

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

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
PATERSON, NJ 075032621

**D** Employer identification number  
27-1344467

**E** Telephone number  
(973) 754-2000

**G** Gross receipts \$ 942,332,903

**F** Name and address of principal officer:  
KEVIN J SLAVIN  
703 MAIN STREET  
PATERSON, NJ 075032621

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ 5557

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.STJOSEPHSHEALTH.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1872

**M** State of legal domicile: NJ

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO PROVIDE QUALITY HEALTHCARE WITH A SPECIAL CONCERN FOR THE POOR AND UNDERSERVED.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	65
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	51
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	6,160
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	369
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,364,160
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	845,197

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	27,693,733	29,996,581
<b>9</b> Program service revenue (Part VIII, line 2g)	762,638,228	788,710,125
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,441,457	8,109,944
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,355,040	9,574,616
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	808,128,458	836,391,266
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,692,588	5,717,325
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	457,481,990	486,471,278
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	111,950	3,000
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 874,536		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	341,871,346	335,750,575
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	803,157,874	827,942,178
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,970,584	8,449,088
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	827,128,926	855,341,804
<b>21</b> Total liabilities (Part X, line 26)	630,743,919	667,446,862
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	196,385,007	187,894,942

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2020-11-16  
KEVIN J SLAVIN PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01264584  
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596  
Firm's address ▶ 2005 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103 Phone no. (215) 448-5336

**Part III Statement of Program Service Accomplishments**

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

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

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 715,446,485 including grants of \$ 5,717,325 ) (Revenue \$ 791,550,366 )  
See Additional Data

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

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

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 715,446,485

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (65); 1b Enter the number of voting members included in line 1a, above, who are independent (51); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed (NJ). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTOPHER CAULFIELD 703 MAIN STREET PATERSON, NJ 07513 (973) 754-2000.







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	828,254		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	3,900,000		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	14,665,586		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	10,602,741		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		29,996,581		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> NET PATIENT SRVC REV.		621110	729,784,000	729,784,000	
<b>b</b> PHYSICIAN BILLING		621110	58,926,125	58,926,125		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			788,710,125			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			7,801,154		4,512	7,796,642	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			94,525			94,525	
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
				3,009,913				
			<b>b</b> Less: rental expenses	<b>6b</b>	1,421,404			
	<b>c</b> Rental income or (loss)	<b>6c</b>	1,588,509					
	<b>d</b> Net rental income or (loss) . . . . .			1,588,509		841,685	746,824	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other		2,664			
				104,200,069				
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	103,988,468		0	
	<b>c</b> Gain or (loss)	<b>7c</b>	211,601	2,664				
	<b>d</b> Net gain or (loss) . . . . .			214,265	2,664		211,601	
	<b>8a</b> Gross income from fundraising events (not including \$ 828,254 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			774,242			
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	527,515			
			<b>c</b> Net income or (loss) from fundraising events . . . . .			246,727		246,727
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			8,500			
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>	4,250			
<b>c</b> Net income or (loss) from gaming activities . . . . .					4,250		4,250	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code						
<b>11a</b> PARKING		812930	3,494,296			3,494,296		
<b>b</b> EDUCATION/TRAINING		900099	1,469,871	1,469,871				
<b>c</b> ST JOSEPH MANAGE. FEE		541611	1,367,706	1,367,706				
<b>d</b> All other revenue . . . . .			1,403,257		517,963	885,294		
<b>e Total.</b> Add lines 11a-11d . . . . .			7,735,130					
<b>12 Total revenue.</b> See instructions . . . . .			836,391,266	791,550,366	1,364,160	13,480,159		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,711,325	5,711,325		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	6,000	6,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	14,200,313	12,175,348	2,000,824	24,141
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	400,746,331	343,599,905	56,465,158	681,268
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	11,347,936	9,747,877	1,600,059	
<b>9</b> Other employee benefits . . . . .	32,991,449	28,181,096	4,644,226	166,127
<b>10</b> Payroll taxes . . . . .	27,185,249	23,352,129	3,833,120	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,433,704	2,949,552	484,152	
<b>c</b> Accounting . . . . .	597,501	513,253	84,248	
<b>d</b> Lobbying . . . . .	284,875	269,647	15,228	
<b>e</b> Professional fundraising services. See Part IV, line 17	3,000			3,000
<b>f</b> Investment management fees . . . . .	578,724	478,192	100,532	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,594,495	3,946,671	647,824	
<b>12</b> Advertising and promotion . . . . .	1,338,781	1,150,013	188,768	
<b>13</b> Office expenses . . . . .	13,162,064	11,306,213	1,855,851	
<b>14</b> Information technology . . . . .	21,692,645	18,633,982	3,058,663	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	69,578,233	59,767,702	9,810,531	
<b>17</b> Travel . . . . .	380,902	327,195	53,707	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	13,657,921	11,886,745	1,771,176	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	36,175,658	31,302,673	4,872,985	
<b>23</b> Insurance . . . . .	10,457,645	8,983,117	1,474,528	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES EXPENS	113,851,399	97,798,352	16,053,047	
<b>b</b> PHYSICIAN FEES	18,486,031	15,879,501	2,606,530	
<b>c</b> HEALTHCARE REFORM ACT	5,020,726	5,020,726		
<b>d</b> EQUIP REPAIR/MAINT.	2,689,357	2,689,357		
<b>e</b> All other expenses	19,769,914	19,769,914		
<b>25</b> Total functional expenses. Add lines 1 through 24e	827,942,178	715,446,485	111,621,157	874,536
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,323,000	<b>1</b>	50,654,354
	<b>2</b> Savings and temporary cash investments . . . . .	49,517,585	<b>2</b>	29,051,934
	<b>3</b> Pledges and grants receivable, net . . . . .	22,804,578	<b>3</b>	21,907,532
	<b>4</b> Accounts receivable, net . . . . .	83,185,646	<b>4</b>	68,772,000
	<b>5</b> 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 . . . . .	377,544	<b>5</b>	374,544
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,036,000	<b>7</b>	2,130,850
	<b>8</b> Inventories for sale or use . . . . .	10,352,955	<b>8</b>	12,860,938
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,591,662	<b>9</b>	4,004,977
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 670,987,681		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 303,364,320	366,250,273	<b>10c</b> 367,623,361
	<b>11</b> Investments—publicly traded securities . . . . .	99,689,404	<b>11</b>	63,345,389
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	143,819,604	<b>12</b>	193,284,359
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	2,110,000	<b>14</b>	2,110,000
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	43,070,675	<b>15</b>	39,221,566
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	827,128,926	<b>16</b>	855,341,804	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	128,872,741	<b>17</b>	145,952,645
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,038,203	<b>19</b>	556,050
	<b>20</b> Tax-exempt bond liabilities . . . . .	371,418,593	<b>20</b>	362,052,212
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	1,722,927
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	129,414,382	<b>25</b>	157,163,028
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	630,743,919	<b>26</b>	667,446,862
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	178,030,941	<b>27</b>	167,982,942
	<b>28</b> Net assets with donor restrictions . . . . .	18,354,066	<b>28</b>	19,912,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	196,385,007	<b>32</b>	187,894,942	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	827,128,926	<b>33</b>	855,341,804	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	836,391,266
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	827,942,178
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,449,088
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	196,385,007
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,377,645
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-31,316,798
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	187,894,942

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-1344467

**Name:** ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

Form 990 (2019)

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

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK CONNOLLY CHAIRMAN, DEPT. OF SURGERY	55.00 0.00					X		2,172,443	0	26,051
KEVIN J SLAVIN PRESIDENT & CEO	55.00 0.00			X				1,903,398	0	30,077
ALDO KHOURY MD MEDICAL DOCTOR	55.00 0.00					X		1,071,396	0	38,477
LISA SCHMITTGALL SENIOR VICE PRESIDENT/COO	55.00 0.00			X				1,004,940	0	14,195
DENNIS ROEMER SVP OF FINANCE/CFO	55.00 0.00			X				928,965	0	23,971
DAVID PRINCIPE MD MEDICAL DOCTOR	55.00 0.00					X		874,113	0	31,295
ALEXANDER RISS MEDICAL DOCTOR	55.00 0.00					X		822,572	0	34,846
TODD C BROWER SENIOR VP, GENERAL COUNSEL	55.00 0.00				X			769,962	0	36,353
MATTHEW A GROSSMAN MEDICAL DOCTOR	55.00 0.00					X		728,340	0	32,329
DAVID ADINARO MD VICE PRESIDENT, CMO	55.00 0.00				X			670,676	0	34,833

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER MENDYZCKI ..... VP WAYNE SITE ADMINISTRATOR	53.00 ..... 2.00			X				583,382	0	37,589
LINDA REED ..... VP, CHIEF INFORMATION OFFICER	55.00 ..... 0.00				X			566,199	0	32,899
JAMES LABAGNARA JR MD ..... SVP AND SYSTEM CMO	55.00 ..... 0.00				X			586,000	0	11,404
ROBERT C HOOD ..... SENIOR VP, POPULATION HEALTH	55.00 ..... 0.00			X				513,345	0	28,148
JOHN P BRUNO ..... VP, HUMAN RESOURCES	55.00 ..... 0.00				X			536,284	0	4,528
MICHAEL LAMMACHIA MD ..... TRUSTEE/SECRETARY/TREASURER	40.00 ..... 0.00	X		X				496,362	0	35,699
MICHAEL DELISI MD ..... TRUSTEE/CO-CHAIR	40.00 ..... 0.00	X		X				460,902	0	28,198
NILESH PATEL DO ..... TRUSTEE	2.00 ..... 0.00	X						442,182	0	35,284
MARJORY LANGER MD FACEP ..... TRUSTEE	2.00 ..... 0.00	X						461,574	0	8,448
MICHAEL ALWELL ..... VP REVENUE CYCLE	55.00 ..... 0.00				X			393,611	0	28,415

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDITH PADULA ..... TRUSTEE/VP PATIENT CARE SVCS CNO	55.00 ..... 0.00	X						394,048	0	18,404
JAMES HAYNES ..... VP FACILITIES OPERATIONS	55.00 ..... 0.00			X				339,514	0	36,808
SR PATRICIA MENNOR ..... VP MISSION	55.00 ..... 0.00				X			354,965	0	13,714
KENNETH M MORRIS JR ..... VP EXTERNAL AFFAIRS	55.00 ..... 0.00				X			323,465	0	23,091
MOIRA GIBBONS ..... VP CCO & DIR. LEGAL AFFAIRS	53.00 ..... 2.00			X				329,745	0	13,349
ROBERT BUDELMAN III ..... VP, CHIEF DEVELOPMENT OFFICER	55.00 ..... 0.00				X			311,470	0	26,788
THOMAS CASEY ..... VP, MARKETING & PR	55.00 ..... 0.00				X			303,319	0	1,674
JOSEPH DUFFY MD ..... VP, CMO WAYNE	55.00 ..... 0.00			X				292,640	0	3,965
ROBERTO SOLIS MD ..... TRUSTEE	2.00 ..... 0.00	X						284,894	0	1,372
ANTOINETTE CECERE MD ..... TRUSTEE	40.00 ..... 0.00	X						249,091	0	12,900



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GENNARO RUBINO ..... TRUSTEE	40.00 ..... 0.00	X						235,225	0	6,948
PAMELA UPADYA ..... TRUSTEE	2.00 ..... 0.00	X						188,481	0	609
ANTHONY LOSARDO MD ..... TRUSTEE	2.00 ..... 0.00	X						171,369	0	0
STEVE ALDERSON THRU 11819 ..... VP PHYSICIAN SERVICES	55.00 ..... 0.00				X			152,462	0	5,948
JAI G PAREKH MD MBA FAAO ..... TRUSTEE	2.00 ..... 1.00	X						63,500	0	0
JOSEPH VITALE JR MD ..... TRUSTEE	2.00 ..... 0.00	X						11,875	0	0
VIKRAM GUPTA MD ..... TRUSTEE	2.00 ..... 0.00	X						9,000	0	0
MANJU GUPTA ..... TRUSTEE	2.00 ..... 0.00	X						8,254	0	0
A MICHAEL CANDIDO ..... SECRETARY	2.00 ..... 0.00	X		X				0	0	0
ALFRED LEE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNEMARIE APPLETON ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ANTHONY GRIFFO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ANTHONY M BRUNO CPA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ANTOINETTE TONI LOYAS ..... VICE CHAIR	2.00 ..... 0.00	X		X				0	0	0
ATHANASIA KONTOS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
BERNADETTE COUNTRYMAN ..... VICE CHAIRPERSON	2.00 ..... 0.00	X		X				0	0	0
BETH POLITO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DAVID INCORVAIA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DEAN P EMMOLO ..... CHAIRMAN	2.00 ..... 0.00	X		X				0	0	0
DENNIS MARCO ..... TRUSTEE/SECRETARY/TREASURER	2.00 ..... 0.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOLORES PAVLAK ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DONNA BOLES ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DONNA M DE CANDIDO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ERIC W GROSS ESQ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
GABRIELLA LOCONTE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
GAMIL MAKAR MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
GUALBERTO MEDINA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
J MICHAEL ARMSTRONG ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
J MICHAEL HOPKINS ..... TREASURER	2.00 ..... 0.00	X		X				0	0	0
JAMES KRANZ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOANN KARASIEWICZ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOHN MORONE MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOHN R CIOLETTI ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOHN SUTTER MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOSEPH AMICO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOSEPH FARNESE MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
KATHLEEN M BOOZANG ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
LORELANE TINDOC MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
LOUIS ROMANO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
MANNAN RAZZAK MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIE BREUSS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
MARTIN NEILAN MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
MICHAEL MAINERO MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
NANCY KONTOS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
NELSON GOMES ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
PATRICIA DAVINO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
REV MSGR GEORGE F HUNDT ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
RICHARD J ABBATE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ROBERT PAZ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ROGER JOHNSON ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD J GARNER ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SISTER JOAN REPKA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SISTER MARILYN THIE ..... CHAIRPERSON	2.00 ..... 0.00	X		X				0	0	0
SMITH SISTER ROSEMARY ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SR PATRICIA CODEY SC ESQ ..... SECRETARY	2.00 ..... 0.00	X		X				0	0	0
SUSAN REED CPA CFA ..... TRUSTEE/TREASURER	2.00 ..... 0.00	X		X				0	0	0
TALIA GRIEP ..... TRUSTEE/TREASURER	2.00 ..... 0.00	X		X				0	0	0
THOMAS G MARINARO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
TIM HODGES ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Name of the organization**  
ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

