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PUBLIC DISCLOSURE

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization HOLY NAME HOSPITAL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 718 TEANECK ROAD

Room/suite

City or town, state or country, and ZIP + 4 TEANECK, NJ 07666

D Employer identification number 22-1487322

E Telephone number (201) 833-3000

G Gross receipts $ 260,473,813.

F Name and address of principal officer: MICHAEL MARON, PRESIDENT/CEO
718 TEANECK ROAD TEANECK, NJ 07666

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

H(c) Group exemption number ▶ 0928

J Website: ▶ WWW.HOLYNAME.ORG

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1958

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDES QUALITY HEALTHCARE SERVICES TO THE COMMUNITY

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of employees (Part V, line 2a)	2,687
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
	b	Net unrelated business taxable income from Form 990-T, line 34	

			Prior Year	Current Year
Revenue	8	Contribution and grants (Part VIII, line 1h)	6,438,176.	1,499,093.
	9	Program service revenue (Part VIII, line 2g)	217,609,699.	254,082,776.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,224,268.	-444,486.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,388,065.	4,961,794.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,660,208.	260,099,177.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,564,173.	128,645,045.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 28,386.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	117,641,844.	129,173,348.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	227,206,017.	257,818,393.
	19	Revenue less expenses. Subtract line 18 from line 12	6,454,191.	2,280,784.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	292,460,217.	282,375,309.
	21	Total liabilities (Part X, line 26)	172,934,394.	182,277,617.
	22	Net assets or fund balances. Subtract line 21 from line 20	119,525,823.	100,097,692.

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 Marcello Guarner 11/16/09 Date

▶ Type or print name and title Marcello Guarner Director of Budgets & Reimbursement

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	Linda Mason	11/16/2009	[ ]	
	Firm's name (or yours if self-employed), address and ZIP + 4: ERNST & YOUNG U.S. LLP, 201 SOUTH BISCAYNE BLD SUITE 2600 MIAMI, FL 33131		EIN ▶ 34-6565596	Phone no ▶ 305-358-4111

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

JSA 8E1010 2.000

41175K 3987

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RECEIVED SEP 20 2010 OGDEN, UT

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

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

If "Yes" describe these new services on Schedule O

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 165,207,286. including grants of $ _____) (Revenue $ 255,400,118.)

HOLY NAME HOSPITAL'S FULL COMPLEMENT OF SERVICES IS AVAILABLE TO ALL WITHOUT REGARD TO THE ABILITY TO PAY. CHARGES FOREGONE FOR CHARITY CARE WERE $20,028,241.

4b (Code _____) (Expenses $ 2,723,110. including grants of $ _____) (Revenue $ _____)

THE HOSPITAL PROVIDES VARIOUS COMMUNITY HEALTHCARE SERVICES, INCLUDING PEDIATRIC CLINIC SERVICES, OB CLINIC SERVICES AND OTHER CLINIC SERVICES; PARTICIPATES IN WOMEN, INFANTS AND CHILDREN AND HEALTHSTART PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS (INCLUDING FITNESS CENTER AND MULTIPLE SCLEROSIS COMPREHENSIVE CARE.

4c (Code _____) (Expenses $ 262,594. including grants of $ _____) (Revenue $ _____)

SENIOR OR DISABLED PERSONS REQUIRING MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARGE TO THE HOSPITAL'S ADULT DAY CARE PROGRAM, REDUCING THE BURDEN ON FAMILY CARETAKERS. DAY CARE FOR ILL CHILDREN IS AVAILABLE TO WORKING PARENTS IN THE COMMUNITY, AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK.

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

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

4e Total program service expenses ▶ $ 168,192,990. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 178		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,687		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 20			
b	Enter the number of voting members that are independent 1b 14			
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?	2		X
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? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARCELLO GUARNERI, CPA 718 TEANECK ROAD TEANECK, NJ 07666 201-833-7016

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total ▶								4,790,519.	NONE	252,655.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 106

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 2		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue 22-1487322

