		94,103

9. Leases and Other Commitments and Contingencies

Leases

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

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

Saint Peter's Healthcare System, Inc.

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

9. Leases and Other Commitments and Contingencies (continued)

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

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

Saint Peter's Healthcare System, Inc.

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

9. Leases and Other Commitments and Contingencies (continued)

The following schedules summarize information related to the lease assets and liabilities as of and for the year ended December 31, 2020 and 2019:

	2020	2019
Lease cost:		
Finance lease cost:		
Amortization of right-of-use asset	\$ 943	\$ 850
Interest on lease liabilities	62	94
Operating lease cost	3,775	4,311
Short-term lease cost	2,641	2,167
Variable lease cost	151	–
Sublease income	(20)	(20)
Total lease cost	\$ 7,552	\$ 7,402
Right-of-use assets and liabilities:		
Right-of-use assets – finance leases	\$ 2,815	\$ 2,908
Lease liability – finance leases	2,643	2,947
Right-of-use assets – operating leases	9,930	13,034
Lease liability – operating leases	9,930	13,034
Other information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from finance leases	\$ 62	\$ 94
Operating cash flows from operating leases	3,507	3,979
Financing cash flows from finance leases	900	917
Right-of-use assets obtained in exchange for new finance lease liabilities	596	1,006
Right-of-use assets obtained in exchange for new operating lease liabilities	50	1,342
Weighted-average remaining lease term – finance leases	2.66	3.41
Weighted-average remaining lease term – operating leases	6.06	6.26
Weighted-average discount rate – finance leases	2.88%	2.71%
Weighted-average discount rate – operating leases	2.20%	2.14%

Saint Peter's Healthcare System, Inc.

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

9. Leases and Other Commitments and Contingencies (continued)

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

The following table reconciles the undiscounted lease payments to the lease liabilities recorded on the accompanying consolidated balance sheet at December 31, 2020:

	Finance Leases	Operating Leases
2021	\$ 1,289	\$ 2,647
2022	859	1,766
2023	402	1,413
2024	176	1,383
2025	15	1,171
Thereafter	—	2,292
Total lease payments	2,741	10,672
Less imputed interest	98	742
Total lease obligation	2,643	9,930
Less current portion	1,015	2,459
Long-term portion	\$ 1,628	\$ 7,471

Other Commitments and Contingencies

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

In relation to workers' compensation exposure, the System maintains a standby letter of credit in the amount of \$775 and is part of the \$10,000 line of credit in place to secure its self-insured workers' compensation program. There were no draws on the letter of credit in 2020 or 2019.

Saint Peter's Healthcare System, Inc.

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

10. Medical Malpractice and General Liability Claims

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

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

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

Reserves for loss and loss adjustment expense are set based on management's best estimate of liability and damages. At December 31, 2020 and 2019, undiscounted reserve amounts were \$16,053 and \$14,731, respectively, and are included within other liabilities on the accompanying consolidated balance sheets. These reserves are estimates of the ultimate value of loss and loss adjustment expenses for all claims made during respective policy years and are subject to changes in amounts of settlements, verdicts, frequency of claims, or other economic or legal factors. These undiscounted reserves are not offset by estimates of reinsurance claims. While management believes the reserves for losses and loss adjustment expenses are adequate, it also recognizes the variability inherent in the data used in estimating these liabilities and that the ultimate value of losses and loss adjustment expense may vary significantly from the estimated amounts included in the accompanying consolidated financial statements. These estimates are continually reviewed and are adjusted, as necessary. Estimated receivables for reinsurance recoveries recorded by RAC total \$2,108 and \$1,786 at December 31, 2020 and 2019, respectively, and are included within other current assets on the accompanying consolidated balance sheets.

Saint Peter's Healthcare System, Inc.

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

10. Medical Malpractice and General Liability Claims (continued)

In relation to claims insured through RAC, the Hospital recorded an estimated insurance recovery receivable and medical malpractice claim liability at December 31, 2020 and 2019 equal to RAC's liability estimates. Such amounts are recorded within other assets and other liabilities within the Hospital's balance sheets and eliminate in consolidation.