**Employer identification number**  
27-1344467

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . 1
  - 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) ST JOSEPH'S UNIVERSITY MEDICAL CENTER	221487602	3	Yes		4,294,000	0
<b>Total</b>	<b>1</b>				<b>4,294,000</b>	<b>0</b>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						0
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						0
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18</b>	<b>Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

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

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

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		No
<b>8</b>	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>		No
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
<b>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
<b>b</b>	A family member of a person described in (a) above?		No
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

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

**Facts And Circumstances Test**

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, SUPPLEMENTAL INFORMATION	PUBLIC CHARITY STATUS: ST. JOSEPH'S UNIVERSITY MEDICAL CENTER IS A HOSPITAL DESCRIBED IN SECTION 170(B)(1)(A)(III). THE FOLLOWING ORGANIZATIONS ARE AN ORGANIZATION DESCRIBED IN SECTION 509(A)(3), 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). IT IS REPORTED AS TYPE I ON PART IV TO DIRECTLY SUPPORT ST. JOSEPH'S UNIVERSITY MEDICAL CENTER. - ST JOSEPH'S HOSPITAL & MEDICAL CENTER FOUNDATION, - HARBOR HOUSE, INC. - 200 HOSPITAL PLAZA - ST. JOSEPH'S EMERGENCY PHYSICIANS, INC. - ST. JOSEPH'S FACULTY PHYSICIANS, INC. - ST. JOSEPH'S PHYSICIANS, INC. - ST. JOSEPH'S PHYSICIANS HEALTHCARE GROUP, INC. - ST. JOSEPH'S SUBSPECIALTY PHYSICIANS, INC.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, LINE 1	<p>THE ST. JOSEPH'S UNIVERSITY MEDICAL CENTER FOUNDATION IS ORGANIZED TO PROMOTE, BY DONATION , LOAN OR OTHERWISE, THE INTERESTS AND PROGRAMS OF ST. JOSEPH'S UNIVERSITY MEDICAL CENTER (SJUMC). ITS SOLE MEMBER IS ST JOSEPH'S HEALTH, INC. AND THE SYSTEM HAS RIGHT AND POWER TO APPOINT BOARD MEMBERS, AMEND BYLAWS AND ARTICLES OF INCORPORATION. HARBOR HOUSE, INC. IS ORGANIZED TO PROVIDE ELDERLY OR DISABLED PERSONS WITH HOUSING FACILITIES AND SERVICES. THE BYLAWS DESIGNATE ITS TRUSTEES FROM THE TRUSTEES OF SJUMC OR NON-TRUSTEES WITH SJUMC BOARD APPROVAL. THE REMOVAL, APPROVAL OR RESIGNATION OF TRUSTEE IN SJUMC RESULTS IN AUTOMATIC T RUSTEE REVOCATION FOR HARBOR HOUSE, INC. THE SOLE MEMBER OF HARBOR HOUSE, INC. IS SJUMC. 2 00 HOSPITAL PLAZA IS ORGANIZED TO PROVIDE HOSPITAL HOUSING, PARKING, AND OTHER FACILITIES FOR EMPLOYEES, PATIENTS, VISITORS, DOCTORS, AND OTHERS AFFILIATED WITH SJUMC. THE SOLE MEM BER IS ST JOSEPHS HEALTH, INC. ("THE SYSTEM"). THE SYSTEM DETERMINES WHEN BOARD ELECTIONS ARE HELD AND CAN REMOVE ANY TRUSTEE AND OFFICER AT ANY TIME IF IT IS IN THE BEST INTEREST OF 200 HOSPITAL PLAZA. ST. JOSEPH'S EMERGENCY PHYSICIANS INC.'S SOLE MEMBER IS SJUMC. SJUM C IS RESPONSIBLE FOR ELECTING THE TRUSTEES OF ST. JOSEPH'S EMERGENCY PHYSICIANS INC. ST. J OSEPH'S FACULTY PHYSICIANS INC.'S SOLE MEMBER IS SJUMC. SJUMC IS RESPONSIBLE FOR ELECTING THE TRUSTEES OF ST. JOSEPH'S FACULTY PHYSICIANS INC. ST. JOSEPH'S PHYSICIANS INC.'S SOLE M EMBER IS SJUMC. SJUMC IS RESPONSIBLE FOR ELECTING THE TRUSTEES OF ST. JOSEPH'S PHYSICIANS INC. ST. JOSEPH'S SUBSPECIALTY PHYSICIANS INC.'S SOLE MEMBER IS SJUMC. SJUMC IS RESPONSIBL E FOR ELECTING THE TRUSTEES OF ST. JOSEPH'S SUBSPECIALTY PHYSICIANS INC. ST. JOSEPH'S PHYS ICIANS HEALTHCARE GROUP INC.'S SOLE MEMBER IS SJUMC. SJUMC IS RESPONSIBLE FOR ELECTING THE TRUSTEES OF ST. JOSEPH'S PHYSICIANS HEALTHCARE GROUP INC.</p>

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

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

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN	Employer identification number 27-1344467
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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





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

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>				
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		284,875
<b>j</b>	Total. Add lines 1c through 1i .....			284,875
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	LOBBYING ACTIVITIES THE HOSPITAL DOES NOT CONDUCT ANY DIRECT LOBBYING ACTIVITIES; HOWEVER, THE HOSPITAL HAS HIRED INDEPENDENT CONSULTING FIRMS TO PURSUE LEGISLATIVE ENDEAVORS ON BEHALF OF THE HOSPITAL. IN 2019, THE HOSPITAL PAID WASHINGTON STRATEGIC CONSULTING, INC. \$90,000, AND PUBLIC STRATEGIES IMPACT, LLC \$18,000 FOR THEIR EFFORTS. THE HOSPITAL PAID MEMBERSHIP DUES TO CATHOLIC HEALTH ASSOCIATION (CHA), NJHA AND HOSPITAL ALLIANCE NJ. A PORTION OF THESE DUES WERE USED FOR LOBBYING ACTIVITIES.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

Employer identification number 27-1344467

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, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and structure counts.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	123,142	123,142	291,432	291,432	
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	3,500	1,792	637		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,500	1,792			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	123,142	123,142	292,069	291,432	

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

- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ 100.000 %
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		12,008,443		12,008,443
<b>b</b> Buildings . . . . .		463,729,454	255,075,183	208,654,271
<b>c</b> Leasehold improvements		18,314,355	13,945,297	4,369,058
<b>d</b> Equipment . . . . .		149,107,248	34,343,840	114,763,408
<b>e</b> Other . . . . .		27,828,181		27,828,181
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				367,623,361

**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) MUNICIPAL BONDS	55,811,381	F
(B) CORPORATE OBLIGATIONS	135,894,703	F
(C) MUTUAL FUNDS	1,578,275	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	193,284,359	

**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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	157,163,028

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-1344467

**Name:** ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION MAINTAINS A DONOR-RESTRICTED FUND WHOSE PURPOSE IS TO PROVIDE FOR THE CARE AND TREATMENT OF PATIENTS AFFLICTED WITH CANCER. IN CLASSIFYING SUCH FUND FOR FINANCIAL STATEMENT PURPOSES AS EITHER NET ASSETS WITH OR WITHOUT DONOR RESTRICTIONS, THE BOARD OF TRUSTEES LOOKS TO THE EXPLICIT DIRECTIONS OF THE DONOR WHERE APPLICABLE AND THE PROVISIONS OF THE LAWS OF THE STATE OF NEW JERSEY. THE BOARD HAS DETERMINED THAT, ABSENT DONOR STIPULATIONS TO THE CONTRARY, THE PROVISIONS OF NEW JERSEY STATE LAW DO NOT IMPOSE EITHER RESTRICTION ON THE INCOME OR CAPITAL APPRECIATION DERIVED FROM THE ORIGINAL GIFT.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

**Employer identification number**  
27-1344467

**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 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPTIVE INSURANCE	6,668,995
<b>3a</b> Sub-total . . . . .	0	0			6,668,995
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			6,668,995

**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)

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



**Part IV Foreign Forms**

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

**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.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 3, COLUMN (F)	THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS FOREIGN EXPENDITURES.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

Employer identification number 27-1344467

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<b>CHARITY BALL</b> (event type)	<b>GOLF OUTING</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,044,845	406,350	151,301	1,602,496
	<b>2</b> Less: Contributions . . . . .	603,740	128,345	96,169	828,254
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	441,105	278,005	55,132	774,242
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .		4,250		4,250
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	184,866	111,034		295,900
	<b>7</b> Food and beverages . . . . .	81,966		32,996	114,962
	<b>8</b> Entertainment . . . . .	18,800	475	3,975	23,250
	<b>9</b> Other direct expenses . . . . .	36,991	27,563	24,599	89,153
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				527,515
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				246,727	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

# Hospitals

OMB No. 1545-0047  
**2019**  
 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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Name of the organization**  
 ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

**Employer identification number**  
 27-1344467

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

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

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			48,981,982	40,138,979	8,843,003	1.070 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			220,338,645	169,061,587	51,277,058	6.190 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			269,320,627	209,200,566	60,120,061	7.260 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			5,110,997	1,976,311	3,134,686	0.380 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			45,252,078	19,343,298	25,908,780	3.130 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			75,725,157	70,165,438	5,559,719	0.670 %
<b>h</b> Research (from Worksheet 7) . . . . .			1,013,668	25,107	988,561	0.120 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			127,101,900	91,510,154	35,591,746	4.300 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			396,422,527	300,710,720	95,711,807	11.560 %

**Part III 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			92,968		92,968	0.010 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			380,443		380,443	0.050 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>			473,411		473,411	0.060 %

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

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	84,221,612
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	51,895,892
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	238,838,605
6	Enter Medicare allowable costs of care relating to payments on line 5	6	260,332,204
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-21,493,599
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	ST JOSEPH'S SURGERY MANAGEMENT	SURGERY CENTER MANAGEMENT	51.790 %		44.000 %
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?