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 900,000.				
	e Government grants (contributions)	1e 276,409.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 322,684.				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		1,499,093.			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621300	250,992,395.	250,992,395.		
	b MEMBERSHIP DUES	621300	2,154,116.	2,154,116.		
	c RESEARCH REVENUE	621300	936,265.	936,265.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		254,082,776.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,101,410.			1,101,410.
	4 Income from investment of tax-exempt bond proceeds		475,729.			475,729.
	5 Royalties		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents	48,000.				
	b Less rental expenses					
	c Rental income or (loss)	48,000.				
	d Net rental income or (loss)		48,000.			48,000.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	-1,966,617. / 168,318.				
	b Less cost or other basis and sales expenses	223,326.				
	c Gain or (loss)	-1,966,617. / -55,008.				
	d Net gain or (loss)		-2,021,625.			-2,021,625.
	8a Gross income from fundraising events (not including $ 43,060. of contributions reported on line 1c). See Part IV, line 18 a	376,452.				
	b Less direct expenses b	151,310.				
	c Net income or (loss) from fundraising events		225,142.			225,142.
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	Business Code				
	11a NURSING SCHL TUITION	621300	1,684,254.	1,684,254.		
	b FOOD SERVICE	900099	1,417,232.			1,417,232.
	c DAY CARE CENTER	900099	728,187.			728,187.
	d All other revenue	900099	858,979.			858,979.
	e Total. Add lines 11a-11d		4,688,652.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		260,099,177.	255,767,030.		2,833,054.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	4,790,520.		4,790,520.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	101,731,665.	86,326,345.	15,405,320.	
7 Other salaries and wages	1,466,331.	1,466,331.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,493,873.	2,035,189.	458,684.	
9 Other employee benefits	10,442,949.	8,493,313.	1,949,636.	
10 Payroll taxes	7,719,707.	6,317,523.	1,402,184.	
11 Fees for services (non-employees).				
a Management	NONE			
b Legal	399,317.	1,277.	398,040.	
c Accounting	171,548.		171,548.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	254,357.		254,357.	
g Other	5,514,238.	5,023,297.	490,941.	
12 Advertising and promotion	4,214,311.	90,306.	4,124,005.	
13 Office expenses	8,835,634.	125,880.	8,709,754.	
14 Information technology	1,576,110.		1,576,110.	
15 Royalties	NONE			
16 Occupancy	11,193,803.	10,615,625.	578,178.	
17 Travel	364,548.	812.	363,736.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	153,324.	7,513.	145,811.	
20 Interest	4,636,345.		4,636,345.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	14,043,766.		14,043,766.	
23 Insurance	2,152,951.	42,265.	2,110,686.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL AND OTHER SUPPLIES	47,037,022.	47,037,022.		
b PROVISION FOR BAD DEBTS	26,123,145.		26,123,145.	
c COLLECTION & NJ HCCRA FEES	1,723,887.		1,723,887.	
d RESTRICTED FUND PURPOSE	211,975.	74,436.	137,539.	
e OTHER EXPENSES	567,067.	535,856.	2,825.	28,386.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	257,818,393.	168,192,990.	89,597,017.	28,386.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		15,333,811.	1	17,295,361.
	2	Savings and temporary cash investments		25,789,609.	2	NONE
	3	Pledges and grants receivable, net			3	987,012.
	4	Accounts receivable, net		39,978,426.	4	33,794,080.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sales or use		2,530,049.	8	3,889,040.
	9	Prepaid expenses and deferred charges		2,303,156.	9	2,673,316.
	10a	Land, buildings, and equipment. cost basis	10a 285,676,041.			
	b	Less accumulated depreciation. Complete Part VI of Schedule D	10b 145,688,015.	127,128,191.	10c	139,988,026.
	11	Investments - publicly traded securities		49,941,722.	11	19,039,197.
	12	Investments - other securities. See Part IV, line 11		8,568,314.	12	37,464,618.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		20,886,939.	15	27,244,659.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		292,460,217.	16	282,375,309.
Liabilities	17	Accounts payable and accrued expenses		34,300,364.	17	36,908,596.
	18	Grants payable			18	
	19	Deferred revenue		722,641.	19	561,377.
	20	Tax-exempt bond liabilities		121,923,592.	20	116,889,445.
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,000,000.	23	3,222,217.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		12,987,797.	25	24,695,982.
	26	**Total liabilities.** Add lines 17 through 25		172,934,394.	26	182,277,617.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		108,168,620.	27	89,860,441.
	28	Temporarily restricted net assets		10,357,203.	28	9,237,251.
	29	Permanently restricted net assets		1,000,000.	29	1,000,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		119,525,823.	33	100,097,692.
	34	Total liabilities and net assets/fund balances		292,460,217.	34	282,375,309.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

PUBLIC DISCLOSURE

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
HOLY NAME HOSPITAL	22-1487322

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 (Please check only one organization.)

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)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

PUBLIC DISCLOSURE

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (See instructions.) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

PUBLIC DISCLOSURE

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PUBLIC DISCLOSURE

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOLY NAME HOSPITAL

Employer identification number

22-1487322

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,822,997.				
b Contributions					
c Investment earnings or losses	-991,617.				
d Grants or scholarships					
e Other expenditures for facilities and programs	74,142.				
f Administrative expenses					
g End of year balance	2,757,238.				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 64.0000 %
b Permanent endowment ▶ 36.0000 %
c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,471,294.		3,471,294.
b Buildings		147,120,748.	56,212,359.	90,908,389.
c Leasehold improvements		2,132,231.	1,641,962.	490,269.
d Equipment		124,252,438.	87,833,694.	36,418,744.
e Other		8,699,330.		8,699,330.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				139,988,026.

PUBLIC DISCLOSURE

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other SEE STATEMENT 3		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	37,464,618.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CURRENT RESTRICTED ASSETS	8,202,035.
DEFERRED FINANCING COSTS	2,441,296.
INTEREST IN RELATED ORG.	5,817,672.
DUE FROM RELATED PARTIES	5,325,256.
OTHER RECIEVABLES	5,458,400.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	27,244,659.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO 3RD PARTIES PAYORS	13,593,131.
OTHER LIABILITIES	11,102,851.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	24,695,982.

[redacted]

In Part XIV, 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.

PUBLIC DISCLOSURE

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SCHEDULE D - SUPPLEMENTAL INFORMATION

SCHEDULE D - PART V - LINE 4

THE PURPOSE OF THE ENDOWMENT IS FOR THE PURCHASE OF HEMODIALYSIS EQUIPMENT OR FUNDING FOR THE HOSPITAL'S HEMODIALYSIS DEPARTMENT.

Part XIV Supplemental Information *(continued)*

PUBLIC DISCLOSURE

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
HOLY NAME HOSPITAL	22-1487322

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or 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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		
Totals . . . . . ▶					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2008**

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PUBLIC DISCLOSURE

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization
HOLY NAME HOSPITAL

Employer identification number
22-1487322

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

PUBLIC DISCLOSURE

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 FASHION SHOW (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	241,364.	178,148.		419,512.
	2 Less: Charitable contributions	22,160.	20,900.		43,060.
	3 Gross revenue (line 1 minus line 2)	219,204.	157,248.		376,452.
Direct Expenses	4 Cash prizes	2,987.	840.		3,827.
	5 Non-cash prizes	52,065.	17,585.		69,650.
	6 Rent/facility costs	24,587.	20,900.		45,487.
	7 Other direct expenses	26,274.	6,072.		32,346.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(151,310.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				225,142.

Part III **Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities.			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

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PUBLIC DISCLOSURE

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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			
	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?	17a		
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 ▶ $			

PUBLIC DISCLOSURE
Hospitals

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: HOLY NAME HOSPITAL

Employer identification number: 22-1487322

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a		
b	If "Yes," is it a written policy?		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
b	If "Yes," does the organization make it available to the public?	6b	

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *Worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *Worksheet 3, column a*)						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

PUBLIC DISCLOSURE

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities. *(Optional for 2008)*

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

Part III **Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6 - surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV **Management Companies and Joint Ventures** *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

PUBLIC DISCLOSURE

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
HOLY NAME HOSPITAL 718 TEANECK ROAD TEANECK NJ 07666	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c, Part I, line 6a; Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4; Part III, line 8, Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

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 charity care policy.