The System has estimated its liability for losses due to claims from medical incidents that have occurred subsequent to 2004 but have not yet been reported to be approximately \$1,816 and \$1,838 at December 31, 2020 and 2019, respectively, with such estimated liability discounted at a rate of 4% based on expected timing of future payments. These amounts are included within other liabilities on the accompanying consolidated balance sheets.

11. Concentrations of Credit Risk

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

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

	December 31	
	2020	2019
Medicare and Medicaid	15%	15%
Horizon	25	23
Patients	1	1
Commercial	6	4
Managed care	50	54
Other third-party payors	3	3
	100%	100%

Saint Peter's Healthcare System, Inc.

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

12. Fair Value Measurements

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

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

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

Saint Peter's Healthcare System, Inc.

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

12. Fair Value Measurements (continued)

The following table presents the financial instruments carried at fair value, excluding assets invested in the System's defined benefit plan, as of December 31, 2020 and 2019, by caption on the consolidated balance sheets based upon the fair value hierarchy defined above:

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

Saint Peter's Healthcare System, Inc.

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

12. Fair Value Measurements (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2019				
Cash and cash equivalents	\$ 22,383	\$ —	\$ —	\$ 22,383
Assets whose use is limited:				
Cash and cash equivalents	7,370	—	—	7,370
Fixed income:				
U.S. Treasury bills	4,836	—	—	4,836
Asset-backed securities	—	31,753	—	31,753
Corporate bonds	—	17,435	—	17,435
Mortgage-backed securities	16,692	15,347	—	32,039
Mutual funds:				
Fixed income	1,538	—	—	1,538
Domestic	21,298	—	—	21,298
International	13,045	—	—	13,045
Real estate	140	—	—	140
Commodities	411	—	—	411
Assets held by RAC:				
Cash and cash equivalents	3,131	—	—	3,131
Fixed income-asset fund	7,515	2,578	—	10,093
Domestic equities	2,102	9,190	—	11,292
Total assets whose use is limited	<u>78,078</u>	<u>76,303</u>	<u>—</u>	<u>154,381</u>
Total assets at fair value	<u>\$ 100,461</u>	<u>\$ 76,303</u>	<u>\$ —</u>	<u>\$ 176,764</u>

Saint Peter's Healthcare System, Inc.

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

12. Fair Value Measurements (continued)

The following table presents the financial instruments of the defined benefit plan (see Note 8) as of December 31, 2020 and 2019, by the valuation hierarchy defined above:

	Level 1	Level 2	Level 3	Total
December 31, 2020				
Cash and cash equivalents	\$ 2,228	\$ –	\$ –	\$ 2,228
Equity funds:				
Domestic	55,747	–	–	55,747
International	30,160	–	–	30,160
Fixed-income mutual fund	89,521	–	–	89,521
	<u>\$ 177,656</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 177,656</u>
Investments measured at net asset value:				
Equity alternatives				39,195
Fixed income alternatives				11,139
Total assets at fair value				<u>227,990</u>
Accrued income				234
Total plan assets				<u>\$ 228,224</u>
December 31, 2019				
Cash and cash equivalents	\$ 2,038	\$ –	\$ –	\$ 2,038
Equity funds:				
Domestic	47,939	–	–	47,939
International	28,925	–	–	28,925
Fixed-income mutual fund	86,589	–	–	86,589
	<u>\$ 165,491</u>	<u>\$ –</u>	<u>\$ –</u>	<u>165,491</u>
Investments measured at net asset value:				
Equity alternatives				35,644
Fixed income alternatives				10,196
Total assets at fair value				<u>211,331</u>
Accrued income				224
Total plan assets				<u>\$ 211,555</u>

Fair value for Level 1 assets is based upon quoted market prices.

Level 2 assets consist of certain fixed-income securities for which the fair value at each year-end is estimated based on quoted prices and other valuation considerations (e.g., credit quality and prevailing interest rates).

Saint Peter's Healthcare System, Inc.