2

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)

See Additional Data Table	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

**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)  
 FACILITY REPORTING GROUP - A

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

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

FACILITY REPORTING GROUP - A

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	14	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

FACILITY REPORTING GROUP - A

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

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

**Policy Relating to Emergency Medical Care**

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

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

FACILITY REPORTING GROUP - A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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





**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 27

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C:	ST. JOSEPH'S HEALTH, INC. USES THE FOLLOWING SLIDING SCALE TO DETERMINE FREE AND DISCOUNTED CARE BASED ON INCOME:-LESS THAN OR EQUAL TO 200% FPL 100% DISCOUNT -GREATER THAN 200% THROUGH 225% FPL 80% DISCOUNT -GREATER THAN 225% THROUGH 250% FPL - 60% DISCOUNT -GREATER THAN 250% THROUGH 275% FPL 40% DISCOUNT -GREATER THAN 275% THROUGH 300% FPL 20% DISCOUNT -GREATER THAN 300% FPL NO DISCOUNT IN ADDITION TO THE ABOVE INCOME CRITERIA, INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED \$15,000. BOTH CRITERIA MUST BE MET TO QUALIFY FOR FREE OR DISCOUNTED CARE.
PART II, COMMUNITY BUILDING ACTIVITIES:	ST. JOSEPH'S HEALTH HAS PARTNERED WITH LOCAL DEVELOPERS AND COMMUNITY INVESTMENT GROUPS DEVELOPING A STRONG BOND BETWEEN COMMUNITY INVESTMENT ACTIVITIES AND HEALTHCARE TO ADDRESS NEIGHBORHOOD AND ENVIRONMENTAL CONDITIONS THAT WOULD IMPROVE ACCESS TO NEEDED HEALTHCARE SERVICES, REDUCE INEQUITIES IN HEALTH OUTCOMES, AND CONTINUE OUR MISSION OF ENSURING THAT THE CITY'S MOST VULNERABLE RESIDENTS HAVE ACCESS TO SAFE AFFORDABLE NEIGHBORHOODS AND HEALTHCARE. ADDITIONALLY, ST. JOSEPH'S HEALTH HAS WORKED COLLABORATIVELY WITH LOCAL SOCIAL SERVICES AGENCIES AND COMMUNITY STAKEHOLDERS, SUCH AS THE HEALTH COALITION OF PASSAIC COUNTY, NEW JERSEY COMMUNITY DEVELOPMENT CORPORATION, THE CITY OF PATERSON, PASSAIC COUNTY HEALTH DEPARTMENT, THE BOYS AND GIRLS CLUB OF PASSAIC COUNTY, THE PATERSON HOUSING AUTHORITY, AND THE NEW JERSEY FAMILY SUCCESS CENTER TO ADDRESS THOSE SOCIAL DETERMINANTS OF AN INDIVIDUAL'S HEALTH, SUCH AS THE ABILITY TO ACCESS NEEDED HEALTHCARE, HOMELESSNESS, LACK OF AFFORDABLE CHILDCARE, POVERTY, UNEMPLOYMENT, AND LIMITED PUBLIC TRANSPORTATION.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2:	THE AMOUNT REPORTED IS THE UNCOLLECTIBLE AMOUNTS FOR SELF-PAY PATIENTS.
PART III, LINE 3:	THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS INCREASED FROM 65% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2018 TO 67% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2019.THE SYSTEM CALCULATED THE BAD DEBT ASSOCIATED WITH SELF PAY CASES WAS \$68,183,316. BASED ON HISTORICAL REVIEW OF THIS CATEGORY, APPROXIMATELY 75% OF THESE CASES WERE ELIGIBLE FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE. THE 75% FACTOR WAS THEN APPLIED TO THE TOTAL SELF-PAY ACCOUNTS PLUS \$758,405 OF BAD DEBTS RELATED TO CHARITY CARE PATIENTS TO DERIVE THE \$51,895,892 OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4:	THERE IS NO BAD DEBT FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS INCREASED FROM 65% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2018 TO 67% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2019. IN ADDITION, THE MEDICAL CENTER'S SELF-PAY WRITE-OFFS NET OF RECOVERIES DECREASED FROM \$88.6 MILLION FOR 2018 TO \$88.4 MILLION FOR 2019. THE MEDICAL CENTER HAS NOT CHANGED ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES DURING FISCAL YEARS 2018 OR 2019.
PART III, LINE 8:	THE HOSPITAL UTILIZED THE AMOUNTS REPORTED ON THE MEDICARE COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS. ST. JOSEPH'S IS COMMITTED TO PROVIDING QUALITY HEALTHCARE TO ALL PATIENTS. THIS COST OF CARE TO OUR MEDICARE POPULATION RESULTED IN A LOSS. WE CONSIDER THIS NET LOSS TO SERVE MEDICARE PATIENTS TO BE ANOTHER FORM OF COMMUNITY BENEFIT. THE SERVICES PROVIDED INCLUDED PRIMARY CARE, EMERGENCY CARE, DENTAL SERVICES, SUB-SPECIALITY CARE AND INPATIENT AND LONG TERM CARE SERVICES.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>WHEN A PATIENT IS KNOWN TO QUALIFY AND APPROVED FOR FINANCIAL ASSISTANCE, A SPECIFIC INSURANCE CODE IS ASSIGNED. THESE BILLS ARE ELECTRONICALLY TRANSMITTED TO THE MEDICAID FISCAL INTERMEDIARY. THE INTERMEDIARY PRICES AND PROCESSES THE CLAIMS. PATIENTS THAT WERE APPROVED FOR 100% ASSISTANCE, AND MADE A PAYMENT WILL BE CREDITED. SIMILARLY, A PATIENT THAT IS APPROVED FOR THE SLIDING SCALE THAT OVERPAID, WILL BE CREDITED. ALL OF OUR SELF-PAY PATIENTS ARE TREATED WITH THE SAME PROCESS. WE FIRST SCREEN PATIENTS FOR MEDICAID/CHARITY CARE, IF THEY AGREE TO THE PROCESS. IF THEY DO NOT QUALIFY FOR EITHER, OR WISH TO NOT APPLY, WE THEN OFFER THEM THE FAP. NEXT, WE FOLLOW THE NORMAL SELF-PAY COLLECTION PRACTICES FOR THE REMAINING AMOUNTS. EVERY 30 DAYS A STATEMENT FOR THE REMAINING BALANCE OWED WILL BE SENT TO THE GUARANTOR. IF AFTER, 120 DAYS, THERE IS NO RESPONSE/PAYMENT, THE ACCOUNT WILL BE REFERRED TO BAD DEBT.</p>
PART VI, LINE 2:	<p>NEEDS ASSESSMENT: ON OCTOBER 15, 2019, ST. JOSEPH'S UNIVERSITY MEDICAL CENTER CONVENED A GROUP OF 15 COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR COMMUNITY, BASED ON FINDINGS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) BEGAN THE MEETING WITH A PRESENTATION OF KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALTH ISSUES IDENTIFIED FROM THE RESEARCH (SEE AREAS OF OPPORTUNITY ABOVE). FINALLY, PARTICIPANTS WERE PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXERCISE THAT FOLLOWED. IN ORDER TO ASSIGN PRIORITY TO THE IDENTIFIED HEALTH NEEDS (I.E., AREAS OF OPPORTUNITY), A WIRELESS AUDIENCE RESPONSE SYSTEM WAS USED IN WHICH EACH PARTICIPANT WAS ABLE TO REGISTER HIS/HER RATINGS USING A SMALL REMOTE KEYPAD. THE PARTICIPANTS WERE ASKED TO EVALUATE EACH HEALTH ISSUE ALONG TWO CRITERIA: - SCOPE &amp; SEVERITY - THE FIRST RATING WAS TO GAUGE THE MAGNITUDE OF THE PROBLEM IN CONSIDERATION OF THE FOLLOWING: - ABILITY TO IMPACT - A SECOND RATING WAS DESIGNED TO MEASURE THE PERCEIVED LIKELIHOOD OF THE HOSPITAL HAVING A POSITIVE IMPACT ON EACH HEALTH ISSUE, GIVEN AVAILABLE RESOURCES, COMPETENCIES, SPHERES OF INFLUENCE, ETC. INDIVIDUALS' RATINGS FOR EACH CRITERIA WERE AVERAGED FOR EACH TESTED HEALTH ISSUE, AND THEN THESE COMPOSITE CRITERIA SCORES WERE AVERAGED TO PRODUCE AN OVERALL SCORE. THIS PROCESS YIELDED THE FOLLOWING PRIORITIZED LIST OF COMMUNITY HEALTH NEEDS: 1. DIABETES 2. NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT 3. HEART DISEASE &amp; STROKE 4. SUBSTANCE ABUSE 5. ACCESS TO HEALTHCARE 6. MENTAL HEALTH 7. TOBACCO USE 8. SEXUAL HEALTH 9. CANCER 10. HOUSING 11. INJURY &amp; VIOLENCE 12. RESPIRATORY DISEASES 13. SEPTICEMIA COMMUNITY STAKEHOLDERS WERE ASKED TO RATE THE DEGREE TO WHICH EACH OF 20 HEALTH ISSUES IS A PROBLEM IN THEIR OWN COMMUNITY, USING A SCALE OF "MAJOR PROBLEM," "MODERATE PROBLEM," "MINOR PROBLEM, OR "NO PROBLEM AT ALL." FINDINGS ALSO ARE OUTLINED THROUGHOUT THE 2019 CHNIA REPORT, ALONG WITH THE QUALITATIVE INPUT DESCRIBING REASONS FOR THEIR CONCERNS. (NOTE THAT THESE RATINGS ALONE DO NOT ESTABLISH PRIORITIES FOR THIS ASSESSMENT; RATHER, THEY ARE ONE OF SEVERAL DATA INPUTS CONSIDERED FOR THE PRIORITIZATION PROCESS DESCRIBED EARLIER. ST. JOSEPH'S UNIVERSITY MEDICAL CENTER WILL USE THE INFORMATION FROM THIS COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP AN IMPLEMENTATION STRATEGY TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. WHILE THE HOSPITAL WILL LIKELY NOT IMPLEMENT STRATEGIES FOR ALL OF THE HEALTH ISSUES LISTED ABOVE, THE RESULTS OF THIS PRIORITIZATION EXERCISE WILL BE USED TO INFORM THE DEVELOPMENT OF THE HOSPITAL'S ACTION PLAN TO GUIDE COMMUNITY HEALTH IMPROVEMENT EFFORTS IN THE COMING YEARS.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:FINANCIAL ASSISTANCE INFORMATION IS PROVIDED AND POSTED IN FOUR LANGUAGES IN ALL PATIENT REGISTRATION AREAS. PATIENTS IN NEED OF FINANCIAL ASSISTANCE HAVE AN OPPORTUNITY TO SCHEDULE AN APPOINTMENT WITH A FINANCIAL COUNSELOR TO ASK QUESTIONS AND APPLY FOR FINANCIAL ASSISTANCE.
PART VI, LINE 4:	COMMUNITY INFORMATION:COMPARISON AND GENERAL COMMUNITY DESCRIPTION: SOUTHERN PASSAIC COUNTY, NEW JERSEY INCLUDES THE FOLLOWING RESIDENTIAL ZIP CODES: 07011, 07012, 07013, 07014, 07055, 07407, 07410, 07424, 07470, 07501, 07502, 07503, 07504, 07505, 07506, 07508, 07512, 07513, 07514, 07522, AND 07524. THIS COMMUNITY DEFINITION REPRESENTS THE PRIMARY AND SECONDARY SERVICE AREAS OF ST. JOSEPH'S UNIVERSITY MEDICAL CENTER AND INCLUDES RESIDENTIAL ZIP CODES.ST. JOSEPH'S HEALTH (SJH) IS A NONPROFIT, INDEPENDENT HEALTHCARE SYSTEM SPONSORED BY THE SISTERS OF CHARITY OF SAINT ELIZABETH. ST. JOSEPH'S UNIVERSITY MEDICAL CENTER LOCATED IN PATERSON AND OUR SISTER HOSPITAL ST. JOSEPH'S WAYNE MEDICAL CENTER, APPROXIMATELY 7 MILES TO THE NORTH OF PATERSON IN WAYNE, NEW JERSEY.WAYNE IS A SUBURBAN COMMUNITY WITH 55,000 RESIDENTS. THE MEDIAN HOUSEHOLD INCOME IS \$100,853; 5% OF HOUSEHOLDS HAD INCOME BELOW \$15,000 A YEAR, WITH 4% IN POVERTY; 29% REPORTED INCOME GREATER THAN \$150,000. MEDIAN AGE WAS 43.4 YEARS; 21% PERCENT OF THE POPULATION IS UNDER 18 YEARS; 17 PERCENT OF THE POPULATION IS OVER 65 YEARS OF AGE. 93% OF THE POPULATION HAS HEALTH INSURANCE COVERAGE WITH 10% OF THE POPULATION REPORTING A DISABILITY. PATERSON, IS NJ'S THIRD LARGEST CITY, WITH NEARLY 150,000 RESIDENTS. THE POPULATION PRIMARILY CONSISTS OF PEOPLE OF COLOR AND ETHNIC MINORITIES: 61% OF RESIDENTS ARE HISPANIC/LATINO, AND 26% ARE BLACK/AFRICAN AMERICAN. ALTHOUGH DIFFICULT TO QUANTIFY USING CENSUS DATA, THERE ARE ALSO SIZEABLE COMMUNITIES OF MIDDLE EASTERN AND SOUTHEAST ASIAN DESCENT. GIVEN THE NUMBER OF IMMIGRANT POPULATIONS HERE, LINGUISTIC ISOLATION IS A CHALLENGE; THERE ARE MORE THAN 20 DIFFERENT LANGUAGES SPOKEN, INCLUDING THE SOUTHEAST ASIAN LANGUAGES AND NUMEROUS DIALECTS OF HISPANIC AND ASIAN POPULATIONS. MANY RESIDENTS ARE ENGLISH LANGUAGE LEARNERS, WITH SPANISH AND INCREASINGLY ARABIC AS THE MOST COMMON PRIMARY LANGUAGES SPOKEN. IMMIGRANTS IN OUR COMMUNITY OFTEN DEPRIORITIZE HEALTHCARE NEEDS, DUE TO CONCERNS AROUND THEIR IMMIGRATION STATUS, AFFORDABILITY, AND ACCESS; IN MANY CASES, IMMIGRANTS DO NOT ACCESS PREVENTIVE CARE AND ONLY PRESENT TO SJUMC ONCE A MEDICAL EMERGENCY ARISES. DESPITE PATERSON'S SIZE AND DIVERSITY OF ITS RESIDENTS, IT HAS ONE OF THE LOWEST PER CAPITA INCOME LEVELS IN THE STATE, AND AN UNEMPLOYMENT RATE OF AT LEAST 8%. TWENTY-NINE PERCENT (29%) OF THE AREA'S POPULATION LIVES IN POVERTY (THREE TIMES THE STATE AVERAGE), INCLUDING 40% OF CHILDREN UNDER AGE 18. THE POVERTY RATE IS REFLECTED BY THE NEARLY 40% OF RESIDENTS WHO RECEIVE BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). PATERSON RESIDENTS ALSO STRUGGLE TO SECURE HEALTH INSURANCE: ESTIMATES INDICATE UP TO 20% OF RESIDENTS UNDER THE AGE OF 65 ARE UNINSURED (U.S. CENSUS BUREAU).REFLECTING OUR COMMUNITY DEMOGRAPHICS, NEARLY 80% OF SJUMC/SJCH PATIENTS ARE COVERED BY MEDICAID OR CHARITY CARE (INDIGENT PATIENTS) OR MEDICARE (OLDER OR DISABLED PATIENTS).