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

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals 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.).

7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PUBLIC DISCLOSURE

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOLY NAME HOSPITAL

Employer identification number

22-1487322

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL MARON	(i)	635,223.	300,000.	121,112.	15,500.	14,400.	1,086,235.	112,269.
	(ii)							
GREGORY M. ADAMS	(i)	374,990.	100,000.	14,787.	15,500.	14,400.	519,677.	NONE
	(ii)							
PAUL C. MENDELOWITZ MD	(i)	417,140.	70,000.	9,101.	15,500.	14,400.	526,141.	NONE
	(ii)							
SHERYL SLONIM, SR.	(i)	273,879.	NONE	6,240.	15,500.	6,046.	301,665.	NONE
	(ii)							
ANTHONY J. PELLICANO	(i)	227,201.	40,000.	10,208.	15,500.	14,380.	307,289.	NONE
	(ii)							
WAYNE KINDER	(i)	220,777.	30,000.	9,628.	NONE	14,250.	274,655.	NONE
	(ii)							
JANE FIELDING-ELLIS	(i)	203,396.	40,000.	8,262.	NONE	13,507.	265,165.	NONE
	(ii)							
CATHERINE YAXLEY-SCHMIDT	(i)	189,969.	15,000.	7,084.	NONE	13,246.	225,299.	NONE
	(ii)							
BONNIE MICHAELS	(i)	210,903.	NONE	NONE	NONE	NONE	210,903.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARGARET GALVIN	(i)	172,620.	15,000.	10,276.	NONE	12,393.	210,289.	NONE
	(ii)							
CRAIG HERSH, MD	(i)	253,294.	250.	1,300.	NONE	14,400.	269,244.	NONE
	(ii)							
SHARAD WAGLE, MD	(i)	242,481.	NONE	1,004.	NONE	14,400.	257,885.	NONE
	(ii)							
ALLAN J. CAGGIANO	(i)	195,742.	150.	179.	NONE	13,144.	209,215.	NONE
	(ii)							
KYUNG HEE CHOI	(i)	179,308.	500.	4,472.	NONE	5,760.	190,040.	NONE
	(ii)							
MICHAEL SKVARENINA	(i)	157,479.	20,500.	1,064.	NONE	10,429.	189,472.	NONE
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J - SUPPLEMENTAL INFORMATION

PART I - LINE 4A

BONNIE MICHAELS WAS PAID A SEVERANCE PAYMENT OF $210,903.

PUBLIC DISCLOSURE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: HOLY NAME HOSPITAL

Employer Identification number: 22-1487322

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ARNOLD BALSAM, CPA VICE-CHAIRMAN	1.	X								
THOMAS BIRCH, MD BOARD MEMBER	1.	X								
HOWARD BROWN BOARD MEMBER	1.	X								
JACQUELINE BRUNETTI, MD BOARD MEMBER	1.	X								
DAVID BUTLER, MD CHAIRMAN	1.	X								
TED A. CARNEVALE, CPA BOARD MEMBER	1.	X								
DALE A. CREAMER BOARD MEMBER	1.	X								
JOSEPH FRASCINO, MD BOARD MEMBER	1.	X								
JOHN M. GERAGHTY BOARD MEMBER	1.	X								
LAWRENCE LAIKIN BOARD MEMBER	1.	X								
SALVATORE LARAIA, MD BOARD MEMBER	1.	X								
DANIEL LEBER BOARD MEMBER	1.	X								
JOSEPH PARISI, JR. BOARD MEMBER	1.	X								
ROBERT RIGOLOSI, MD BOARD MEMBER	1.	X								
SISTER ANN RUTAN, CSJP BOARD MEMBER	1.	X								
EDWIN H. RUZINSKY, CPA TREASURER	1.	X								
SISTER ANN TAYLOR, CSJP BOARD MEMBER	1.	X								
SISTER BARBARA MORAN, CSJP SECRETARY	1.	X								
LEON TEMIZ BOARD MEMBER	1.	X								
SISTER MAUREEN COLLINS BOARD MEMBER	1.	X								
PETER BAKER BOARD MEMBER	1.	X								

PUBLIC DISCLOSURE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

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Name of the Organization: HOLY NAME HOSPITAL

Employer Identification number: 22-1487322

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
GREGORY KNAPP BOARD MEMBER	1.	X								
MYRON ROSNER, ESQ. BOARD MEMBER	1.	X								
MICHAEL MARON PRESIDENT AND CEO	40.	X		X				1,056,335.		29,900.
GREGORY M. ADAMS ASST. SECRETARY/ASSIST TREASUR	40.	X		X				489,777.		29,900.
PAUL C. MENDELOWITZ MD SR. VP-MEDICAL STAFF	40.				X			496,241.		29,900.
SHERYL SLONIM, SR. SR VP-PATIENT CARE SERVICES	40.				X			280,119.		21,546.
ANTHONY J. PELLICANO VP-HUMAN RESOURCES	40.				X			277,409.		29,880.
WAYNE KINDER VP-FACILITIES	40.				X			260,405.		14,250.
JANE FIELDING-ELLIS VP MARKETING & PR	40.				X			251,658.		13,507.
CATHERINE YAXLEY-SCHMIDT VP-PLANNING & MARKETING	40.				X			212,053.		13,246.
MARGARET GALVIN VP-LEGAL	40.				X			197,896.		12,393.
CRAIG HERSH, MD ASSIST VP MEDICAL MGMT	40.					X		254,844.		14,400.
SHARAD WAGLE, MD MEDICAL DIRECTOR	40.					X		243,485.		14,400.
ALLAN J. CAGGIANO PHYSICIST	40.					X		196,071.		13,144.
KYUNG HEE CHOI DIRECTOR-KOREAN MEDICAL	40.					X		184,280.		5,760.
MICHAEL SKVARENINA ASSISTANT VICE PRESIDENT-IS	40.					X		179,043.		10,429.
BONNIE MICHAELS VP-PATIENT CARE SRVCS	40.						X	210,903.	NONE	NONE

