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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

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

C Name of organization
Holy Name Medical Center

Doing Business As
Holy Name Hospital

Number and street (or P O box if mail is not delivered to street address) | Room/suite
718 TEANECK ROAD

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 $ 268,501,254

F Name and address of principal officer
Michael Maron PresidentCEO
718 TEANECK ROAD
TEANECK, NJ 07666

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HOLYNAME ORG

K Form of organization ☑ 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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	2,696
6	Total number of volunteers (estimate if necessary)	6	750
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,499,093	1,838,260
9	Program service revenue (Part VIII, line 2g)	254,082,776	258,327,005
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-444,486	501,075
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,961,794	5,689,741
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	260,099,177	266,356,081
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	128,645,045	134,388,665
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,908		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	129,173,348	128,942,698
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	257,818,393	263,331,363
19	Revenue less expenses Subtract line 18 from line 12	2,280,784	3,024,718

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	282,375,309	279,774,242
21	Total liabilities (Part X, line 26)	182,277,617	170,382,233
22	Net assets or fund balances Subtract line 21 from line 20	100,097,692	109,392,009

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-17

Joseph M Lemaire Executive VP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 201 S Biscayne Blvd Ste3000 Miami, FL 331314330			EIN ▶ Phone no ▶ (305) 358-4111

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Holy Name Medical Center 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 Medical Center helps the community achieve the highest attainable level of health through education, prevention and treatment

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 $ 193,386,532 including grants of $) (Revenue $ 260,150,575)

Holy Name Medical Center's full complement of services is available to all without regard to the ability to pay Charges foregone for charity care were $29,642,522 In addition to charity care reported under the New Jersey Department of Health and Senior Services criteria, the Medical Center provides a significant amount of uncompensated care, which includes free care provided to patients at reduced prices and bad debt provision Beginning in 2009, the Hospital initiated a compassionate care program to make available free and reduced fee care programs for qualifying patients under its financial aid policy

4b (Code) (Expenses $ 2,636,600 including grants of $) (Revenue $)

The Medical Center provides various community healthcare services, including Pediatric Clinic services, OB Clinic services and other clinic services It also participates in Women, Infants and Children ("WIC"), a federal program designed to improve the health of pregnant women, new mothers and their young children, HealthStart,a joint state and federal program providing increased access and scope of services to Medicaid-eligible pregnant women and children under age two residing in New Jersey, and similar programs addressing health, nutritional and social needs of populations requiring such resources

4c (Code) (Expenses $ 267,511 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** ▶ $ 196,290,643

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 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 similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**	Yes	
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**	Yes	
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**	Yes	
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	203		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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**	2,696		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
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**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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 Form 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 See Additional Data Table

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) 833-7206

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 current or former 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 add'l data										

1b Total . . . . . ▶	5,076,720	260,693	231,343

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 202

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
Imagine Productions PO Box 660666 Birmingham, AL 03526	Advertising	337,549
Angel Mulkay MD 9 Tanbark Trail Saddle River, NJ 074503013	Physician Services	301,214
Mid-Atlantic Pathology Services PA PO Box 837 Goshen, NY 10924	Pathology Services	258,918
Hee K Yang MD 464 Hudson Terrace Englewood Cliffs, NJ 07632	Physician Services	250,000
Ernst Young LLP 99 Wood Avenue South Iselin, NJ 088300471	Accounting Srvcs	247,644
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 10		