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH:THE DEPARTMENT OF URBAN &amp; COMMUNITY HEALTH LEADS THE COMMUNITY ENGAGEMENT ACTIVITIES ON BEHALF OF THE SYSTEM. STAFF MEMBERS HOLD LEADERSHIP POSITIONS ON VARIOUS COMMUNITY BOARDS, INCLUDING THE TRI-COUNTY CHAMBER OF COMMERCE, PATERSON ROTARY, PATERSON ALLIANCE, UNITED WAY OF PASSAIC COUNTY, MINORITY CONCERNS COMMITTEE OF THE PASSAIC COUNTY VICINAGE, AND BOTH THE PATERSON AND WAYNE YMCAS. ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO:1. HEALTH FAIR-FOOD TOWN- NORTH HALEDON 1BLOOD PRESSURE SCREENING/CARDIOVASCULAR EDUCATIONAL/ INFORMATIONAL AND F&amp;N TABLES2. MARTIN LUTHER KING SERVICE AWARD3. OPIOID CRISIS PRESENTATION- DR. ROSENBERG 4. FOUR SEASONS AT GREAT NOTCH - WOMEN'S HEART HEALTHS. MEN AND WOMEN'S HEALTH NIGHT TOPIC: PULMONARY TESTING WITH EDUCATION HANDOUTS6. SPECIAL NEEDS WORSHIP SERVICE 7. BP SCREENING-FAIR TOPIC: HEALTH SCREENING: BLOOD PRESSURE/EDUCATIONAL-INFORMATIONAL 8. FUTURE PEDIATRIC GROUP TOPIC: WIDE RANGE OF COMMUNITY RESOURCES CHARITY CARE AND COMMUNITY OUTREACH PROGRAMS. HEART/STROKE EDUCATION/INFORMATIONAL9. COMMUNITY RESOURCE COMMUNITY CHARTER SCHOOL PATERSON TOPIC: ASTHMA/ OBESITY, RESOURCES10. WILLIAM PATERSON UNIVERSITY ALL ABOUT KIDS SPRING 2019 WORKSHOPSSIGNS AND SYMPTOMS OF ANXIETY AMONG CHILDREN 11. HEALTH FAIR, WAFAA REQUIRED: RESOURCES, STROKE, HEART, DIABETES PREVENTION. EDUCATIONAL-INFORMATIONAL.12. HEALTHY KIDS DAY, WAYNE YMCA*INFORMATION REQUESTED: ALL ASPECTS OF CHILDREN'S AND ADULT HEALTH-STROKE-HEART INFORMATIONAL-EDUCATIONAL. BP SCREENING. 13. HEALTHY KIDS DAY, PATERSON YMCA14. CITY OF CLIFTON 6TH ANNUAL EMPLOYEE HEALTH FAIR15. HEALTH FAIR AT BAE16. SAX TOPIC: CANCER/WOMEN'S HEALTH, RESOURCESWILLIAM PATERSON UNIVERSITY ALL ABOUT KIDS SPRING 2019 WORKSHOPSSIGNS AND SYMPTOMS OF ANXIETY AMONG CHILDREN 17. WILLIAM PATERSON UNIVERSITY- CONTINUING EDUCATION SCHOOL NURSES EATING DISORDERS AMONG CHILDREN 18. FAITH CHAPEL REFORMED CHURCH ANNUAL COMMUNITY HEALTH FAIR19. WELLNESS FAMILY DAYS- THE JACKALS-DAY 120. IFTARTOPIC: GENERAL; CULTURAL AND RELIGIOUS HEALTH AFFECTS 21. WAYNE DAY 22. SISTERS ST. ELIZABETH-BAD PROM 5K RESOURCES: BP SCREENING- CARDIOVASCULAR INFORMATIONAL23. HEALTH FAIR PATERSON SCHOOLS/FULL SERVICE COMMUNITY CENTER24. SCHOOL 2 DANGERS OF VAPING25. DIABETES PRESENTATION- DR. FESTA STRAIGHT AND NARROW, INC.FAMILY SUCCESS CENTER 26. WELLNESS FAMILY DAYS- THE JACKALS-DAY 227. PASSAIC FAIR DOING IT IN THE PARK28. MEDICATION SAFETY AND ADMINISTRATION WORKSHOP APPRENTICESHIP PROGRAM (SPANISH) LOVING CARE EARLY LEARNING CENTER29. STOP THE BLEED 30. NJDC - WORKSHOP SAFETY FOR PROVIDERS: MEDICATION SAFETY (SPANISH)31. HEALTH FAIR - FUTURE PEDIATRICS GROU 32. CITY OF PATERSON - NATIONAL NIGHT OUT33. HEALTHY SNACK WORKSHOP34. TRAUMA PREVENTION/ PEDESTRIAN SAFETY CHILD CARE CENTER 35. PASSAIC COUNTY FAIR 36. HEALTH NET SAFETY EVENT - BOYS AND GIRLS CLUB OF PASSAIC AND PATERSON (SUPER 6)37. WELLNESS FAMILY DAYS- THE JACKALS38. COMMUNITY HEALTH FAIR DOH PASSAIC39. COMMUNITY HEALTH FAIR PATERSON COMMUNITY ARAB AMERICAN40. HEALTH FAIR FIRST SEVENTH DAY ADVENTIST CHURCH OF PATERSON41. SHAVE A LIFE EVENT 42. ST. JOSEPH'S VOLUNTEER DAY 43. PROSPECT PARK DAY 2019 44. DOMINICAN PARADE 45. PEQUANNOCK GREENVIEW PARKREQUIRE: BP SCREENING, INFORMATION/RESOURCES TABLES. 46. WOMEN'S WALK AND HEALTH FAIR-PASSAIC 47. COMMUNITY HEALTH FAIR CLIFTON 48. BILL PASCRELL'S HEALTH FAIR 49. THE PROGRAM HEALTHY WOMEN BUILD HEALTHY COMMUNITIES 50. WOODLAND PARK DAY 51. PROSPECT PARK FAIR BOH 52. SHOP DOCS BLOOD PRESSURE SCREENING ( BARBER SHOP)53. HISPANIC AFFINITY GROUP 54. BINATIONAL WEEK HEALTH FAIR- VENTANILLA DE SALUD MOBIL55. SAX ANNUAL 4-MILLER TOPIC: CARDIOVASCULAR BP SCREENING, EDUCATION/INFORMATIONAL TABLES/RESOURCES56. CLUB SEQUOIA- WINDS CAFE TOPIC: STROKE PREVENTION 57. WANAQUE WELLNESS58. FAMILY FLU FEST 59. PATERSON PROUD TO BE STIGMA FREE 60. WAYNE HEALTH FAIR61. TEEN DISTRACTED DRIVING62. BOROUGH OF TOTOWA COMMUNITY HEALTH FAIR 63. BREAST CANCER AWARENESS 100 WOMEN, CEED, SCHOOL SONORITY, NAHN, ETC. 64. STEPS AGAIN STIGMA WALKATHON WANAQUE65. NATIONAL LIVER AWARENESS MONTH 66. PASSAIC COUNTY JUDICIARY-CANCER FAIR 67. 2019 NON-PROFIT SUMMIT 68. ST. CATHERINE OF SIENA PARISH 5K SCS HERITAGE FUND 5K &amp; FUN-FIT MILE69. IMMIGRATION INTEGRATION DAY- IACO 70. SHOP DOCS BLOOD PRESSURE SCREENING (2 BARBER SHOPS)71. BP HEALTH AND WELLNESS FAIR 72. YMCA WAYNE- CARDIOVASCULAR/DIABETES FAIR73. HEALTH SEMINAR- ST. GEORGE SYRO - MALABAR CATHOLIC CHURCH, PATERSON74. VETERANS DAY-WAYNE 75. COMMUNITY RESOURCE FAIR PASSAIC COUNTY COMMUNITY COLLEGE (PCCC).76. SCHOOL 12 FALL FESTIVAL- CLIFTON 77. IMMIGRATION Y SALUD 78. CAREER LAUNCH PROGRAM - BOYS &amp; GIRLS CLUB OF PATERSON AND PASSAIC79. SHOP DOCS BLOOD PRESSURE SCREENING ( BARBER SHOP)80. HOLIDAY HEALTH FAIR</p>
PART VI, LINE 6:	<p>AFFILIATED HEALTH CARE:SAINT JOSEPH'S HEALTH INC., THE PARENT ORGANIZATION, IS SPONSORED BY THE SISTERS OF CHARITY OF SAINT ELIZABETH AND ITS AFFILIATES. AFFILIATED MEMBERS OF THE PARENT INCLUDE ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, INC. AND SUBSIDIARIES, ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. (THE MEDICAL CENTER FOUNDATION), 200 HOSPITAL PLAZA CORPORATION (200 HOSPITAL PLAZA), SJHS INSURANCE LIMITED (THE INSURANCE CAPTIVE), AND VHS MANAGEMENT, INC. AND SUBSIDIARY (VHS). SAINT JOSEPH'S UNIVERSITY MEDICAL CENTER (THE UNIVERSITY MEDICAL CENTER) WAS FOUNDED IN 1867 AND IS LOCATED IN PATERSON, NEW JERSEY. IT IS AN ACUTE-CARE HOSPITAL WITH 651 LICENSED BEDS AND 30 NEWBORN BASSINETS. THE UNIVERSITY MEDICAL CENTER IS A STATE-DESIGNATED TRAUMA CENTER AND PROVIDES A FULL RANGE OF HEALTH CARE SERVICES. EFFECTIVE JANUARY 1, 2010, ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, INC. D/B/A ST. JOSEPH'S WAYNE MEDICAL CENTER AND SUBSIDIARY (WAYNE MEDICAL CENTER) WAS MERGED WITH THE UNIVERSITY MEDICAL CENTER AND COLLECTIVELY THE ENTITIES ARE REFERRED TO HEREIN AS THE MEDICAL CENTER. WAYNE MEDICAL CENTER IS LOCATED IN WAYNE, NEW JERSEY, AND IS AN ACUTE-CARE HOSPITAL WITH 229 LICENSED BEDS. WAYNE MEDICAL CENTER PROVIDES COMPREHENSIVE MEDICAL AND SURGICAL CARE, AND EMERGENCY AND DIAGNOSTIC SERVICES FOR ITS COMMUNITY. THE MEDICAL CENTER ALSO OPERATES ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, INC. D/B/A ST. JOSEPH'S HEALTHCARE AND REHAB CENTER, A 151 BED SKILLED NURSING FACILITY LOCATED IN CEDAR GROVE, NEW JERSEY. IN ADDITION, THE MEDICAL CENTER INCLUDES THE FOLLOWING WHOLLY OWNED SUBSIDIARIES: -ST. JOSEPH'S HOSPITAL HOUSING CORP. (THE HOUSING CORP.) AND ITS SUBSIDIARIES, GENESIS PROPERTY DEVELOPMENT HOLDING, LLC AND GENESIS PROPERTY DEVELOPMENT, LLC (COLLECTIVELY, GENESIS), PROVIDE PROPERTY-MANAGEMENT SERVICES FOR NONHOSPITAL-RELATED REAL ESTATE HOLDINGS. -ST. JOSEPH'S HEALTHCARE PHYSICIAN HEALTHCARE GROUP, INC.; ST. JOSEPH'S EMERGENCY PHYSICIANS, INC.; ST. JOSEPH'S FACULTY PHYSICIANS, INC.; AND ST. JOSEPH'S PHYSICIAN'S, INC. MANAGE THE MEDICAL CENTER'S FACULTY STAFF BILLING SERVICES.-HARBOR HOUSE, INC. AND ITS SUBSIDIARIES, HARBORSIDE APARTMENTS, INC. AND HARBORVIEW THE MEDICAL CENTER IS ALSO THE MAJORITY MEMBER OF THE FOLLOWING CONSOLIDATED SUBSIDIARIES: ST. JOSEPH'S REGIONAL CARDIOLOGY, LLC (PATERSON CARDIOLOGY); ST. JOSEPH'S WAYNE CARDIOLOGY, LLC (WAYNE CARDIOLOGY); BLUE MOON PROPERTIES, LLC (BLUE MOON); AND ST. JOSEPH'S SURGERY MANAGEMENT, LLC (SURGERY MANAGEMENT). PATERSON CARDIOLOGY AND WAYNE CARDIOLOGY ARE LIMITED LIABILITY CORPORATIONS THAT EACH OPERATE A CARDIAC CATHETERIZATION LABORATORY. BLUE MOON IS A LIMITED LIABILITY CORPORATION THAT PROVIDES RADIOLOGY-MANAGEMENT SERVICES. SURGERY MANAGEMENT IS A LIMITED LIABILITY CORPORATION ESTABLISHED TO MANAGE THE SURGICAL SERVICES AT THE UNIVERSITY MEDICAL CENTER.THE PATERSON FOUNDATION AND THE WAYNE FOUNDATION ARE PUBLIC CHARITIES WHOSE PRIMARY PURPOSE IS TO RAISE FUNDS FOR THE MEDICAL CENTER AND WAYNE MEDICAL CENTER, RESPECTIVELY, AND THEIR AFFILIATED ORGANIZATIONS, AND OTHER AREA CHARITABLE ORGANIZATIONS.200 HOSPITAL PLAZA IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PURPOSE IS TO FURTHER THE OPERATIONS OF THE MEDICAL CENTER BY OWNING, MANAGING, AND OPERATING PARKING FACILITIES AND ANY OTHER FACILITIES THAT MAY BE DEEMED USEFUL OR NECESSARY FOR EMPLOYEES, PATIENTS, VISITORS, DOCTORS, AND OTHER PERSONS AFFILIATED WITH THE MEDICAL CENTER.THE INSURANCE CAPTIVE, WHICH IS A WHOLLY OWNED CAPTIVE INSURANCE COMPANY DOMICILED IN BERMUDA, WAS ESTABLISHED IN 2007 TO PROVIDE THE SYSTEM WITH GENERAL LIABILITY AND PROFESSIONAL MEDICAL LIABILITY INSURANCE.VHSNJ AT HOME, LLC IS A JOINT VENTURE BETWEEN A SUBSIDIARY OF THE SYSTEM, ST. JOSEPH'S HOME HEALTH, LLC, AND HACKENSACK MERIDIAN HOME CARE SERVICES, INC. THE SYSTEM HOLDS 50% OWNERSHIP INTEREST IN THE VHSNJ AT HOME, LLC JOINT VENTURE.</p>