PUBLIC DISCLOSURE

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

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Name of the organization

HOLY NAME HOSPITAL

Employer identification number

22-1487322

Part I Bond Issues (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FHK2	06/15/2006	60,816,719.	CONSTRUCT, RENOVATE SEE SCHEDULE O		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FJT1	11/22/2006	7,000,000.	ACQUIRE LEASHOLD SEE SCHEDULE O		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FXP3	11/13/2008	30,255,000.	REFINANCE SEE SCHEDULE O		X		X
D										
E										

Part II Proceeds (Optional for 2008)

	A	B	C	D	E
1 Total proceeds of issue					
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds					
8 Year of substantial completion					

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

PUBLIC DISCLOSURE

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

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Name of the organization

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Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
TED A. CARNEVALE, CPA	MEMBER-BOARD OF TRUSTEE	46,580.	CONSULTING/CPA SERVICE HP SVCS		X

PUBLIC DISCLOSURE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization	Employer identification number
HOLY NAME HOSPITAL	22-1487322

FORM 990 - PART III

COMMUNITY BENEFIT REPORT

HOLY NAME HOSPITAL IS A NON-PROFIT, COMMUNITY HOSPITAL SPONSORED BY THE SISTERS OF ST. JOSEPH OF PEACE, AND IS THE SOLE ROMAN CATHOLIC HOSPITAL SERVING NEW JERSEY'S MOST POPULATED COUNTY. HOLY NAME HAS BEEN RESPONDING TO THE NEEDS OF ITS COMMUNITIES SINCE ITS FOUNDING IN 1925. WITH CENTERS OF EXCELLENCE IN CANCER CARE, CARDIOVASCULAR SERVICES, INTERVENTIONAL RADIOLOGY, DIALYSIS TREATMENT, WOMEN'S HEALTH CARE, AND NEUROLOGY SERVICES, PLUS A HOST OF OTHER STATE-OF-THE-ART DIAGNOSTIC, TREATMENT, AND HEALTH MANAGEMENT SERVICES, HOLY NAME PROVIDES HIGH QUALITY HEALTH CARE ACROSS A CONTINUUM THAT EXTENDS FROM PREVENTION THROUGH TREATMENT AND ON TOWARD RECOVERY AND WELLNESS. THE HOSPITAL HAS A CLEAR DEFINITION OF ITSELF AND ITS MISSION:

"WE ARE A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENTIOUS STEWARDSHIP. WE HELP OUR COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMENT."

BENEFIT TO THE COMMUNITY

THE HOSPITAL PROVIDED BENEFIT TO THE COMMUNITY WHICH IS NOT IDENTIFIED BY THE DOHSS WITHOUT CHARGE. THE HOSPITAL OPERATES CERTAIN CLINICS WHERE SERVICES ARE PROVIDED FOR CHILDREN WITH SUBSTANCE ABUSE PROBLEMS, OR WHOSE FAMILY MEMBERS ARE SUBSTANCE ABUSERS. THIS GROWING POPULATION IS OFFERED UNLIMITED COUNSELING AND THERAPY AT MINIMAL OR NO FEE. THE HOSPITAL OPERATES A FREE STANDING CLINIC WHICH PROVIDES SERVICES TO WOMEN

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SCHEDULE O (Form 990)

Department of the Treasury
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AND CHILDREN WHO ARE HOMELESS, HOUSED IN COMMUNITY SHELTERS AS VICTIMS OF DOMESTIC ABUSE, OR HOUSED IN COMMUNITY TRANSITIONAL RESIDENCES. THE HOSPITAL ALSO PARTICIPATES IN THE WOMEN, INFANTS AND CHILDREN AND HEALTH START PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS. DAY CARE FOR ILL CHILDREN IS AVAILABLE TO WORKING PARENTS IN THE COMMUNITY AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK. SENIOR OR DISABLED PERSONS REQUIRING MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARGE TO THE HOSPITAL'S ADULT DAY CARE PROGRAM, REDUCING THE BURDEN ON FAMILY CARETAKERS. THE COST ASSOCIATED WITH PROVIDING THIS CARE TO THE COMMUNITY IN 2008 WAS APPROXIMATELY $587,000.

BAD DEBT

BAD DEBT, QUANTIFIED AT NET EXPENSE, ATTRIBUTABLE TO PATIENT CARE TOTALED $26 MILLION DURING 2008. ALTHOUGH NOT CATEGORIZED AS CHARITY CARE, THE DOLLARS DO INDEED CONSTITUTE FREE CARE GIVEN AND ABSORBED BY THE HOSPITAL. APPROXIMATELY 40% OF BAD DEBT IS DERIVED FROM UNPAID AMOUNTS BILLED TO INSURED PATIENTS, E.G., CO-PAYS AND DEDUCTIBLES; AND 60% IS ATTRIBUTED TO PERSONS WITHOUT INSURANCE. THE PERSONS IN THE LATTER GROUP ARE THOSE WHO ARE NEITHER CATEGORIZED AS CHARITY CARE NOR PAYING ON A TIERED DISCOUNTED BASIS BECAUSE OF LOW INCOME LEVELS. PERSONS WHO APPLY FOR ELIGIBILITY UNDER NJ CHARITY CARE BUT ARE DENIED, TYPICALLY BECAUSE THEIR INCOME EXCEEDS NJ'S REQUIRED LEVEL OF 200% OF THE FEDERAL POVERTY GUIDELINE (FPG), MAY BE OFFERED DISCOUNTS TIERED IN ACCORDANCE WITH THE

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APPLICANT INCOME LEVEL, UP TO 500% OF THE FPG. ALL EXPENSES THAT ARE NOT PAID ARE ABSORBED BY THE HOSPITAL. THE HOSPITAL USES REASONABLE EFFORTS TO COLLECT THESE AMOUNTS, BUT CANNOT AND DOES NOT WITHHOLD OR DELAY CARE WHEN THE AMOUNTS REMAIN UNPAID.