Part VIII Statement of Revenue

				(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	46,200			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,633,070			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	158,990			
	g	Noncash contributions included in lines 1a-1f $ 10,400					
	h	**Total.** Add lines 1a-1f		1,838,260			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	622,110	255,208,127	255,208,127		
	b	Membership Dues	621,300	1,900,670	1,900,670		
	c	Research Revenue	621,300	1,218,209	1,218,209		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		258,327,005			
	3	Investment income (including dividends, interest and other similar amounts)		1,021,045			1,021,045
	4	Income from investment of tax-exempt bond proceeds		326,633			326,633
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	69,857				
	b	Less rental expenses	21,857				
	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	1,130,180	500			
	b	Less cost or other basis and sales expenses	671,866	1,305,417			
	c	Gain or (loss)	458,314	-1,304,917			
	d	Net gain or (loss)		-846,603			-846,603
Other Revenue	8a	Gross income from fundraising events (not including $ 46,200 of contributions reported on line 1c) See Part IV, line 18	a 309,571				
	b	Less direct expenses	b 146,033				
	c	Net income or (loss) from fundraising events		163,538			163,538
	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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	SCHOOL OF NURSING	621,300	1,823,569	1,823,569		
	b	Food Service	900,099	1,473,656			1,473,656
	c	Day Care Center	900,099	888,286			888,286
	d	All other revenue		1,292,692			1,292,691
	e	**Total.** Add lines 11a–11d		5,478,203			
	12	**Total revenue.** See Instructions		266,356,081	260,150,575		4,367,246

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,962,911		3,962,911	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	110,268,832	93,362,992	16,905,840	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,681,351	2,186,630	494,721	
9	Other employee benefits	9,245,973	7,563,345	1,682,628	
10	Payroll taxes	8,229,598	6,815,692	1,413,906	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	828,119	1,623	826,496	
c	Accounting	172,545		172,545	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	245,376		245,376	
g	Other	5,272,249	5,009,657	262,593	
12	Advertising and promotion	3,453,882	67,816	3,386,065	
13	Office expenses	62,186,277	52,901,721	9,284,556	
14	Information technology	2,338,147		2,338,147	
15	Royalties	0			
16	Occupancy	11,682,229	10,999,247	682,983	
17	Travel	331,704	615	331,089	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	143,711	730	142,981	
20	Interest	5,274,954		5,274,954	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,047,669		16,047,669	
23	Insurance	1,905,845	54,662	1,851,183	
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	Provision for Bad Debts	16,515,261	16,515,261		
b	Collection & HCCRA fees	1,645,580		1,645,580	
c	Restricted Fund purposes	121,688	52,098	69,590	
d	OTHER EXPENSES	777,462	758,554		18,908
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	263,331,363	196,290,643	67,021,813	18,908
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		17,295,361	1	13,769,081
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		987,012	3	104,969
	4	Accounts receivable, net		33,794,080	4	33,838,275
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sale or use		3,889,040	8	3,734,376
	9	Prepaid expenses and deferred charges		2,673,316	9	2,169,561
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 304,064,758			
	b	Less accumulated depreciation	10b 161,159,542	139,988,026	10c	142,905,216
	11	Investments—publicly traded securities		19,039,197	11	26,881,500
	12	Investments—other securities See Part IV, line 11		37,464,618	12	30,910,174
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,244,659	15	25,461,090
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		282,375,309	16	279,774,242
Liabilities	17	Accounts payable and accrued expenses		36,908,596	17	31,524,897
	18	Grants payable			18	
	19	Deferred revenue		561,377	19	481,629
	20	Tax-exempt bond liabilities		116,889,445	20	116,463,605
	21	Escrow or custodial 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		3,222,217	23	5,951,605
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		24,695,982	25	15,960,497
	26	**Total liabilities.** Add lines 17 through 25		182,277,617	26	170,382,233
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		89,860,441	27	97,333,316
	28	Temporarily restricted net assets		9,237,251	28	11,058,693
	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		100,097,692	33	109,392,009
	34	Total liabilities and net assets/fund balances		282,375,309	34	279,774,242

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **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 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 ▶☐

Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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.** 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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Holy Name Medical Center	22-1487322

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

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

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

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

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		17,290
j	Total lines 1c through 1i			17,290
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Schedule C - Supplemental Information	Schedule C Part II-B Line i	HNMC PAID DUES TO NEW JERSEY HOSPTIAL ASSOCATION FOR LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