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NJ

# Additional Data

**Software ID:**

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**Name:** ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

## Form 990 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>											
Name, address, primary website address, and state license number											
1	ST JOSEPH'S UNIVERSITY MEDICAL CTR 224 HAMBURG TURNPIKE WAYNE, NJ 07470 WWW.STJOSEPHSHEALTH.ORG 11605	X	X	X	X	X	X	X			A
2	SJUMC DBA ST JOSEPH'S WAYNE MED CTR 224 HAMBURG TURNPIKE WAYNE, NJ 07470 WWW.STJOSEPHSHEALTH.ORG 11603	X	X					X			A

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 2: SJUMC DBA ST. JOSEPH'S WAYNE MED. CTR, - FACILITY 1: ST. JOSEPH'S UNIVERSITY MEDICAL CTR

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

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

Form and Line Reference	Explanation
<p>FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5:</p>	<p>TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY ST. JOSEPH'S HEALTH; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 72 COMMUNITY STAKEHOLDERS IN SOUTHERN PASSAIC COUNTY TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED BELOW: PHYSICIANS 10 PUBLIC HEALTH REPRESENTATIVES 2 OTHER HEALTH PROVIDERS 20 SOCIAL SERVICES PROVIDERS 10 OTHER COMMUNITY LEADERS 30 FINAL PARTICIPATION INCLUDED REPRESENTATIVES OF THE ORGANIZATIONS OUTLINED BELOW. - ST. JOSEPH'S HEALTH- CLIFTON HEALTH DEPARTMENT- 4CS OF PASSAIC COUNTY- BANGLADESHI AMERICAN WOMEN'S- DEVELOPMENT INITIATIVE- CAREFINDERSTOTAL CARE- CHABAD CENTER OF PASSAIC COUNTY- CITY OF PATERSON- CLIFTON MEDICAL CARE- CLIFTON PUBLIC SCHOOLS- COALITION ON AIDS IN PASSAIC COUNTY,- COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY- ELMWOOD PARK SENIOR ACTIVITY CENTER OF BERGEN CO.- FACES OF FALLEN FATHERS- FAMILY INTERVENTION SERVICES- FAMILY PROMISE OF BERGEN COUNTY- HAMILTON PARTNERSHIP FOR PATERSON- HEART AND VASCULAR MEDICAL GROUP- HOME CARE OPTIONS- HVA MEDICAL GROUP- INTERNAL MEDICINE AND GERIATRIC PRACTICE- LIGHTHOUSE PREGNANCY RESOURCE CENTER- M&amp;S PSYCHOTHERAPY AND COUNSELING- MORE THAN FRIENDS CARES INC.- NEW CITY KIDS: PATERSON- NORWESCAP, INC.- PALESTINIAN AMERICAN COMMUNITY CENTER- PASSAIC PUBLIC SCHOOLS- PATERSON ALLIANCE- PATERSON COMMUNITY CLINIC- PATERSON DIVISION OF HEALTH- PATERSON EDUCATION FUND- RENEW LIFE CENTER- ST. JOSEPH'S FAMILY MEDICINE/CLIFTON- ST. JOSEPH'S UNIVERSITY MEDICAL CENTER- ST. PAUL'S CHURCH- STRAIGHT AND NARROW- TOWNSHIP OF WAYNE- UNITED METHODIST CHURCH IN WAYNE COUNTY- UNITED METHODIST CHURCH- WANAQUE BOROUGH HEALTH DEPARTMENT- WAYNE COUNSELING AND FAMILY SERVICES- WILLIAM PATERSON UNIVERSITY POPULATION AND SURVEY CHARACTERISTICS: 47.9% WERE MEN; 52.1% WERE WOMEN; 41% WERE BETWEEN THE AGES OF 18 AND 39; 42.4% WERE BETWEEN THE AGES OF 40 AND 64; 16.6% WERE 65 YEARS OR OLDER; 43.5% WERE WHITE (NON-HISPANIC); 37.8% WERE HISPANIC; 10.7% WERE BLACK (NON-HISPANIC); 8% WERE OTHER (NON-HISPANIC).</p>

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A:	ST. JOSEPH'S WAYNE MEDICAL CENTER

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

Form and Line Reference	Explanation
<p>FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11:</p>	<p>THE FOLLOWING "AREAS OF OPPORTUNITY" REPRESENT THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY, BASED ON THE INFORMATION GATHERED THROUGH THIS COMMUNITY HEALTH NEEDS ASSESSMENT. FROM THESE DATA, OPPORTUNITIES FOR HEALTH IMPROVEMENT EXIST IN THE AREA WITH REGARD TO THE FOLLOWING HEALTH ISSUES: THE AREAS OF OPPORTUNITY WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING: STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA); IDENTIFIED TRENDS; THE PREPONDANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS; THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED; AND THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. THESE ALSO TAKE INTO ACCOUNT THOSE ISSUES OF GREATEST CONCERN TO THE COMMUNITY STAKEHOLDERS (KEY INFORMANTS) GIVING INPUT TO THIS PROCESS:- MENTAL HEALTH- NUTRITION PHYSICAL ACTIVITY AND WEIGHT- RESPIRATORY DISEASE- SEPTICEMIA - SEXUAL HEALTH - SUBSTANCE ABUSE- TOBACCO USE. JOSEPH'S UNIVERSITY MEDICAL CENTER CONVENED A GROUP OF 15 COMMUNITY STAKEHOLDER (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR COMMUNITY, BASED ON FINDINGS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) BEGAN THE MEETING WITH A PRESENTATION OF KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALTH ISSUES IDENTIFIED FROM THE RESEARCH (SEE AREAS OF OPPORTUNITY ABOVE). FOLLOWING THE DATA REVIEW, PRC ANSWERED ANY QUESTIONS. FINALLY, WERE PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXERCISE THAT FOLLOWED. IN ORDER TO ASSIGN PRIORITY TO THE IDENTIFIED HEALTH NEEDS (I.E., AREAS OF OPPORTUNITY), A WIRELESS AUDIENCE RESPONSE SYSTEM WAS USED IN WHICH EACH PARTICIPANT WAS ABLE TO REGISTER HIS/HER RATINGS USING A SMALL REMOTE KEYPAD. THE PARTICIPANTS WERE ASKED TO EVALUATE EACH HEALTH ISSUE ALONG TWO CRITERIA: SCOPE &amp; SEVERITY THE FIRST RATING WAS TO GAUGE THE MAGNITUDE OF THE PROBLEM IN CONSIDERATION OF THE FOLLOWING:- HOW MANY PEOPLE ARE AFFECTED?- HOW DOES THE LOCAL COMMUNITY DATA COMPARE TO STATE OR NATIONAL LEVELS, OR HEALTHY PEOPLE 2020 TARGETS?- TO WHAT DEGREE DOES EACH HEALTH ISSUE LEAD TO DEATH OR DISABILITY, IMPAIR QUALITY OF LIFE, OR IMPACT OTHER HEALTH ISSUES? RATINGS WERE ENTERED ON A SCALE OF 1 (NOT VERY PREVALENT AT ALL, WITH ONLY MINIMAL HEALTH CONSEQUENCES) TO 10 (EXTREMELY PREVALENT, WITH VERY SERIOUS HEALTH CONSEQUENCES). ABILITY TO IMPACT A SECOND RATING WAS DESIGNED TO MEASURE THE PERCEIVED LIKELIHOOD OF THE HOSPITAL HAVING A POSITIVE IMPACT ON EACH HEALTH ISSUE, GIVEN AVAILABLE RESOURCES, COMPETENCIES, SPHERES OF INFLUENCE, ETC. RATINGS WERE ENTERED ON A SCALE OF 1 (NO ABILITY TO IMPACT) TO 10 (GREAT ABILITY TO IMPACT). INDIVIDUALS' RATINGS FOR EACH CRITERIA WERE AVERAGED FOR EACH TESTED HEALTH ISSUE, AND THEN THESE COMPOSITE CRITERIA SCORES WERE AVERAGED TO PRODUCE AN OVERALL SCORE. THIS PROCESS YIELDED THE FOLLOWING PRIORITIZED LIST OF COMMUNITY HEALTH NEEDS: 1. DIABETES 2. NUTRITION,</p>

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

Form and Line Reference	Explanation
<p>FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11:</p>	<p>PHYSICAL ACTIVITY &amp; WEIGHT3. HEART DISEASE &amp; STROKEST. JOSEPH'S HEALTH USED THE INFORMATION FROM THIS COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP AN IMPLEMENTATION STRATEGY TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. GOAL 1: IMPROVE HEALTH STATUS THROUGH CHRONIC DISEASE AND CARE MANAGEMENT ACROSS THE CONTINUUM FOR HEART DISEASE AND STROKE:1. HEART DISEASEA. FOCUS EDUCATIONAL OUTREACH IN THE COMMUNITY BASED ON REQUESTS RELATED TO HEART DISEASE PREVENTION AND RISK FACTORS THROUGH PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION AND OTHER COMMUNITY ORGANIZATIONSB. INCREASE AWARENESS OF LIFE-SAVING PROGRAMS IN THE COMMUNITY THROUGH HANDS ON ONLY CPR AND AED TRAININGSC. FOCUS EDUCATIONAL OUTREACH IN THE COMMUNITY BASED ON REQUESTS TO OFFER HEART HEALTH INITIATIVES TARGETING WOMEN 2. STROKEA . FOCUS EDUCATIONAL OUTREACH IN THE COMMUNITY BASED ON REQUESTS RELATED TO STROKE PREVENTION AND RISK FACTORS THROUGH PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION AND OTHER COMMUNITY ORGANIZATIONSB. FOCUS ON POST-STROKE CARE THROUGH THE ADDITION OF A NURSE NAVIGATOR AND THE OFFERING OF A WEEKLY STROKE CLINIC TO ASSIST POST-STROKE PATIENTS IN LOWERING THEIR READMISSION RATESC. EDUCATE THE MEDICAL COMMUNITY ON STROKE AWARENESS THROUGH OUTREACH TO NURSING HOMES AND PRIMARY CARE PHYSICIAN OFFICES IN ORDER TO DECREASE THE TIME FROM THE ONSET OF A STROKE TO MEDICAL TREATMENTGOAL 2: IMPROVE HEALTH STATUS THROUGH CHRONIC DISEASE AND CARE MANAGEMENT ACROSS THE CONTINUUM FOR DIABETESA. FOCUS EDUCATIONAL OUTREACH IN THE COMMUNITY BASED ON REQUESTS RELATED TO DIABETES PREVENTION AND RISK FACTORS THROUGH PARTNERSHIP WITH THE AMERICAN DIABETES ASSOCIATION AND OTHER COMMUNITY ORGANIZATIONSB. EXPAND DIABETES EDUCATION PROGRAM ON THE WAYNE CAMPUS AND EXPAND SERVICES TO PATERSON COMMUNITYC . SHARE EXPERIENCES AND LEARNINGS FROM SJHS INTERNAL DIABETES AWARENESS AND PREVENTION PROGRAM WITH COMMUNITY PARTNERSGOAL 3: IMPROVE THE WELLBEING OF COMMUNITY RESIDENTS THROUGH INCREASED KNOWLEDGE ABOUT AND ACCESS TO HEALTHY FOODS AND PARTICIPATION IN PHYSICAL ACTIVITY PROGRAMSA. PARTNER WITH THE PASSAIC COUNTY HEALTH COALITION AND AREA ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY RELATED TO NUTRITION, PHYSICAL AND HEALTHY WEIGHT ACTIVITIESB. FOCUS EDUCATIONAL OUTREACH IN THE COMMUNITY BASED ON REQUESTS RELATED TO NUTRITION, PHYSICAL ACTIVITY AND HEALTHY WEIGHT INITIATIVESC. CONTINUE TO OFFER NUTRITIONAL AND WELLNESS EDUCATION TO MONTHLY SUPPORT GROUPS ACROSS SERVICE LINES, SUCH AS HEART HEALTH, STROKE AND DIABETES SUPPORT GROUPS</p>