CHARITY CARE

PATIENTS WHO MEET THE CRITERIA FOR "CHARITY CARE" AS DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES ARE CARED FOR WITHOUT ANY CHARGE WHATSOEVER. DURING 2008, CHARITY CARE, EXPRESSED IN TERMS OF ACTUAL COST (NOT CHARGES), TOTALED $3,285,979. THIS FIGURE IS NET OF THE $1,242,699 SUBSIDY PROVIDED BY THE NEW JERSEY HEALTH CARE SUBSIDY FUND.

HEALTH PROFESSIONS EDUCATION

SINCE ITS INCEPTION HOLY NAME HOSPITAL HAS BEEN ACTIVELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUCATING AND MENTORING HEALTH CARE PROFESSIONALS. THE HOSPITAL'S SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DEDICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SICK OR WELL. THE REGISTERED NURSE (RN) PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM, AFFILIATED WITH ST. PETER'S COLLEGE IN JERSEY CITY, NEW JERSEY, AND IS ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION. IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE (LPN) PROGRAM AS WELL, WHICH IS A 12-MONTH PRACTICAL NURSE DIPLOMA

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PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING. BOTH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES OF MANY ETHNICITIES AND AGE GROUPS.

IN ADDITION TO ITS OWN NURSING SCHOOL, THE HOSPITAL PROVIDES, FREE OF CHARGE, BOTH A TRAINING GROUND AND MENTORING FOR STUDENTS FROM VARIOUS HEALTH ACADEMIC PROGRAMS, INCLUDING THOSE OF SETON HALL UNIVERSITY, ST. PETER'S COLLEGE, WILLIAM PATERSON COLLEGE, DOMINICAN COLLEGE, RAMAPO COLLEGE, FELICIAN COLLEGE, AND BERGEN COMMUNITY COLLEGE. A VARIETY OF "EXTERNSHIPS" ARE ALSO OFFERED WITHOUT CHARGE. CAREER DAYS ARE ALSO HELD ON CAMPUS, AND THE HOSPITAL PARTICIPATES IN HEALTH CAREER DAYS THROUGHOUT THE VARIOUS SCHOOLS AND COMMUNITIES.

MEDICAL STAFF

HOLY NAME HOSPITAL HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA. THE HOSPITAL HAS INTENTIONALLY SOUGHT OUT PHYSICIANS SPEAKING SPANISH AND WHO CARE FOR HISPANIC POPULATIONS, AND PROVIDES FREE TRANSPORTATION FOR SUCH POPULATIONS WHO CANNOT ACCESS CARE EASILY ON THEIR OWN. HOLY NAME HAS ALSO ADDED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROVIDES A KOREAN CLINIC WEEKLY, WITH KOREAN SPEAKING PHYSICIANS (AND NURSES), AS THE ASIAN COMMUNITY IS ONE OF THE FASTEST GROWING SECTORS IN THE COUNTY.

IMPROVING THE HEALTH OF THE COMMUNITY

AS PART OF OUR CHARITABLE PURPOSE, THE HOSPITAL PROVIDES A WIDE ARRAY OF

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SCHEDULE O (Form 990)

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SERVICES TO THE COMMUNITY, TARGETED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY. THE MAJORITY OF SUCH SERVICES ARE FREE. A SMALL SAMPLING OF SUCH ACTIVITIES ARE NOTED BELOW.

FREQUENT HEALTH FAIRS THROUGHOUT THE REGION ARE GIVEN. AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MANY IN BOTH SPANISH AND ENGLISH).

IMMUNIZATIONS ARE PROVIDED.

FREE AND/OR VERY LOW FEE TRANSPORTATION (E.G., FOR CANCER TREATMENT, DIALYSIS) IS AVAILABLE.

COMMUNITY HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED.

STAFF FROM VARIOUS DEPARTMENTS THROUGHOUT THE HOSPITAL VISIT LOCAL SCHOOLS TO PROVIDE HEALTH CLASSES.

SCREENINGS (E.G., BLOOD PRESSURE, CANCER, STROKE, DIABETES) AND OTHER CLINICAL TESTING ARE GIVEN, OFTEN AS PART OF COMMUNITY PROGRAMS SPECIFIC TO THE PARTICULAR DISEASE GROUP.

SUPPORT GROUPS ARE AVAILABLE, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAVEMENT, NEW MOTHERS, DIABETES, AND CARDIAC DISEASE.

COURSES (MANY OF WHICH ARE PROVIDED AT A LOW FEE OR FREE) ARE PROVIDED THROUGHOUT THE YEAR. EXAMPLES INCLUDE: CPR CERTIFICATION, DEFENSIVE DRIVING, GENERAL AND SPECIALTY (SUCH AS OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, STRESS MANAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENTING.

LECTURES, OFTEN INVOLVING THE HOSPITAL'S MEDICAL STAFF AS PRESENTERS, ARE AVAILABLE, THE MAJORITY OF WHICH ARE FREE. MEN'S HEALTH, WOMEN'S HEALTH, A MID-LIFE AND MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, MENTAL

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SCHEDULE O (Form 990)

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WELLNESS, CARDIAC ISSUES, JOINT REPLACEMENT, CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS PRESENTED.

THE HOSPITAL'S WEB-SITE (WWW.HOLYNAME.ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION. THE SITE INCLUDES AN ON-LINE MEDICAL LIBRARY HOUSING INFORMATION ON DISEASES AND CONDITIONS, SURGERIES AND PROCEDURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WELLNESS, AND A DRUG REFERENCE. ON-LINE RISK ASSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS IS THE ABILITY TO SET UP A PERSONAL HEALTH PAGE. INFORMATION IS ALSO PRESENTED IN SPANISH.