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 for any other purpose conferring 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the 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 the 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	2,757,238	3,822,997			
b Contributions					
c Investment earnings or losses	572,095	-991,617			
d Grants or scholarships					
e Other expenditures for facilities and programs	52,096	74,142			
f Administrative expenses					
g End of year balance	3,277,237	2,757,238			

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

- a Board designated or quasi-endowment ▶ **69.000 %**
- b Permanent endowment ▶ **31.000 %**
- 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)		No
(ii) related organizations	3a(ii)		No
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) Accumulated depreciation	(d) Book value
1a Land		3,471,294		3,471,294
b Buildings		154,473,962	62,965,504	91,508,458
c Leasehold improvements				
d Equipment		132,025,133	96,493,578	35,531,555
e Other		14,094,369	1,700,460	12,393,909
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				142,905,216

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		
Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	30,910,174	

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
INTEREST IN FOUNDATION	9,768,127
DEFERRED FINANCING COSTS	2,308,935
INTEREST IN OTHER RELATED ORGS	4,854,002
DUE FROM RELATED PARTIES	2,865,462
OTHER RECEIVABLES	5,664,564
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	25,461,090

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO 3RD PARTY PAYORS	10,935,084
OTHER LIABILITIES	5,025,413
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,960,497

2. Fin 48 Footnote 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

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	Other losses	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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Endowment Purpose	Schedule D Part V Line 4	The purpose of the endowment is for the purchase of Hemodialysis equipment or funding for the operations of the Hospital's Hemodialysis program

Additional Data

Software ID:
Software Version:
EIN: 22-1487322
Name: Holy Name Medical Center

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
GOVERNMENT SECURITIES	17,812,681	F
MORGAN STANLEY SWEEP ACCOUNT	1,093,379	F
ISRAEL BONDS	1,256,500	F
TD WEALTH MGMT US GOVT	1,195,851	F
LAKELAND BANK - CERT OF DEP	115,616	F
NORTH JERSEY COMMUNITY BANK	2,684,145	F
BOGOTA BANK - CERT OF DEP	100,000	F
EXPRESSWAY PARTNERS CLASS A	37,630	F
GEM REALTY SECURITIES, LTD	949,153	F
IVORY OFFSHORE FLAGSHIP FUND	831,245	F
GRAMERCY EMERGING MARKETS LTD	290,212	F
MS CAPITAL PARTNERS V	223,939	F
CARLSON CAPITAL DOUBLE BACK DI	788,624	F
CERBERUS INTERNATIONAL LTD	952,018	F
YORK CREDIT OPPORTUNITIES FUND	1,134,237	F
ASPECT US INST LTD DIVERSIFIED	634,500	F
BREVAN HOWARD FUND LTD CLASS B	810,444	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
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 Activites 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 for region
Middle East and North Africa			Investments		
Central America and the Caribbean			Investments		
Totals . . . . ▶					

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 of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

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

Part 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)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
22-1487322

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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	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

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 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	198,501	157,270		355,771
	2 Less Charitable contributions	21,640	24,560		46,200
	3 Gross income (line 1 minus line 2)	176,861	132,710		309,571
Direct Expenses	4 Cash prizes	11,580	100		11,680
	5 Non-cash prizes	45,760	16,085		61,845
	6 Rent/facility costs				
	7 Food and beverages	20,426	7,980		28,406
	8 Entertainment	5,700	12,960		18,660
	9 Other direct expenses	18,269	7,173		25,442
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				146,033
	11 Net income summary Combine lines 3, column d, and line 10 ▶				163,538