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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A & 10A:	PLEASE FIND THE CHNA AND IMPLEMENTATION STRATEGY HERE: <a href="https://stjosephshealth.org/images/pdf/2019%20SJUMC%20CHNA%20SUMMARY%20REPORT.PDF">HTTPS://STJOSEPHSHEALTH.ORG/IMAGES/PDF/2019%20SJUMC%20CHNA%20SUMMARY%20REPORT.PDF</a> <a href="https://www.stjosephshealth.org/images/pdf/2019%20SJWMC%20CHNA%20SUMMARY%20REPORT.PDF">HTTPS://WWW.STJOSEPHSHEALTH.ORG/IMAGES/PDF/2019%20SJWMC%20CHNA%20SUMMARY%20REPORT.PDF</a> <a href="https://www.stjosephshealth.org/images/implementation%20strategy%201.pdf">HTTPS://WWW.STJOSEPHSHEALTH.ORG/IMAGES/IMPLEMENTATION%20STRATEGY%201.PDF</a> <a href="https://www.stjosephshealth.org/images/implementation%20strategy%201.pdf">HTTPS://WWW.STJOSEPHSHEALTH.ORG/IMAGES/IMPLEMENTATION%20STRATEGY%201.PDF</a>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A, 16B & 16C:	PLEASE FIND THE WEB ADDRESS FOR THE FINANCIAL ASSISTANCE POLICY (FAP) HERE: <a href="https://stjosephshealth.org/images/sjh_financial_assistance_policy.pdf">HTTPS://STJOSEPHSHEALTH.ORG/IMAGES/SJH_FINANCIAL_ASSISTANCE_POLICY.PDF</a> PLEASE FIND THE WEB ADDRESS FOR THE FINANCIAL ASSISTANCE APPLICATION HERE: <a href="https://stjosephshealth.org/images/application_for_participation_care_assistance.pdf">HTTPS://STJOSEPHSHEALTH.ORG/IMAGES/APPLICATION_FOR_PARTICIPATION_CARE_ASSISTANCE.PDF</a> PLEASE FIND THE WEB ADDRESS FOR THE PLAIN LANGUAGE SUMMARY HERE: <a href="https://www.stjosephshealth.org/images/sjh_fa_plainlanguage.pdf">HTTPS://WWW.STJOSEPHSHEALTH.ORG/IMAGES/SJH_FA_PLAINLANGUAGE.PDF</a>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - ST JOSEPH'S HEALTHCARE AND REHAB CENTER 315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009	LONGER CARE AND SUBACUTE SERVICES
<b>1</b> 2 - HARBOR HOUSE 645 MAIN STREET PATERSON, NJ 07503	BEHAVIORAL HEALTH
<b>2</b> 3 - OUTPATIENT MENTAL HEALTH CLINIC 641 MAIN STREET PATERSON, NJ 07505	BEHAVIORAL HEALTH
<b>3</b> 4 - ACCESS PROGRAM 621 MAIN STREET PATERSON, NJ 07503	BEHAVIORAL HEALTH
<b>4</b> 5 - CARDIOVASCULAR CENTER AT WAYNE 246 HAMBURG TURNPIKE WAYNE, NJ 07470	CARDIOLOGY
<b>5</b> 6 - CARDIOVASCULAR CENTER AT WOODLAND PARK 999 MCBRIDE AVENUE SUITE 204 WOODLAND PARK, NJ 07424	CARDIOLOGY
<b>6</b> 7 - CARDIOVASCULAR CENTER AT NUTLEY 181 FRANKLIN AVENUE SUITE 301 NUTLEY, NJ 07110	CARDIOLOGY
<b>7</b> 8 - AMBULATORY IMAGING CENTER 1135 BROAD STREET CLIFTON, NJ 07013	IMAGING
<b>8</b> 9 - ST JOSEPHS UNIVERSITY IMAGING 246 HAMBURG TURNPIKE WAYNE, NJ 07470	IMAGING
<b>9</b> 10 - GREAT FALLS PEDIATRICS 11 GETTY AVENUE PATERSON, NJ 07503	PEDIATRICS
<b>10</b> 11 - PED SUBSPEC FAC PRACT AT CLIFTON 1135 BROAD STREET CLIFTON, NJ 07013	PEDIATRICS
<b>11</b> 12 - PED SUBSPEC FAC PRACT AT HOBOKEN 158 14TH STREET HOBOKEN, NJ 07030	PEDIATRICS
<b>12</b> 13 - PED SUBSPEC FAC PRACT AT PARAMUS 30 WEST CENTURY ROAD PARAMUS, NJ 07652	PEDIATRICS
<b>13</b> 14 - PED SUBSPEC FAC PRACT AT WAYNE 1350 ROUTE 23 NORTH WAYNE, NJ 07470	PEDIATRICS
<b>14</b> 15 - DEPAUL AMBULATORY CENTER 11 GETTY AVENUE 275 PATERSON, NJ 07503	PRIMARY CARE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - FAMILY HEALTH CENTER 11 GETTY AVENUE PATERSON, NJ 07501	PRIMARY CARE
<b>1</b> 17 - ST JOSEPHS FAMILY MED AT CLIFTON 1135 BROAD STREET SUITE 201 CLIFTON, NJ 07013	PRIMARY CARE
<b>2</b> 18 - SURGERY SUBSPECIALTY FACULTY PRACTICE - BR 1135 BROAD STREET CLIFTON, NJ 07013	SURGERY
<b>3</b> 19 - SURGERY SUBSPECIALTY FACULTY PRACTICE - CO 57 WILLOWBROOK BOULEVARD WAYNE, NJ 07470	SURGERY
<b>4</b> 20 - OBGYN SUBSPECIALTY FACULTY PRACTICE - DEP 11 GETTY AVENUE PATERSON, NJ 07503	WOMENS HEALTH
<b>5</b> 21 - OBGYN SUBSPECIALTY FACULTY PRACTICE AT TO 525 UNION BOULEVARD TOTOWA, NJ 07512	WOMENS HEALTH
<b>6</b> 22 - OBGYN SUBSPECIALTY FACULTY PRACTICE AT WA 57 WILLOWBROOK BOULEVARD WAYNE, NJ 07470	WOMENS HEALTH
<b>7</b> 23 - MATERNAL FETAL MED FACULTY PRACTICE 1 BROADWAY SUITE 203 ELMWOOD PARK, NJ 07407	WOMENS HEALTH
<b>8</b> 24 - MATERNAL FETAL MED FACULTY PRACTICE 525 UNION BOULEVARD TOTOWA, NJ 07512	WOMENS HEALTH
<b>9</b> 25 - COMPREHENSIVE CARE CENTER FOR HIV SERVICES 11 GETTY AVENUE PATERSON, NJ 07503	HIV SERVICES
<b>10</b> 26 - WILLOWBROOK AMBULATORY 57 WILLOWBROOK BOULEVARD WAYNE, NJ 07470	AMBULATORY SERVICES
<b>11</b> 27 - ST JOSEPHS CANCER CENTER 234 HAMBURG TURNPIKE WAYNE, NJ 07470	CANCER SERVICES

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

Employer identification number

27-1344467

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	7	6,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE MADE TO RELATED TAX-EXEMPT ORGANIZATIONS AND MONITORING IS NOT REQUIRED AS FUNDS ARE USED TO FURTHER ITS TAX EXEMPT PURPOSE. IN ADDITION, DONATIONS ARE MADE TO OTHER ORGANIZATIONS. MONITORING IS NOT REQUIRED AS THE ULTIMATE RECIPIENT IS A EXEMPT ENTITY. SCHOLARSHIPS ARE AWARDED BY THE SCHOLARSHIP COMMITTEE THROUGH A FORMAL APPLICATION PROCESS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 27-1344467  
**Name:** ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOSEPH'S UNIVERSITY MEDICAL CENTER INC 503 MAIN STREET PATERSON, NJ 07503	22-1487602	501(C)(3)	1,777,645				GENERAL SUPPORT
ST JOSEPH'S HOSPITAL AND MEDICAL CTR FND 810 MAIN STREET PATERSON, NJ 07470	22-2448138	501(C)(3)	3,900,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EIGER MARKETING GROUP 372 GREENWICH AVE 2ND FLOOR GREENWICH, CT 06830	32-0349491	N/A	11,000				SPONSORSHIP
VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	20,000				GENERAL SUPPORT



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN	Employer identification number 27-1344467
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**Part I Questions Regarding Compensation**

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



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A	STEVEN ALDERSON RECEIVED SEVERANCE PAYMENTS OF \$158,410 IN 2019 FROM THE ORGANIZATION.
PART I, LINE 6	DURING 2019, DRS. KHOURY AND PRINCIPE RECEIVED ADDITIONAL COMPENSATION EQUAL TO A PERCENTAGE OF NET PATIENT REVENUE GENERATED THROUGH THEIR EXTRAORDINARY EFFORTS RELATED TO SPECIFIC ST JOSEPH'S SERVICE LOCATIONS.
PART I, LINE 7	THE ST. JOSEPH'S HEALTH SYSTEM HAS A MANAGEMENT INCENTIVE PLAN IN PLACE THAT IS INTENDED TO ENCOURAGE AND REWARD ELIGIBLE PLAN PARTICIPANTS FOR ACHIEVING DEFINED OBJECTIVES THAT ARE SUPPORTIVE OF ST. JOSEPH'S HEALTHCARE SYSTEM'S MISSION AND STRATEGY. THE PROGRAM IS DESIGNED TO PROVIDE A MAXIMUM INCENTIVE OPPORTUNITY TO PARTICIPANTS WHOM ACHIEVE THE MAXIMUM PERFORMANCE AND EXPECTATIONS IN MEASUREABLE AREAS. ELIGIBLE PARTICIPANTS SHALL BE THOSE INCUMBENTS IN MANAGEMENT POSITIONS IN WHICH DECISION AND ACTIONS IMPACT THE OPERATIONS OF ST. JOSEPH'S HEALTHCARE SYSTEM AND/OR ITS BUSINESSES AND SUBSIDIARIES. ELIGIBILITY REQUIREMENTS MAY BE MODIFIED FROM YEAR TO YEAR. THE AWARD OPPORTUNITIES WILL BE BASED ON ATTAINMENT OF PRACTICAL PERFORMANCE MEASURES IN THE AREAS OF FINANCIAL, QUALITY PERFORMANCE, PATIENT SATISFACTION AND INDIVIDUAL GOALS. THE AWARD IS THE AMOUNT PAID TO PARTICIPANTS FOR THE ACTUAL PERFORMANCE THAT MEETS THE EXPECTATIONS OF THE CRITERIA ESTABLISHED. AT THE CLOSE OF EACH PLAN YEAR, PARTICIPANTS WILL BE EVALUATED TO DETERMINE IF PERFORMANCE IN SPECIFIC GOALS HAVE BEEN ACHIEVED.
PART I, LINE 8	DURING 2019, THE HOSPITAL'S CEO AND CFO WERE COMPENSATED AND PROVIDED WITH BENEFITS PURSUANT TO AN EMPLOYMENT AGREEMENT SATISFYING THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGS. SECTION 53.4958-1(A)(3).