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

12. Fair Value Measurements (continued)

Equity and fixed income alternative financial instruments maintained by the Plan represent the Plan's investment in funds of funds and are valued as described in Note 8. Financial information used to evaluate the alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee and estimates that require varying degrees of judgment. The alternative investments may indirectly expose the Plan to securities lending, short sales of securities, and trading in futures and forwards contracts, options, and other derivative products. Alternative investments often have liquidity restrictions under which capital may be divested only at specified times. At December 31, 2020 and 2019, there were no commitments or liquidity restrictions.

13. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	December 31	
	2020	2019
Health care programs	\$ 3,277	\$ 2,480
Beneficial interest in trust	4,342	–
Children's fund	1,262	1,087
Health education	1,390	1,256
Purchase of equipment	87	126
	\$ 10,358	\$ 4,949

Saint Peter's Healthcare System, Inc.

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

14. Functional Expenses

Operating expenses by function and natural classification are as follows:

	2020		
	Health Care Program Expenses	General and Administrative Expenses	Total Expenses
Salaries and wages	\$ 197,337	\$ 43,519	\$ 240,856
Resident and physician fees	7,846	1,487	9,333
Employee benefits	42,686	9,414	52,100
Supplies and other	88,945	52,608	141,553
Governmental taxes, fees, and assessments	3,683	132	3,815
Interest	8,167	387	8,554
Depreciation and amortization	25,097	408	25,505
	\$ 373,761	\$ 107,955	\$ 481,716
	2019		
	Health Care Program Expenses	General and Administrative Expenses	Total Expenses
Salaries and wages	\$ 193,163	\$ 42,980	\$ 236,143
Resident and physician fees	7,450	1,471	8,921
Employee benefits	43,496	9,678	53,174
Supplies and other	96,103	53,768	149,871
Governmental taxes, fees, and assessments	3,028	270	3,298
Interest	8,624	449	9,073
Depreciation and amortization	25,109	408	25,517
	\$ 376,973	\$ 109,024	\$ 485,997

The accompanying consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Costs not directly attributable to a function are allocated on a functional basis using internal records and estimates.

Saint Peter's Healthcare System, Inc.

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

15. Other Operating Revenue

Other operating revenue consists of the following:

	Year Ended December 31	
	2020	2019
Grant revenue	\$ 1,440	\$ 1,417
HHS Provider Relief Fund	37,567	–
Rental income	1,941	2,068
Investment income <i>(Note 4)</i>	3,398	4,786
Child Protection Center revenue	2,381	2,980
Retail pharmacy cost sharing	5,248	5,340
Nursing services	1,821	1,789
Food services	1,114	1,841
Physician leasing	2,097	2,225
Ambulance services	6	458
Solar energy credits	824	1,065
Outreach laboratory fees	205	372
Research studies	469	429
Purchasing rebates and settlements	640	1,444
Joint venture distribution	143	363
Parking	158	434
Pay for performance initiatives	1,351	1,453
Contributions	206	685
Other	1,665	1,834
	\$ 62,674	\$ 30,983

Saint Peter's Healthcare System, Inc.

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

16. COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the Coronavirus Disease 2019 (COVID-19) outbreak as a global pandemic. Federal, state and local government policies resulted in a substantial portion of the population remaining at home and forced the closure of certain businesses, which had an impact on the System's patient volume and revenue for most services. Effective March 27, 2020, a New Jersey executive order was issued to suspend all non-essential elective surgeries or invasive procedures, which resumed at different dates during the year ended December 31, 2020. During this time, the System experienced significant price increases in, and utilization of, medical supplies, particularly personal protective equipment, as global supply lines were disrupted by the pandemic.

In response to COVID-19, the Coronavirus Aid, Relief and Economic Security Act (the CARES Act) was signed into law on March 27, 2020. The CARES Act authorized funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Provider Relief Fund). Payments from the Provider Relief Fund are to be used to prevent, prepare for, and respond to COVID-19, and shall reimburse the recipient for health care related expenses and/or lost revenues attributable to COVID-19 and are not required to be repaid except where Provider Relief Funds received exceed the actual amounts of eligible health care related expenses and/or lost revenue as defined by the U.S. Department of Health and Human Services (HHS). Recipients of Provider Relief Funds must attest to and comply with the terms and conditions. HHS distributions from the Provider Relief Fund include general distributions and targeted distributions, to support hospitals in high impact areas and rural providers, for service periods through December 31, 2020, and, if necessary, through June 30, 2021.