Name of the organization: HOLY NAME HOSPITAL

Employer identification number: 22-1487322

PART III - CONTINUED

HOLY NAME HOSPITAL'S "ASK A NURSE" PROGRAM, WHICH PROVIDES 24/7 PHONE ACCESS TO REGISTERED NURSES, IS AVAILABLE FREE OF CHARGE.

THE HOSPITAL'S EMERGENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR. ALTHOUGH THE ED IS ABLE TO COVER ITS COSTS, IT PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE AND IS A WELL-USED RESOURCE FOR MANY WITHOUT INSURANCE WHO RELY ON IT FOR CARE. OTHER SERVICES, SUCH AS CLINICS, DO NOT COVER THEIR COSTS.

RESEARCH

THE INSTITUTE FOR CLINICAL RESEARCH AT HOLY NAME HOSPITAL PROVIDES EXCEPTIONAL INVESTIGATORS, FACILITIES, AND SERVICES FOR SPONSORING AGENCIES THAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESEARCH. THE INSTITUTE IS DEDICATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS TO TEST NEW MEDICATIONS, DEVICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS.

AS A DYNAMIC HEALTH CARE INSTITUTION THAT HAS RECEIVED MANY HONORS OF DISTINCTION FOR ITS CLINICAL EXCELLENCE AND COMPASSIONATE PATIENT CARE, HOLY NAME IS WELL-SUITED TO PARTICIPATE IN THE QUEST FOR SCIENTIFIC BREAKTHROUGHS. THE HOSPITAL'S STATE-OF-THE-ART FACILITIES EXCEED THE HIGHEST STANDARDS FOR CARRYING OUT TODAY'S MOST PROMISING CLINICAL RESEARCH. THE INSTITUTE PROVIDES SPONSORS WITH RESEARCH SUPPORT THROUGHOUT ALL THE STAGES OF THEIR CLINICAL TRIALS.

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Name of the organization	Employer identification number
HOLY NAME HOSPITAL	22-1487322

FINANCIAL AND IN-KIND CONTRIBUTIONS, AND COMMUNITY-BUILDING ACTIVITIES

THE HOSPITAL ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY ASSISTANCE AS WELL. IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME. AMONG THE ORGANIZATIONS SO AIDED ARE NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, AND BATTERED WOMEN'S SHELTERS. THE HOSPITAL ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS AUDITORIUM FOR EVENTS. ALTHOUGH THE HOSPITAL'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED.

Name of the organization: HOLY NAME HOSPITAL

Employer identification number: 22-1487322

SCHEDULE O - SUPPLEMENTAL INFORMATION

FORM 990 - PART VI - LINE 2

THE ORGANIZATION IS NOT AWARE OF ANY FAMILY OR BUSINESS RELATIONSHIPS AMONG ITS OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES. PROCEDURES AROUND THIS ISSUE WILL BE IMPROVED GOING FORWARD.

FORM 990 - PART VI - LINE 6

THE SOLE MEMBER OF THE HOSPITAL IS THE SISTERS OF ST. JOSEPH OF PEACE HEALTH CARE SYSTEM CORPORATION, A NON-PROFIT CORPORATION OF THE STATE OF NEW JERSEY.

FORM 990 - PART VI - LINE 7A

THE SISTERS OF ST. JOSEPH OF PEACE HEALTH CARE SYSTEM CORPORATION APPOINTS MEMBERS OF THE HOSPITAL'S GOVERNING BODY.

FORM 990 - PART VI - LINE 7B

THE SISTERS OF ST. JOSEPH OF PEACE HEALTH CARE SYSTEM CORPORATION, THE SOLE CORPORATE MEMBER OF HOLY NAME HOSPITAL HAS THE POWER TO AMEND, CHANGE OR ALTER THE CERTIFICATION OF INCORPORATION AND THE POWER TO MAKE, ALTER OR CHANGE THE BYLAWS ARE EXCLUSIVELY RESERVED TO THE SISTERS OF ST. JOSEPH OF PEACE HEALTH CARE SYSTEM CORPORATION(MEMBER). FURTHERMORE, THERE IS EXCLUSIVELY RESERVED TO THE MEMBER OF THE CORPORATION THE POWER TO AUTHORIZE BY RESOLUTION OF THE MEMBER: A) THE CREATION BY THE HOSPITAL OF ANY CORPORATION OR OTHER LEGAL ENTITY, B) THE HOSPITAL'S AFFILIATION WITH OR PARTICIPATION IN, ANY JOINT VENTURE OR JOINT ENTERPRISE; C) THE MANAGEMENT, ACQUISITION OR SPONSORSHIP BY THE HOSPITAL

OF ANY OTHER INSTITUTION, CORPORATION, ORGANIZATION, FACILITY OR ENTITY; D) THE SALE, ACQUISITION, EXCHANGE, TRANSFER, CONVEYANCE OR OTHER DISPOSITION BY THE HOSPITAL OF ANY REAL PROPERTY OR INTEREST THEREIN OWNED BY THE HOSPITAL; E) THE LEASE, MORTGAGING OR OTHER ENCUMBERING OF ANY REAL PROPERTY OWNED BY THE HOSPITAL; F) THE PARTICIPATION IN ANY TRANSACTION PROVIDING THE SALE, MORTGAGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; G) THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION; H) THE APPOINTMENT AND REMOVAL OF TRUSTEES, CHIEF EXECUTIVE OFFICER AND OFFICERS; AND I) THE ESTABLISHMENT OF THE PHILOSOPHY OF THE CORPORATION. THE MEMBER, IN ITS SOLE DISCRETION, MAY DECLINE TO EXERCISE IN A PARTICULAR CASE ANY POWER RESERVED TO IT, IN WHICH EVENT SUCH A DETERMINATION, TO BE EFFECTIVE, MUST BE COMMUNICATED IN WRITING TO THE CHAIRPERSON OF THE BOARD OF TRUSTEES.