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, column d, and line 7 ▶				

			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		

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
22-1487322

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	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)			6,547,019	215,418	6,331,601	2 570 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			14,624,320	9,720,238	4,904,083	1 990 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			21,171,339	9,935,656	11,235,684	4 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,010,442	48,152	961,690	0 390 %
f Health professions education (from Worksheet 5)			266,324		266,324	0 110 %
g Subsidized health services (from Worksheet 6)			15,174,079	12,495,138	2,678,943	1 090 %
h Research (from Worksheet 7)			10,847		10,847	
i Cash and in-kind contributions to community groups (from Worksheet 8)			151,303		151,303	0 060 %
j **Total** Other Benefits			16,612,995	12,543,290	4,069,107	1 650 %
k **Total.** Add lines 7d and 7j			37,784,334	22,478,946	15,304,791	6 210 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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			25,046	0	25,046	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			16,859	0	16,859	0 010 %
6	Coalition building			3,048	0	3,048	0 %
7	Community health improvement advocacy			22,226	0	22,226	0 030 %
8	Workforce development						
9	Other						
10	**Total**			67,179	0	67,179	0 050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,804,336		
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, and 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	90,598,151
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,630,567
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,967,584
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	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	Yes	

Part IV Management Companies and Joint Ventures

	(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					

Part V Facility Information

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 Medical Center 718 Teaneck Road Teaneck, NJ 07666	X	X					X		

Part VI Supplemental Information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

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 communites served

Not applicable Holy Name is not part of an affiliated health care system in which the Medical Center is under common governance or control

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

NJ

Additional Data

Software ID:
Software Version:
EIN: 22-1487322
Name: Holy Name Medical Center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

OUR COMMUNITY BENEFIT REPORT FOR FY 2009 WAS PREPARED BY OUR OFFICE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COST ACCOUNTING SYSTEM WAS USED TO CALCULATE THE COSTS REPORTED ON LINE 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $263,331,363 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $16,515,261 THIS LEFT A TOTAL EXPENSE OF $246,816,102 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE AMOUNTS REPORTED ON PART III, LINES 5-7 REFLECT ONLY THE AMOUNTS REPORTED ON THE MEDICARE COST REPORT FOR HNMC ADDITIONAL REVENUES AND COSTS RELATED TO THE MEDICARE PROGRAM NOT INCLUDED ON THE COST REPORT ARE DESCRIBED BELOW ADJUSTED REVENUE INCLUDES MEDICARE PASS THROUGH PAYMENTS SUCH AS SCHOOL OF NURSING AND BAD DEBT ADDITIONALLY, RESERVES ARE APPLIED TO THE MEDICARE ADJUSTED REVENUE SUCH AS PRIOR YEAR DSH and RAC RESERVES ON THE COST SIDE, PROFESSIONAL PHYSICIANS FEES (PART B) ARE NOT INCLUDED IN THE MEDICARE COST REPORT IF THESE ADDITIONAL ACTIVITIES WERE REPORTABLE ON SCHEDULE H, IT IS ESTIMATED THAT THE FILING ORGANIZATION'S MEDICARE SURPLUS WOULD BE REDUCED BY $1,365,829, TO $601,755

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Throughout the collection process all uninsured or underinsured patients have the opportunity to complete a Charity Care application If the patient qualifies for a percentage of charity care, the eligible amount is written off and a notification letter is sent to the patient/guarantor The patient has up to one year from the date of service to apply for Charity Care Once the balance has been written down to the correct balance based upon the patient's eligibility for financial assistance, a statement is generated and sent to the guarantor As per our current practice, every effort will be made to contact the patient regarding the balance due Patients are contacted by either phone and/or mail for a period of 120 days Patients are encouraged to pay the balance in full If this is not possible, time payments is an alternative for the patient as well The amount of the time payments will vary based upon the balance due Minimum payments of $25 00 can be set up for a period of not longer than 1 year As long as the patient continues to pay the agreed upon payments, the account will remain with the hospital's billing office If the balance cannot be paid within this time frame due to the large balance, the account will be sent to the collection agency The collection agency will honor the agreed upon time payment schedule As long as the patient honors the time payment schedule, no legal action with be pursued If the patient fails to make regular scheduled payments, the collection agency will follow through their procedures up to an including legal action

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Other Facilities -2 Sleep Labs