HHS has issued several Post-Payment Notices of Reporting Requirements and published responses to frequently asked questions (FAQs) regarding the Provider Relief Fund distributions. Additionally, on December 27, 2020, the Consolidated Appropriations Act, 2021 (CAA) was signed into law.

The CAA appropriated additional funding for COVID-19 response and relief through the Provider Relief Fund and provided several changes to the administration of the Provider Relief Fund. The CAA clarified the methods available to calculate lost revenue and indicated that for any payment, including both general and targeted distributions, received by an eligible health care provider that is a subsidiary of a parent organization, the parent organization may allocate all or any portion of the distribution among any other eligible subsidiaries.

Saint Peter's Healthcare System, Inc.

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

16. COVID-19 Pandemic and CARES Act Funding (continued)

Through December 31, 2020, the System received approximately \$86,057 in funding and recognized revenue of \$37,567 related to the Provider Relief Fund, which is included in other revenue in the accompanying 2020 consolidated statements of operations and changes in net assets. The recognized revenue has been determined based on applicable accounting guidance, Post-Payment Notices of Reporting Requirements and FAQs that the System has interpreted as being applicable to the accompanying consolidated financial statements. Subsequent to December 31, 2020, Post-Payment Notices of Reporting Requirements and additional FAQs have been released which have been considered in management's analysis. The unrecognized amount of the System's Provider Relief Fund receipts is reported in estimated third-party payor settlements, current portion in the accompanying consolidated balance sheets at December 31, 2020. Management will continue to monitor communications from HHS applicable to the Provider Relief Fund reporting and data submission requirements.

To enhance liquidity, the Centers for Medicare & Medicaid Services (CMS) expanded and streamlined the process for its Accelerated and Advance Payment Program, pursuant to which providers could receive advance Medicare payments. This program allowed eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. During April 2020, the System received approximately \$36,459 of expedited payments for future services. The advance was initially scheduled to be recovered by Medicare commencing August 2020.

On October 1, 2020, the terms of the CMS accelerated payment program were revised such that the recovery of advances will commence in April 2021 (25% of submitted claims will be withheld for 11 months) and extend through October 2022 (50% of submitted claims will be withheld for the following six months), with any remaining balance due at that time and subject to interest. CMS advances under this program are included as a contract liability in estimated third-party payor settlements, current (\$13,687) and noncurrent (\$22,772) at December 31, 2020 in the accompanying consolidated balance sheets.

Additional funding sources are available to pay providers for COVID-19 related treatment of uninsured patients under the CARES Act Uninsured Relief Fund and from CMS for certain Medicare patient diagnoses under which the System recognized net patient service revenue of approximately \$6,285 in 2020.

Saint Peter's Healthcare System, Inc.

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

16. COVID-19 Pandemic and CARES Act Funding (continued)

The System has applied for reimbursement for qualifying expenses totaling to \$3,599 under the Federal Emergency Management Agency (FEMA) Disaster Relief Fund. Through December 31, 2020, the System has not received any FEMA reimbursement payments, and as such, has not recorded any receivable or revenue in 2020. The System anticipates receipt of funds in 2021.

The System received an additional 20% payment for patients with a COVID-19 diagnosis from several commercial payors for which the System recognized net patient service revenue of approximately \$3,905 in 2020.

Due to the evolving nature of the COVID-19 pandemic, the ultimate impact to the System's operating results, including costs that may be incurred in the future and the level of utilization of the System's services and resulting impact on net patient service revenue reported in the future, and its financial condition is presently unknown.

17. Subsequent Events

Subsequent events have been evaluated through May 6, 2021, which is the date the accompanying consolidated financial statements were issued. Except as disclosed below and in Notes 1 and 16, no subsequent events have occurred that require disclosure in or adjustment to the accompanying consolidated financial statements.

In April 2021, the System and Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) agreed to end their dispute over Horizon BCBSNJ's OMNIA Health Plans. As a result, among other provisions of their agreement, the System became a Tier 1 facility in Horizon's OMNIA Health Plans effective May 1, 2021.