FORM 990 - PART VI - LINE 10

THE CONTROLLER AND THE ENTIRE FINANCE TEAM ARE HEAVILY INVOLVED IN THE PREPARATION AND REVIEW OF THE FORM 990. ONCE THE CONTROLLER HAS COMPLETED HER REVIEW, THE AVP OF FINANCE AND THE CFO REVIEW THE FORM 990 BEFORE IT IS FILED. ANY QUESTIONS THEY HAVE ARE RESOLVED AND CORRECTIONS MADE BEFORE THE RETURN IS FILED. THE REVIEW PROCESS WILL INCLUDE A REVIEW BY THE GOVERNING BODY IN FUTURE YEARS.

FORM 990 - PART VI - LINE 12C

THE BOARD MEMBERS, VICE PRESIDENTS, ASSISTANT VICE PRESIDENTS AND DEPARTMENT HEADS MUST COMPLETE AN ANNUAL QUESTIONNAIRE AND DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST. THE OFFICE OF THE CEO, THE

Name of the organization	Employer identification number
HOLY NAME HOSPITAL	22-1487322

NOMINATING COMMITTEE OF THE BOARD, THE BYLAWS COMMITTEE OF THE BOARD, AND EITHER THE FULL BOARD OR THE EXECUTIVE COMMITTEE OF THE BOARD REVIEW AND MAINTAIN THESE QUESTIONNAIRES AND MONITOR POTENTIAL AND ACTUAL CONFLICTS THROUGHOUT THE YEAR. ANY PERSON WITH A CONFLICT REGARDING A PARTICULAR TRANSACTION MAY PROVIDE INFORMATION ABOUT THE PROPOSED TRANSACTION, BUT THEN MUST LEAVE THE ROOM DURING THE DISCUSSION AND VOTE REGARDING THE TRANSACTION. CONFLICTS THAT ARE DISCOVERED AFTER THE TRANSACTION HAS OCCURRED ARE HANDLED ON A CASE BY CASE BASIS, DEPENDING ON THE SPECIFIC SITUATION WITH THE ASSISTANCE AND ADVICE OF LEGAL COUNSEL.

FORM 990 - PART VI - LINE 15A

THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT AND CEO (THE "CEO") OF THE ORGANIZATION. TO ENSURE EQUITABLENESS OF EXECUTIVE COMPENSATION, THE COMMITTEE MEETS ANNUALLY TO AUTHORIZE ANY CHANGES (E.G., INCREASE, BONUS, DEFERRAL) IN EXECUTIVE COMPENSATION. COMPENSATION RECOMMENDATIONS ARE SUBMITTED TO THE COMMITTEE BY THE CEO. RECOMMENDATIONS ARE WEIGHED AGAINST GOALS AND ACCOMPLISHMENTS FOR EACH EXECUTIVE ALONG WITH SALARY SURVEY DATA (E.G., AHHRA OF GREATER NEW YORK AND 990S FROM OTHER ORGANIZATIONS). EVERY FEW YEARS, SUPPLEMENTAL SURVEY DATA IS SUPPLIED BY AN INDEPENDENT AUDITOR (E.G., ERNST & YOUNG). THIS PROCESS WAS LAST UNDERTAKEN FOR THE YEAR ENDED 2008 FOR THE CEO. THE COMPENSATION COMMITTEE IS COMPRISED SOLELY OF INDEPENDENT MEMBERS OF THE GOVERNING BODY. THE CEO IS NOT PRESENT DURING THE DISCUSSION AND APPROVAL OF HIS OWN COMPENSATION. CONTEMPORANEOUS MINUTES, INCLUDING THE COMPARATIVE DATA USED TO DETERMINE REASONABLENESS, WERE KEPT REGARDING THE DELIBERATION AND APPROVAL OF THE COMPENSATION OF THE CEO.

PUBLIC DISCLOSURE

Name of the organization	Employer identification number
HOLY NAME HOSPITAL	22-1487322

FORM 990 - PART VI - LINE 15B

THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF ALL SENIOR VICE PRESIDENTS AND VICE PRESIDENTS ("VICE PRESIDENTS") OF THE ORGANIZATION. TO ENSURE EQUITABLENESS OF EXECUTIVE COMPENSATION, THE COMMITTEE MEETS ANNUALLY TO AUTHORIZE ANY CHANGES (E.G., INCREASE, BONUS, DEFERRAL) IN EXECUTIVE COMPENSATION. COMPENSATION RECOMMENDATIONS FOR THE VICE PRESIDENTS ARE SUBMITTED TO THE COMPENSATION COMMITTEE BY THE CEO. RECOMMENDATIONS ARE WEIGHED AGAINST GOALS AND ACCOMPLISHMENTS FOR EACH VIDE PRESIDENT ALONG WITH SALARY SURVEY DATA (E.G., AHHRA OF GREATER NEW YORK AND 990S FROM OTHER ORGANIZATIONS). EVERY FEW YEARS, SUPPLEMENTAL SURVEY DATA IS SUPPLIED BY AN INDEPENDENT AUDITOR (E.G., ERNST & YOUNG). THIS PROCESS WAS LAST UNDERTAKEN FOR THE YEAR ENDED 2008 FOR EACH VICE PRESIDENT. THE COMPENSATION COMMITTEE IS COMPRISED OF THE INDEPENDENT MEMBERS OF THE GOVERNING BODY, AND IS JOINED BY THE CEO DURING THE DISCUSSION AND VOTE REGARDING THE COMPENSATION OF THE VICE PRESIDENTS OF THE ORGANIZATION. THE CEO IS THE ONLY MEMBER OF THE COMPENSATION COMMITTEE WHO IS NOT INDEPENDENT. CONTEMPORANEOUS MINUTES, INCLUDING THE COMPARATIVE DATA USED TO DETERMINE REASONABLENESS, WERE KEPT REGARDING THE DELIBERATION AND APPROVAL OF THE COMPENSATION OF THE VICE PRESIDENTS OF THE ORGANIZATION.