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 27-1344467  
**Name:** ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
 GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK CONNOLLY CHAIRMAN, DEPT. OF SURGERY	(i)	1,843,044	317,750	11,649	3,859	22,192	2,198,494	0
	(ii)	0	0	0	0	0	0	0
1KEVIN J SLAVIN PRESIDENT & CEO	(i)	1,470,477	410,248	22,673	3,943	26,134	1,933,475	0
	(ii)	0	0	0	0	0	0	0
2ALDO KHOURY MD MEDICAL DOCTOR	(i)	1,054,915	0	16,481	24,257	14,220	1,109,873	0
	(ii)	0	0	0	0	0	0	0
3LISA SCHMITTGALL SENIOR VICE PRESIDENT/COO	(i)	826,656	175,662	2,622	3,238	10,957	1,019,135	0
	(ii)	0	0	0	0	0	0	0
4DENNIS ROEMER SVP OF FINANCE/CFO	(i)	753,176	161,721	14,068	3,899	20,072	952,936	0
	(ii)	0	0	0	0	0	0	0
5DAVID PRINCIPE MD MEDICAL DOCTOR	(i)	867,636	0	6,477	3,742	27,553	905,408	0
	(ii)	0	0	0	0	0	0	0
6ALEXANDER RISS MEDICAL DOCTOR	(i)	811,432	10,000	1,140	0	34,846	857,418	0
	(ii)	0	0	0	0	0	0	0
7TODD C BROWER SENIOR VP, GENERAL COUNSEL	(i)	624,399	126,039	19,524	7,579	28,774	806,315	0
	(ii)	0	0	0	0	0	0	0
8MATTHEW A GROSSMAN MEDICAL DOCTOR	(i)	677,200	50,000	1,140	0	32,329	760,669	0
	(ii)	0	0	0	0	0	0	0
9DAVID ADINARO MD VICE PRESIDENT, CMO	(i)	567,928	98,935	3,813	3,720	31,113	705,509	0
	(ii)	0	0	0	0	0	0	0
10JENNIFER MENDYZCKI VP WAYNE SITE ADMINISTRATOR	(i)	488,356	93,403	1,623	4,212	33,377	620,971	0
	(ii)	0	0	0	0	0	0	0
11LINDA REED VP, CHIEF INFORMATION OFFICER	(i)	458,891	100,419	6,889	7,579	25,320	599,098	0
	(ii)	0	0	0	0	0	0	0
12JAMES LABAGNARA JR MD SVP AND SYSTEM CMO	(i)	475,403	103,712	6,885	8,748	2,656	597,404	0
	(ii)	0	0	0	0	0	0	0
13ROBERT C HOOD SENIOR VP, POPULATION HEALTH	(i)	395,139	97,993	20,213	3,869	24,279	541,493	0
	(ii)	0	0	0	0	0	0	0
14JOHN P BRUNO VP, HUMAN RESOURCES	(i)	442,248	89,806	4,230	0	4,528	540,812	0
	(ii)	0	0	0	0	0	0	0
15MICHAEL LAMMACHIA MD TRUSTEE/SECRETARY/TREASURER	(i)	453,110	37,750	5,502	3,857	31,842	532,061	0
	(ii)	0	0	0	0	0	0	0
16MICHAEL DELISI MD TRUSTEE/CO-CHAIR	(i)	412,083	37,750	11,069	5,113	23,085	489,100	0
	(ii)	0	0	0	0	0	0	0
17NILESH PATEL DO TRUSTEE	(i)	430,570	10,000	1,612	2,872	32,412	477,466	0
	(ii)	0	0	0	0	0	0	0
18MARJORY LANGER MD FACEP TRUSTEE	(i)	448,692	12,217	665	0	8,448	470,022	0
	(ii)	0	0	0	0	0	0	0
19MICHAEL ALWELL VP REVENUE CYCLE	(i)	331,563	60,385	1,663	0	28,415	422,026	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JUDITH PADULA TRUSTEE/VP PATIENT CARE SVCS CNO	(i)	306,262	72,573	15,213	3,826	14,578	412,452	0
	(ii)	0	0	0	0	0	0	0
1JAMES HAYNES VP FACILITIES OPERATIONS	(i)	274,969	62,989	1,556	4,699	32,109	376,322	0
	(ii)	0	0	0	0	0	0	0
2SR PATRICIA MENNOR VP MISSION	(i)	287,211	63,601	4,153	3,781	9,933	368,679	0
	(ii)	0	0	0	0	0	0	0
3KENNETH M MORRIS JR VP EXTERNAL AFFAIRS	(i)	261,460	58,230	3,775	3,444	19,647	346,556	0
	(ii)	0	0	0	0	0	0	0
4MOIRA GIBBONS VP CCO & DIR. LEGAL AFFAIRS	(i)	269,383	58,890	1,472	2,886	10,463	343,094	0
	(ii)	0	0	0	0	0	0	0
5ROBERT BUDELMAN III VP, CHIEF DEVELOPMENT OFFICER	(i)	254,011	56,625	834	0	26,788	338,258	0
	(ii)	0	0	0	0	0	0	0
6THOMAS CASEY VP, MARKETING & PR	(i)	246,868	54,179	2,272	0	1,674	304,993	0
	(ii)	0	0	0	0	0	0	0
7JOSEPH DUFFY MD VP, CMO WAYNE	(i)	253,605	36,982	2,053	3,124	841	296,605	0
	(ii)	0	0	0	0	0	0	0
8ROBERTO SOLIS MD TRUSTEE	(i)	281,950	0	2,944	402	970	286,266	0
	(ii)	0	0	0	0	0	0	0
9ANTOINETTE CECERE MD TRUSTEE	(i)	241,764	0	7,327	0	12,900	261,991	0
	(ii)	0	0	0	0	0	0	0
10GENNARO RUBINO TRUSTEE	(i)	232,417	0	2,808	0	6,948	242,173	0
	(ii)	0	0	0	0	0	0	0
11PAMELA UPADYA TRUSTEE	(i)	187,905	0	576	0	609	189,090	0
	(ii)	0	0	0	0	0	0	0
12ANTHONY LOSARDO MD TRUSTEE	(i)	171,369	0	0	0	0	171,369	0
	(ii)	0	0	0	0	0	0	0
13 STEVE ALDERSON THRU 11819 VP PHYSICIAN SERVICES	(i)	27,240	0	125,222	5,171	777	158,410	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ST JOSEPH'S HEALTH SYSTEM SUBORDINATE GROUP RETURN

Employer identification number 27-1344467

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include NJ Health Care Facilities Financing Authority and Passaic County Improvement Authority.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 list various proceeds categories and their amounts. Rows 14-17 are yes/no questions regarding bond issuance and record-keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows 1 and 2 are yes/no questions regarding private business use of bond-financed property.

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

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I:	BOND A, COLUMN (A): ISSUER NAME: NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY BOND A, COLUMN (F): DESCRIPTION OF PURPOSE: EQUIPMENT, REFUNDING OF BONDS ISSUED 8/13/2008 BOND B, COLUMN (A): ISSUER NAME: THE PASSAIC COUNTY IMPROVEMENT AUTHORITY BOND B, COLUMN (F): DESCRIPTION OF PURPOSE: ADVANCED REFUNDING OF THE 10/22/2010 BOND ISSUE PART II, LINE 3: THE DIFFERENCE BETWEEN THE ISSUE PRICE PROVIDED IN PART I, COLUMN (E) AND THE TOTAL PROCEEDS IN PART II, LINE 3 FOR BOND A AND BOND B RESULTS FROM INVESTMENT EARNINGS.



**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

**Employer identification number**  
27-1344467

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DR JAMES LABAGNARA	VP, MEDICAL AFFAIRS	PHYS. RECRUITMENT		X	393,932	374,544		No		No	Yes	
<b>Total</b>						▶ \$	374,544					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

Employer identification number

27-1344467

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	ST. JOSEPH'S HEALTH, INC. IS A NOT FOR PROFIT HOLDING CORPORATION WITH SETON MINISTRIES, INC., EFFECTIVE FEBRUARY 2019, AS ITS SOLE MEMBER. SETON MINISTRIES, INC. IS A SUBSIDIARY OF SISTERS OF CHARITY OF SAINT ELIZABETH FORMED IN FEBRUARY 2019; PRIOR TO FEBRUARY 2019, ST. JOSEPH'S HEALTH WAS SPONSORED BY THE SISTERS OF CHARITY OF SAINT ELIZABETH. WE ARE COMMITTED TO PROVIDING EXCEPTIONAL QUALITY CARE WHICH SUSTAINS AND IMPROVES BOTH INDIVIDUAL AND COMMUNITY HEALTH, WITH A SPECIAL CONCERN FOR THOSE WHO ARE POOR, VULNERABLE AND UNDERSERVED.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ST. JOSEPH'S UNIVERSITY MEDICAL CENTER (SJUMC) PROVIDES COMPREHENSIVE ACUTE CARE SERVICES IN PATERSON, NEW JERSEY, SKILLED NURSING SERVICES THROUGH ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, INC. D/B/A ST. JOSEPH'S HEALTHCARE AND REHAB CENTER (A DIVISION OF SJUMC) IN CEDAR GROVE, NEW JERSEY AND AMBULATORY CARE SERVICES AT EIGHT FREE-STANDING AMBULATORY SITES. SJUMC IS A NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DESIGNATED LEVEL II TRAUMA CENTER, A REGIONAL CARDIAC SURGERY CENTER, AND A REGIONAL PERINATAL CENTER WITH APPROXIMATELY 5,332 EMPLOYEES AND PHYSICIANS, THE MEDICAL CENTER IS BOTH THE LARGEST HEALTH CARE PROVIDER AND NON-GOVERNMENT EMPLOYER IN PASSAIC COUNTY. SJUMC OPERATES A 651-LICENSED-BED ACUTE CARE TERTIARY CARE HOSPITAL OF APPROXIMATELY 1.2 MILLION SQUARE FEET, SITUATED ON 25 ACRES. SJUMC OFFERS A FULL COMPLEMENT OF SPECIALTY AND SUBSPECIALTY SERVICES INCLUDING: 1 CANCER CENTER 2 COMMUNITY EDUCATION SERVICES 3 COMPREHENSIVE NEURO-STROKE CENTER 4 DIALYSIS CENTER 5 EMERGENCY SERVICES 6 LABOR &amp; DELIVERY AND MOTHER/BABY UNITS 7 REGIONAL PERINATAL CENTER 8 SAME-DAY SURGERY 9 SPECIALIZED SURGERY 10 THERAPEUTIC MEDICINE 11 THE HEART CENTER AT ST. JOSEPH'S 12 THE ORTHOPEDIC INSTITUTE SJUMC IS ALSO A STATE DESIGNATED FULL-SERVICE CHILDREN'S HOSPITAL, OPERATED UNDER THE NAME "ST. JOSEPH'S CHILDREN'S HOSPITAL," WHICH PROVIDES TERTIARY CARE FOR CHILDREN FROM BIRTH TO 21 YEARS OF AGE. SJUMC OFFERS SPECIALIZED CHILDREN'S SERVICES SUCH AS A NEONATAL INTENSIVE CARE, PEDIATRIC INTENSIVE CARE, AND A DEDICATED PEDIATRIC EMERGENCY ROOM. ADDITIONALLY, SJUMC PROVIDES: 1 REGIONAL CRANIOFACIAL CENTER 2 PEDIATRIC CENTER FOR FEEDING AND SWALLOWING DISORDERS 3 CHILD DEVELOPMENT CENTER 4 REGIONAL CYSTIC FIBROSIS CENTER 5 FULL SPECTRUM OF PEDIATRIC SPECIALTY AND SUBSPECIALTY SERVICES SJUMC CURRENTLY OPERATES 559 BEDS WITHIN THE FOLLOWING 629-LICENSED BED COMPLEMENT: MEDICAL/ SURGICAL - 383 INTENSIVE/CORONARY CARE - 64 OBSTETRICS/GYNECOLOGY - 54 PEDIATRICS - 54 PSYCHIATRY - 24 NEONATAL INTENSIVE CARE - 50 TOTAL (EXCLUDES 30 NEWBORN BASSINETS) 629 SJUMC ALSO OPERATES THE FOLLOWING AMBULATORY FACILITY SITES WITHIN CLOSE PROXIMITY TO THE MAIN SJUMC CAMPUS: 1. COMPREHENSIVE CARE CENTER, AN AMBULATORY PRIMARY CARE FACILITY FOR HIV PATIENTS IN PATERSON, NJ 2. CLIFTON FAMILY PRACTICE, AN AMBULATORY PRIMARY CARE FACILITY IN CLIFTON, NJ 3. ST. JOSEPH'S PEDIATRIC SUBSPECIALTIES AT FAIRFIELD, A PEDIATRIC SUBSPECIALTY FACULTY PRACTICE FACILITY IN FAIRFIELD, NJ 4. THE MEDICAL CENTER AT WILLOWBROOK ("WILLOW BROOK") IN WAYNE, NJ, A FACULTY PRACTICE FACILITY PROVIDING PEDIATRIC, OBSTETRIC AND MEDICAL SUBSPECIALTY SERVICES AND A 20 STATION DIALYSIS CENTER 5. ST. JOSEPH'S UNIVERSITY MEDICAL CENTER AMBULATORY IMAGING CENTER, A FULL SERVICE DIAGNOSTIC AND WOMEN'S IMAGING CENTER IN CLIFTON, NJ 6. ST. JOSEPH'S HEALTHCARE AND REHAB CENTER IS LOCATED IN ESSEX COUNTY, APPROXIMATELY FIVE MILES FROM SJUMC. THIS CENTER PROVIDES 24/7 NURSING CARE, MEDICAL, PSYCHOSOCIAL, NUTRITIONAL, THERAPEUTIC</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>IC RECREATION, AND SPIRITUAL CARE IN ITS 151-BED LONG-TERM CARE AND SUBACUTE SERVICES CENTER. CLINICAL SERVICES: AS PART OF ST. JOSEPH'S HEALTH INC., SJUMC COORDINATES COMPREHENSIVE BASIC AND TERTIARY SERVICES ACROSS CAMPUSES WITH ITS SISTER HOSPITAL ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, INC. D/B/A ST. JOSEPH'S WAYNE MEDICAL CENTER (SJWMC) LOCATED IN WAYNE, NJ THROUGH ITS CLINICAL SERVICE LINE "CENTERS OF EXCELLENCE" MANAGEMENT MATRIX. ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, INC. D/B/A ST. JOSEPH'S WAYNE MEDICAL CENTER (SJWMC) IS A 229-LICENSED BED ACUTE CARE COMMUNITY HOSPITAL FACILITY LOCATED IN WAYNE, NJ. THE HOSPITAL, A MEMBER OF ST. JOSEPH'S HEALTH INC., OFFERS INPATIENT AND ACUTE REHABILITATION SERVICES WITH SPECIALIZED SERVICES OFFERED IN ITS FULL SERVICE CARDIAC CATHETERIZATION LAB, DEDICATED COMPREHENSIVE ACUTE CARE REHABILITATION NURSING UNIT AND A GERIATRIC NURSING UNIT. OUTPATIENT SERVICES INCLUDE DIAGNOSTIC RADIOLOGY, PHYSICAL THERAPY SERVICES, SAME-DAY SURGERY, SLEEP CARE CENTER, AND THE JOHN VICTOR MACHUGA DIABETES EDUCATION CENTER. CERTAIN ADDITIONAL SPACE IS CURRENTLY LEASED TO A NON-PROFIT LONG TERM ACUTE CARE SERVICES PROVIDER. SJWMC CURRENTLY OPERATES 138 BEDS WITHIN THE FOLLOWING 229 LICENSED BED COMPLEMENT: MEDICAL/SURGICAL 193 INTENSIVE/CORONARY CARE 16 COMPREHENSIVE REHABILITATION 20 TOTAL 229 CLINICAL SERVICES: INTEGRAL TO ITS SERVICE DELIVERY, SJWMC COORDINATES COMPREHENSIVE BASIC AND TERTIARY SERVICES ACROSS CAMPUSES WITH ITS SISTER HOSPITAL, ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, LOCATED IN PATERSON, NJ THROUGH A CLINICAL SERVICE LINE "CENTERS OF EXCELLENCE" MANAGEMENT MATRIX.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES OF INCORPORATION WERE UPDATED TO REFLECT THAT SETON MINISTRIES, INC., A SUBSIDIARY OF SISTERS OF CHARITY OF SAINT ELIZABETH FORMED IN FEBRUARY 2019, BECAME THE SOLE MEMBER OF ST JOSEPH'S HEALTH, EFFECTIVE FEBRUARY 2019. EFFECTIVE JANUARY 1, 2019, ST. JOSEPH'S WAYNE HOSPITAL FOUNDATION MERGED INTO ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER FOUNDATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OF THE ORGANIZATION SETON MINISTRIES, INC. IS THE SOLE MEMBER OF ST. JOSEPH'S HEALTH, INC.. ST. JOSEPH'S HEALTH, INC. IS THE SOLE MEMBER OF ST. JOSEPH'S UNIVERSITY MEDICAL CENTER, ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER FOUNDATION, INC., AND 200 HOSPITAL PLAZA CORP. THE MEMBER OF ST. JOSEPH'S HEALTH, INC. IS SETON MINISTRIES, INC.. THE SOLE MEMBER OF HARBOR HOUSE, INC., ST. JOSEPH'S EMERGENCY PHYSICIANS, INC., ST. JOSEPH'S FACULTY PHYSICIANS, INC., ST. JOSEPH'S PHYSICIANS, INC., AND ST. JOSEPH'S SUBSPECIALTY PHYSICIANS, INC. IS ST. JOSEPH'S UNIVERSITY MEDICAL CENTER.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF THE GOVERNING BODY ST. JOSEPH'S UNIVERSITY MEDICAL CENTER SHARES A MIRROR BOARD WITH ITS MEMBER ORGANIZATION, ST. JOSEPH'S HEALTH, INC. (THE SYSTEM IS AN OBLIGATED GROUP). UNDER SECTION 2.2 OF THE SYSTEM'S BYLAWS, THE POWER TO ELECT AND REMOVE TRUSTEES FROM THE SYSTEM'S BOARD (AND BY EXTENSION, ST. JOSEPH'S UNIVERSITY MEDICAL CENTER'S BOARD) IS RESERVED TO THE MEMBER OF THE ORGANIZATION, SETON MINISTRIES, INC..