Supplementary Information

Saint Peter's Healthcare System, Inc.

Consolidating Balance Sheet
(In Thousands)

December 31, 2020

	Saint Peter's University Hospital & Subsidiaries			Saint Peter's Health & Management Services						Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	SPHCS Physician Associates	Saint Peter's Advanced Care	Saint Peter's Specialty Physicians	Consolidating and Eliminating Entries	Total Saint Peter's Health Care System		
	Obligated Group Saint Peter's University Hospital	Consolidating and Eliminating Entries	Total Saint Peter's University Hospital & Subs	Care Center	Properties	SP Solar Energy Solutions	SP Health & Mgmt Services	Gianna Phys Practice NY	Consolidating and Eliminating Entries								Total Saint Peter's Health & Management Services	
Assets																		
Current assets																		
Cash and cash equivalents	\$ 124,510	\$ --	\$ --	\$ 124,510	\$ 52	\$ 362	\$ 75	\$ --	\$ --	\$ --	\$ 489	\$ 938	\$ 872	\$ 207	\$ --	\$ 7	\$ --	\$ 127,023
Patient accounts receivable, net	46,314	--	--	46,314	--	--	--	--	--	--	--	--	--	--	--	--	--	46,314
Assets whose use is limited, current portion	127,242	--	--	127,242	--	--	--	--	--	--	--	--	5,258	--	--	--	--	132,500
Supplies	8,205	--	--	8,205	--	--	--	--	--	--	--	--	--	--	--	--	--	8,205
Estimated third-party payor settlements, current portion	6,643	--	--	6,643	--	--	--	--	--	--	--	--	--	--	--	--	--	6,643
Due from related parties, current portion	5,443	--	--	5,443	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Other current assets	9,256	2,108	--	11,364	--	2	8	--	--	--	10	95,588	28	3,398	--	--	(104,457)	--
Total current assets	327,613	2,108	--	329,721	52	364	83	--	--	--	499	98,587	6,538	3,871	--	12	(104,457)	334,771
Assets whose use is limited, less current portion	15,469	28,002	--	43,471	--	--	--	--	--	--	--	--	4,342	--	--	--	--	47,813
Property, plant, equipment and construction, net	163,619	--	--	163,619	--	3,135	6,690	--	--	--	9,825	--	--	1,549	--	13	--	175,006
Estimated third-party payor settlements, less current portion	348	--	--	348	--	--	--	--	--	--	--	--	--	--	--	--	--	348
Operating lease assets	5,514	--	--	5,514	--	--	--	--	--	--	--	--	--	--	--	--	--	9,930
Beneficial interest in Foundation	10,849	--	--	10,849	--	--	--	--	--	--	--	287	--	4,129	--	--	--	--
Due from related parties, noncurrent	1,949	--	--	1,949	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Investments in joint ventures and other assets	26,316	--	(21,953)	4,363	--	--	--	1,336	--	--	1,336	--	21	--	--	--	--	--