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Holy Name Medical Center, Inc (the "Medical Center" or "Holy Name") is a private, 361-licensed-bed, acute care hospital located in Teaneck, New Jersey The Medical Center is a non profit corporation under the laws of the State of New Jersey, and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code of 1986, as amended, and the regulations promulgated thereunder, by virtue of being an organization described in Section 501(c)(3) of the Code The Medical Center was founded by the Congregation of the Sisters of St Joseph of Peace (the "Sisters") in 1925, and in 1958 was incorporated as an independent New Jersey non-profit corporation, sponsored by the Sisters Originally known as "Holy Name Hospital," the name "Holy Name Medical Center" was formally adopted in March 2010 , when the Board of Trustees of Holy Name determined that the term "hospital" was no longer reflective of the significantly broadened scope of clinical capabilities and services achieved since Holy Name's inception The Medical Center's primary mission and goals were developed by the Sisters and espouse the facilitation of physical, spiritual and social well -being regardless of race, creed or economic condition 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, the Medical Center provides high quality health care across a continuum that extends from prevention through treatment and on toward recovery and wellness The Medical Center 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 " Located in close proximity to major road networks, including Interstates 80 and 95 and State Routes 46, 4 and 17, the Medical Center is accessible from communities throughout northeastern New Jersey The Medical Center has traditionally delivered acute care services to Bergen and Hudson county residents Approximately eighty percent (80%) of the Medical Center's 2009 inpatient admissions were patients who reside in Bergen County The Medical Center's specialty services, such as those for multiple sclerosis and hemodialysis, typically draw patients from a larger geographic region The Medical Center is a general acute care community hospital providing a broad spectrum of inpatient, ambulatory care, home care and community services In addition to its general medical, surgical, obstetrical, gynecological, pediatric and psychiatric services, Holy Name offers a wide array of diagnostic and treatment modalities and various specialty services While the Medical Center is licensed for 361 beds and 36 bassinettes, as follows Medical/Surgical, 278 beds, Intensive Care, 19 beds, Obstetrics, 25 beds, Pediatrics, 16 beds, Psychiatry, 23 beds, Normal Newborns, 25 bassinettes, and Special Care Newborns, 6 bassinettes Holy Name operates a large on-campus nursing education program The School of Nursing was established in 1925 and has educated and graduated approximately 3,500 nurses into the profession The School of Nursing is a highly competitive registered nurse diploma program accepting only 60 students annually The continued strong enrollment is attributable in part to the School of Nursing being ranked number one of 1,565 registered nursing programs nationwide in passing the licensure examination The Medical Center is licensed by the NJDHSS and is certified by the Centers for Medicare and Medicaid Services as a participating provider The Medical Center is accredited by The Joint Commission, and is also accredited by The Joint Commission as a Primary Stroke Care Center Other accreditations include the American Cancer Society, the Commission on Cancer Accreditation, the American College of Radiology, the American College of Surgeons, the American Heart Association for its Basic Life Support Program, the Society of Chest Pain Centers as a designated Chest Pain Center, the American Dental Association, the College of American Pathologists, the Laboratory Response Network, the American Association of Cardiac and Pulmonary Rehabilitation, the Medical Society of New Jersey for its medical education program, and by the National League for Nursing for the School of Nursing The Medical Center has program-related affiliations with Mayo Medical Laboratories Holy Name is an affiliate member of the New York-Presbyterian Healthcare System The system consists of thirty-four medical institutions, and provides the Medical Center with access to certain clinical specialists and clinical trials The Medical Center is also an affiliate of the Columbia University