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE GOVERNING BODY CERTAIN RIGHTS AND POWERS ARE RESERVED TO THE MEMBER PURSUANT TO THE BY-LAWS OF THE CORPORATIONS. THESE INCLUDE: APPROVAL OF THE STATEMENT OF THE MISSION OF THE INSTITUTION AND ANY SUBSEQUENT CHANGES; THE RIGHT TO ELECT AND REMOVE TRUSTEES OF THE BOARD OF THE CORPORATION AND ITS SUBSIDIARIES OTHER THAN THOSE PERSONS WHO ARE TRUSTEES BY REASON OF BEING APPOINTED BY THE SPONSOR; APPROVAL OF AMENDMENTS TO ST. JOSEPH'S CERTIFICATE OF INCORPORATION; AND THE RIGHT TO APPROVE SIGNIFICANT CORPORATE TRANSACTIONS (E.G. MERGERS, CONSOLIDATIONS, DISSOLUTION).

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW PROCESS FOR FORM 990 A COPY OF THE FORM 990 WAS PRESENTED TO THE ST. JOSEPH'S HEALTH, INC.'S FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IN NOVEMBER 2020 BY THE ORGANIZATION'S TAX RETURN PREPARERS, ERNST & YOUNG LLP. COMMENTS AND FEEDBACK WERE SOLICITED PRIOR TO FILING AND A FINAL COPY OF THE 990 WAS PROVIDED TO EACH OF THE BOARD MEMBERS VIA ELECTRONIC MEANS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY ST. JOSEPH'S HEALTH, INC. REQUIRES ALL BOARD OF TRUSTEES MEMBERS, MANAGER LEVEL AND HIGHER EMPLOYEES, OFFICERS AND MEDICAL STAFF COMMITTEE MEMBERS (REPORTING PARTIES) TO COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS (COIDS) THAT CONSIST OF QUESTIONS DESIGNED TO UNCOVER POTENTIAL CONFLICTS. THE ANNUAL SOLICITATION AND COMPLETION OF COIDS IS CONDUCTED ELECTRONICALLY. UPON COMPLETION AND SUBMISSION OF COIDS BY REPORTING PARTIES, AFFIRMATIVE RESPONSES TO THESE QUESTIONS ARE REVIEWED BY THE GENERAL COUNSEL AND THE CHIEF COMPLIANCE OFFICER. ANY POTENTIAL CONFLICT DISCLOSED IS IDENTIFIED AND RESOLVED IF NECESSARY. ALL DISCLOSURES AND RECOMMENDATIONS FOR RESOLUTION ARE THEN REVIEWED BY THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE PROVIDES A SUMMARY REPORT TO THE SYSTEM BOARD OF TRUSTESS. IN 2019, NO MATERIAL CONFLICTS WERE IDENTIFIED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION POLICY ST. JOSEPH'S HEALTH, INC. UNDERTAKES A RIGOROUS PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OFFICERS OF THE ORGANIZATION IS REASONABLE. IN RELEVANT PART, THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION ARRANGEMENT. THE BOARD OF TRUSTEES USES AN INDEPENDENT COMPENSATION CONSULTANT TO HELP ADVISE ON THE APPROPRIATE COMPENSATION LEVELS FOR THE AFOREMENTIONED INDIVIDUALS. THAT COMPENSATION CONSULTANT WILL USE COMPARABILITY OR BENCHMARKING DATA (BASED ON INDUSTRY SURVEYS) THAT DOCUMENTS THE COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. ONCE THE COMPENSATION CONSULTANT HAS MADE ITS RECOMMENDATIONS, THE SYSTEM'S COMPENSATION COMMITTEE MUST APPROVE THE COMPENSATION, WITHOUT INPUT OR VOTING PARTICIPATION BY THE PERSON WHOSE COMPENSATION IS BEING APPROVED OR BY ANY OTHER INDIVIDUAL WITH A CONFLICT OF INTEREST. THE FINAL DETERMINATION IS THEN DOCUMENTED IN COMMITTEE MINUTES. THOSE MINUTES WILL CONTAIN THE TERMS OF THE PROPOSED COMPENSATION, THE DECISIONS OF THOSE INDIVIDUALS WHO VOTED ON THE COMPENSATION, AND THE COMPARABILITY DATA THAT WAS RELIED UPON. OF INTEREST. THE FINAL DETERMINATION IS THEN DOCUMENTED IN COMMITTEE MINUTES. THOSE MINUTES WILL CONTAIN THE TERMS OF THE PROPOSED COMPENSATION, THE DECISIONS OF THOSE INDIVIDUALS WHO VOTED ON THE COMPENSATION, AND THE COMPARABILITY DATA THAT WAS RELIED UPON.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION ST. JOSEPH'S HEALTH, INC. MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY POSTING A COPY ON THE HOSPITAL'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A	THE HOURS REPORTED FOR NILESH PATEL, PAMELA UPADYA, ROBERTO SOLIS, ANTHONY LOSARDO, VIKRAM GUPTA, JOSEPH VITALE, MARJORY LANGER, MD FACEP, JAI G. PAREKH, MD, AND MANJU GUPTA, ARE RELATED TO TIME DEVOTED AS A TRUSTEE OF THE FILING ORGANIZATION. COMPENSATION IS RELATED TO THE INDIVIDUALS' ROLES AS INDEPENDENT CONTRACTORS AND DOES NOT REPRESENT COMPENSATION FOR BOARD DUTIES. SISTER JUNE MORRISSEY AND SISTER PATRICIA MENNOR, AS MEMBERS OF A RELIGIOUS ORDER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAX AND THEREFORE DO NOT RECEIVE A W-2. IN THE INTEREST OF FULL DISCLOSURE, AMOUNTS PAID TO THE SISTERS ARE REPORTED IN PART VII, SECTION A, COLUMN (F) AND SCHEDULE J, PART II, COLUMN (D).

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	PENSION RELATED ADJUSTMENTS -26,785,001. NET PERIODIC PENSION COST -748,847. CONTRIBUTIONS TO CAPTIVE -5,000,000. TRANSFERS TO AFFILIATES 550,383. CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 666,667.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH'S HEALTH SYSTEM SUBORDINATE  
GROUP RETURN

**Employer identification number**

27-1344467

**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
<b>(1)</b> ST JOSEPH'S HOME HEALTH LLC 703 MAIN STREET PATERSON, NJ 07503 82-1236513	SHELL	NJ	0	0	N/A
<b>(2)</b> ST JOSEPH'S HEALTH PHARAMCY LLC 703 MAIN STREET PATERSON, NJ 07503 83-3649808	PHARMACY	NJ	0	0	SJUMC

**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
<b>(1)</b> VHS MANAGEMENT INC 783 RIVERVIEW DRIVE  TOTOWA, NJ 07512 22-2681681	HOLDING CO	NJ	501(C)(3)	12C	N/A		No
<b>(2)</b> HARBORSIDE APARTMENTS INC 703 MAIN STREET  PATERSON, NJ 07503 22-3373890	HOUSING	NJ	501(C)(3)	10	N/A		No
<b>(3)</b> HARBORVIEW APARTMENTS INC 703 MAIN STREET  PATERSON, NJ 07503 22-3797055	HOUSING	NJ	501(C)(3)	10	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> VHSNJ AT HOME 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753 81-4612753	HEALTHCARE	NJ	SJUMC	RELATED	184,924			No			No	50.000 %
<b>(2)</b> ST JOSEPH'S SURGERY MANAGEMENT 703 MAIN STREET PATERSON, NJ 07503 46-4832908	MGMT SERVICES	NJ	N/A	RELATED				No			No	51.790 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> SJHS INSURANCE LIMITED 44 CHURCH BERMUDA BD	CAPTIVE INSURANCE	BD	N/A	C				Yes	
<b>(2)</b> ST JOSEPH'S HOSPITAL HOUSING CORP 703 MAIN STREET PATERSON, NJ 07503 22-2145893	HOUSING	NJ	SJUMC	C			100.000 %	Yes	
<b>(3)</b> GENESIS PROPERTY DEVELOPMENT HOLDING LLC 703 MAIN STREET PATERSON, NJ 07503 20-3930063	INACTIVE	NJ	N/A	C				Yes	
<b>(4)</b> GENESIS PROPERTY DEVELOPMENT LLC 703 MAIN STREET PATERSON, NJ 07503 20-3932322	INACTIVE	NJ	N/A	C				Yes	
<b>(5)</b> ST JOSEPH'S HEALTH PARTNERS LLC PO BOX 22155 NEW YORK, NY 100872155 83-2385749	VALUE BASED MANAGED CARE	NY	SJ HEALTH INC	C				Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST JOSEPH SURGERY MGT	J	940,590	FMV
(2) SJHS LIMITED	R	6,668,955	FMV
(3) ST JOSEPH UNIVERSITY MEDICAL CENTER	P	768,852	FMV
(4) ST JOSEPH UNIVERSITY MEDICAL CENTER	M	940,590	FMV
(5) ST JOSEPH HOSPITAL & MEDICAL CENTER FOUNDATION	O	768,852	FMV



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>