	\$ 551,677	\$ 30,110	\$ (21,953)	\$ 559,834	\$ 52	\$ 3,499	\$ 6,773	\$ 1,336	\$ --	\$ --	\$ 11,660	\$ 98,874	\$ 10,901	\$ 9,549	\$ --	\$ 25	\$ (117,755)	\$ 573,088
Liabilities and net assets																		
Current liabilities:																		
Current portion of long-term debt	\$ 8,616	\$ --	\$ --	\$ 8,616	\$ --	\$ 52	\$ 416	\$ --	\$ --	\$ --	\$ 468	\$ --	\$ --	\$ --	\$ --	\$ --	\$ --	\$ 9,084
Accounts payable	26,799	362	--	27,161	--	--	--	--	--	--	--	3,119	--	559	--	--	--	30,839
Accrued expenses and other liabilities	32,448	--	--	32,448	--	9	--	--	--	9	--	3,858	44	757	28	115	--	37,259
Accrued interest	3,793	--	--	3,793	--	--	--	--	--	--	--	--	--	--	--	--	--	3,793
Current portion of operating lease liability	1,166	--	--	1,166	--	--	--	--	--	--	--	206	--	1,087	--	--	--	2,459
Estimated third-party payor settlements, current portion	66,024	--	--	66,024	--	--	--	--	--	--	2,603	85,176	8	78,386	2,329	3,069	(186,227)	66,024
Due to related parties	14,656	--	--	14,656	--	13	2,590	--	--	--	--	92,359	52	80,789	2,357	3,184	(186,227)	149,458
Total current liabilities	153,502	362	--	153,864	--	74	3,006	--	--	--	3,080	92,359	52	80,789	2,357	3,184	(186,227)	149,458
Long-term debt, less current portion	127,976	--	--	127,976	--	1,650	2,376	--	--	--	4,026	--	--	--	--	--	--	132,002
Operating lease liability, less current portion	4,348	--	--	4,348	--	--	--	--	--	--	--	81	--	3,042	--	--	--	7,471
Estimated third-party payor settlements, less current portion	25,239	--	--	25,239	--	--	--	--	--	--	--	--	--	--	--	--	--	25,239
Accrued pension liability	156,251	--	--	156,251	--	--	--	--	--	--	--	6,434	--	--	--	--	--	162,685
Other liabilities	28,383	16,053	(16,053)	28,383	--	--	--	--	--	--	--	--	--	--	--	--	--	28,383
Total liabilities	495,699	16,415	(16,053)	496,061	--	1,724	5,382	--	--	--	7,106	98,874	52	83,831	2,357	3,184	(186,227)	505,238
Net assets:																		
Net assets without donor restrictions	44,384	13,695	(5,900)	52,179	52	1,775	1,391	1,336	--	--	4,554	--	1,236	(74,282)	(2,357)	(3,159)	79,321	57,492
Net assets with donor restrictions	11,594	--	--	11,594	--	--	--	--	--	--	--	--	9,613	--	--	--	(10,849)	10,358
Total net assets	55,978	13,695	(5,900)	63,773	52	1,775	1,391	1,336	--	--	4,554	--	10,849	(74,282)	(2,357)	(3,159)	68,472	67,850
	\$ 551,677	\$ 30,110	\$ (21,953)	\$ 559,834	\$ 52	\$ 3,499	\$ 6,773	\$ 1,336	\$ --	\$ --	\$ 11,660	\$ 98,874	\$ 10,901	\$ 9,549	\$ --	\$ 25	\$ (117,755)	\$ 573,088