FORM 990 - PART VI - LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE WITHIN REASONABLE TIME UPON RECEIPT OF A WRITTEN REQUEST.

Name of the organization	Employer identification number
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SCHEDULE O - SUPPLEMENTAL INFORMATION

SCHEDULE K - PART I - DESCRIPTION OF PURPOSE COLUMN (F)

LINE A -

CONSTRUCTION AND RENOVATION OF HEALTH CARE FACILITIES. PURCHASE OF MEDICAL EQUIPMENT. THE 2006 BONDS WERE ALSO USED TO CURRENTLY REFUND TWO EARLIER ISSUES. THOSE 2 REFUNDED BOND ISSUES WERE ISSUED ON 9/11/1998 AND 12/20/2001.

LINE B

ACQUIRE LEASEHOLD INTEREST IN HEALTH CARE FACILITY.

LINE C

ISSUED SOLELY TO CURRENT REFUND EARLIER BONDS THAT WERE ORIGINALLY ISSUED ON APRIL 9, 1997.

SCHEDULE K - PART I - ISSUER EIN COLUMN (B)

LINE B

THE 8038 WAS ISSUED INCORRECTLY, WITH RESPECT TO THE ISSUER'S EIN NUMBER.

SCHEDULE R - PART V

HEALTH PARTNERS SERVICES - $13,500

THIS IS NOT UBI TO HOLY NAME HOSPITAL BECAUSE THE AGREEMENT WAS IN EFFECT ON AUGUST 17, 2006.

PUBLIC DISCLOSURE

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOLY NAME HOSPITAL

Employer identification number

22-1487322

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
HNH FITNESS 59-3836367 718 TEANECK ROAD TEANECK, NJ 07666	FITNESS	NJ	2,204,565.	7,813,585.	N/A
MS COMPREHENSIVE CARE CENTER 22-2402959 718 TEANECK ROAD TEANECK, NJ 07666	HLTH CARE	NJ	857,863.	367,474.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
HOLY NAME HEALTH CARE FOUNDATION 22-2737143 718 TEANECK ROAD TEANECK, NJ 07666	FUNDRAISING	NJ	501(C)(3)	11 TYPE 2	N/A
HOLY NAME REAL ESTATE CORPORATION 22-3412504 718 TEANECK ROAD TEANECK, NJ 07666	PROPERTY CO	NJ	501(C)(2)		N/A
SISTERS OF ST JOSEPH OF PEACE 22-3412084 399 HUDSON TERRACE, SHALOM CEN ENGLEWOOD CLIFFS, NJ 07632	RELIGIOUS ORD	NJ	501(C)(3)		N/A

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
HEALTH PARTNERS SERVICES CORPORATION 22-3618636 718 TEANECK ROAD TEANECK, NJ 07666	MANAGEMENT SRVCS	NJ	N/A	C CORP	28,500.	842,041.	100.0000

Part V Transactions With Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	SEE SCHEDULE R-1		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner? Yes	(J) No

JSA
8E1313 1 000

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) HOLY NAME REAL ESTATE CORPORATION	D	-187,044.
(8) HEALTH PARTNERS SERVICES	D	-257,742.
(9) HOLY NAME REAL ESTATE CORPORATION	J	513,377.
(10) HOLY NAME REAL ESTATE CORPORATION	P	60,000.
(11) HEALTH PARTNERS SERVICES	A	13,500.
(12) HEALTH PARTNERS SERVICES	P	15,000.
(13) HOLY NAME HEALTH CARE FOUNDATION	C	900,000.
(14) HOLY NAME REAL ESTATE	D	2,983,674.
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

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

HOLY NAME HOSPITAL IS A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENTIOUS STEWARDSHIP. THE HOSPITAL HELPS THE COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMENT.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
IMAGINE PRODUCTIONS P.O. BOX 660666 BIRMINGHAM, AL 03526	ADVERTISING	298,603.
HEE K. YANG, MD 464 HUDSON TERRACE ENGLEWOOD CLIFFS, NJ 07632	PHYSICIAN SERVICES	250,000.
MID-ATLANTIC PATHOLOGY SERVICES, PA P.O. BOX 837 GOSHEN, NY 10924	PATHOLOGY SERVICES	236,690.
ANGEL MULKAY, MD 9 TANBARK TRAIL SADDLE RIVER, NJ 07450-3013	PHYSICIAN SERVICES	175,000.
FORTE, SCHLEIDER, ATTAS, MD, PA ENGLEWOOD HOSPITAL MEDICAL CENTER ENGLEWOOD, NJ 07631	PHYSICIAN SERVICES	150,000.
	TOTAL COMPENSATION	1,110,293.

STATEMENT 2

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BOOK VALUE	COST OR FMV
BOND TRUSTEE INVESTMENT	22,026,782.	FMV
MORGAN STANLEY - SWEEP ACCOUNT	2,933,378.	FMV
ISRAEL BONDS	1,250,000.	FMV
TD WEALTH MANAGEMENT - US GOVT	1,216,482.	FMV
LAKELAND BANK - CERT OF DEP	112,007.	FMV
NORTH JERSEY COMMUNITY BANK	2,619,905.	FMV
IVORY FLAGSHIP	711,590.	FMV
YORK CREDIT OPPORTUNITIES	830,168.	FMV
PIMCO (PCRIX)	535,526.	FMV
GEM VALUE FUND INTERNATIONAL	843,297.	FMV
GRAMERCY EMERGING MARKETS	264,408.	FMV
CERBERUS CEREBERUS	1,259,496.	FMV
EXPRESSWAY PARTNERS	835,002.	FMV
ASPECT CAPITAL	1,079,902.	FMV
CARLSON CAPITAL DBL BLACK DIAM	610,377.	FMV
LIM ASIA ARBITRAGE	336,298.	FMV
TOTALS	37,464,618.	