Note: The consolidating schedules are presented for supplementary informational purposes. Due to the effects of intercompany transactions, which are eliminated in consolidation, the schedules are not intended to present the financial position or results of operations of the individual entities.

Saint Peter's Healthcare System, Inc.

Consolidating Statement of Operations and Changes in Net Assets
(In Thousands)

Year Ended December 31, 2020

	Saint Peter's University Hospital & Subsidiaries			Saint Peter's Health & Management Services						Saint Peter's Healthcare System, Inc	Saint Peter's Foundation	Saint Peter's Physician Associates	Saint Peter's Advanced Care	Saint Peter's Specialty Physicians	Consolidating and Eliminating Entries	Total Saint Peter's Health Care System
	Obligated Group Saint Peter's University Hospital	Consolidating and Eliminating Entries	Total Saint Peter's University Hospital & Subs	Care Center	Properties	SP Solar Energy Solutions	SP Health & Mgmt Services	Gianna Phys Practice NY	Consolidating and Eliminating Entries							
Revenue, gains and other support:																
Net patient service revenue	\$ 430,516	\$ -	\$ -	\$ 430,516	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116	\$ -	\$ 438,081
Other operating revenue	62,709	4,437	(4,041)	63,105	-	246	1,067	-	-	1,313	49,324	260	834	1	(52,163)	62,674
Net assets released from restriction	-	-	-	-	-	-	-	-	-	-	-	1,031	-	-	-	1,031
Total revenue, gains, and other support	493,225	4,437	(4,041)	493,621	-	246	1,067	-	-	1,313	49,324	1,291	8,283	-	(52,163)	501,786
Expenses:																
Salaries and wages	232,343	-	-	232,343	-	9	51	-	-	60	23,320	47	8,358	-	48	240,856
Resident and physician fees	9,855	-	-	9,855	-	-	-	-	-	-	74	-	1,735	-	92	9,333
Employee benefits	50,344	-	-	50,344	-	2	11	-	-	-	5,118	11	1,732	-	-	52,100
Supplies and other	145,623	2,635	(4,041)	144,217	-	13	105	-	-	118	20,340	1,617	4,207	-	102	141,553
Governmental taxes, fees, and assessments	3,798	-	-	3,798	-	17	-	-	-	17	-	-	-	-	-	3,815
Interest	8,080	-	-	8,080	-	87	387	-	-	474	-	-	-	-	-	8,554
Depreciation and amortization	24,699	-	-	24,699	-	75	408	-	-	483	-	-	322	-	1	25,505
Total expenses	474,742	2,635	(4,041)	473,336	-	203	962	-	-	1,165	48,852	1,675	16,354	-	243	481,716
Income (loss) from operations	18,483	1,802	-	20,285	-	43	105	-	-	148	472	(384)	(8,071)	-	(126)	20,070
Equity in net (loss) earnings of joint ventures and other income	287	-	-	287	-	-	-	(720)	-	(720)	-	-	-	-	(287)	(720)
Loss on sale of property, plant and equipment	(57)	-	-	(57)	-	-	-	-	-	-	-	-	-	-	-	(57)
Net change in unrealized gains and losses on equity investments	4,547	1,482	-	6,029	-	-	-	-	-	-	-	158	-	-	-	6,187
Non-operating net periodic pension cost	(2,338)	-	-	(2,338)	-	(1)	(1)	-	-	(2)	(472)	(1)	(20)	-	470	(2,363)
Forgiveness of debt	-	-	-	-	-	-	-	-	3,335	3,335	-	-	-	-	(3,335)	-
Equity transfer	-	-	-	-	-	-	-	(287)	-	(287)	-	-	-	-	287	-
Excess (deficiency) of revenue over expenses	20,922	3,284	-	24,206	-	42	104	(1,007)	3,335	2,474	-	(227)	(8,091)	-	4,881	23,117
Net change in unrealized gains and losses on fixed income investments	1,919	32	-	1,951	-	-	-	-	-	-	-	54	-	-	-	2,005
Change in pension liability to be recognized in future periods	(23,088)	-	-	(23,088)	-	-	-	-	-	-	-	-	-	-	-	(23,088)
Donated equipment and other	842	-	-	842	-	-	-	-	-	-	-	-	-	-	-	842
Increase (decrease) in net assets without donor restrictions	595	3,316	-	3,911	-	42	104	(1,007)	3,335	2,474	-	(173)	(8,091)	-	4,881	2,876
Net assets with donor restrictions:																
Restricted gifts and contributions and related items	-	-	-	-	-	-	-	-	-	-	-	6,440	-	-	-	6,440
Net change in beneficial interest in Foundation	5,236	-	-	5,236	-	-	-	-	-	-	-	-	-	-	(5,236)	-
Net assets released from restriction	-	-	-	-	-	-	-	-	-	-	-	(1,031)	-	-	-	(1,031)
Increase (decrease) in net assets with donor restrictions	5,236	-	-	5,236	-	-	-	-	-	-	-	5,409	-	-	(5,236)	5,409
Increase (decrease) in net assets	5,831	3,316	-	9,147	-	42	104	(1,007)	3,335	2,474	-	5,236	(8,091)	-	(355)	8,285
Net assets at beginning of year	50,147	10,379	(5,900)	54,626	52	1,733	1,287	2,343	(3,335)	2,080	-	5,613	(66,191)	(2,357)	(3,033)	59,565
Net assets at end of year	\$ 55,978	\$ 13,695	\$ (5,900)	\$ 63,773	\$ 52	\$ 1,775	\$ 1,391	\$ 1,336	\$ -	\$ 4,554	\$ -	\$ 10,849	\$ (74,282)	\$ (2,357)	\$ (3,159)	\$ 67,850

Note: The consolidating schedules are presented for supplementary informational purposes. Due to the effects of intercompany transactions, which are eliminated in consolidation, the schedules are not intended to present the financial position or results of operations of the individual entities.

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