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

College of Physicians and Surgeons Columbia is one of two academic affiliates of the New York-Presbyterian Healthcare System and provides a substantial portion of the system's ac ademic infrastructure Holy Name is recognized for its clinical skill, quality outcomes an d high rate of patient satisfaction by multiple national accreditation agencies and benchm arking organizations Holy Name holds Magnet status for outstanding nursing care from the American Nurses Credentialing Center ("ANCC") The Magnet Recognition Program was develope d by the ANCC to recognize health care organizations that provide nursing excellence, and to provide a vehicle for disseminating successful nursing practices and strategies Approx imately six percent (6%) of hospitals nationwide are Magnet hospitals In March 2010, the Medical Center also received the Beacon Award for Critical Care Excellence for its Telemet ry and Intensive Care units This award from the American Association of Critical-Care Nur ses recognizes nursing excellence in professional practice, patient care and outcomes The Medical Center has been recognized by J D Power and Associates with its Distinguished Ho spital Awards for emergency, inpatient and maternity service excellence, and has received the HealthGrades Distinguished Hospital Award for Clinical Excellence, as well as its Spec ialty Excellence Award for Stroke Care Data Advantage, LLC, which is a health care inform ation company, honored Holy Name with its Best in Value Award for quality, affordability, efficiency, patient safety and overall experience, and the Medical Center is designated as a Community Value Five-Star hospital by Cleaverly & Associates, an independent organizati on that performs nationwide studies to identify those hospitals that provide value to the community in terms of financial viability and plant reinvestment, cost structure, charge s tructure and quality performance Holy Name has been repeatedly praised as an exemplary wo rkplace by Modern Healthcare's 100 Best Places to Work in Healthcare program, where the Me dical Center is ranked fourth in the nation, by NJBIZ (the leading weekly business publica tion in New Jersey), which cites Holy Name as the top hospital and third business overall in its 2010 50 Best Places to Work in New Jersey program, and by Companies That Care, whic h cited Holy Name on its 2010 Honor Roll Companies That Care is a non-profit organization dedicated to encouraging and celebrating businesses that prize their employees and are co mmitted to community service Holy Name utilizes a variety of means by which it identifies and analyzes patient care needs Among them are patient satisfaction data, analysis of d emographics, analysis of utilization and market trends, review of externally published dat a and information, acuity levels (daily planning of staffing), and individual projects/eva luation/reviews The Medical Center also commissions external specialists to conduct surve ys and focus groups of individuals, households, physicians, and others Holy Name also is a member of the Bergen County Community Health Improvement Program ("CHIP"), whose mission is to evaluate and address the health needs of the county The CHIP produces an extensive , very useful, database demonstrating the needs of the county's residents Holy Name is a founding member of the Northern New Jersey Maternal-Child Health Consortium, whose mission is to evaluate and provide care to women and infants in the area Again, a complete needs assessment is performed every three years and is provided to members for their use In ad dition, US Census Bureau data is utilized, as is purchased market data, and databases of a ll hospitalizations throughout both New Jersey and New York, the source of which is billin g data provided to the respective State Departments of Health Such databases provide perh aps the greatest wealth of clinical, demographic, financial and other information, and are extremely valuable in understanding and

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Prior to or during an admission, all patients without insurance are screened for possible assistance from other sources (e g , Medicaid, Veteran Administration, S S I , or Municipal Welfare) If the patient is found to be ineligible for any or all of the aforementioned, the patient will be screened for charity care The education of patients at the Medical Center is provided in-person by knowledgeable medical center personnel at the time of the initial screening, and accompanied by a packet of information which includes all contact information as well Arrangements for follow up are typically made immediately This process applies to all patients, whether admitted, outpatient, or in the emergency department If the patient qualifies for Charity Care, the patient is not billed for services During 2009, the Medical Center's billing and collection policy did not include specific language stating that Charity Care patients are not billed, nevertheless, the correct practice has been followed consistently and the policy was corrected in 2010 Through its Compassionate Care Program, Holy Name further assists uninsured patients who do not qualify for Charity Care and who are ineligible for Medicare, Medicaid or other federal and state insurance programs The purpose of the program is to decrease the financial burden of patients in the community served by the Medical Center If the patient meets certain eligibility requirements for financial assistance as described below, further discounts will be applied to the patient's bill Self-pay patients are eligible for the Compassionate Care Fee Schedule regardless of income Patients whose income levels fall within the published HHS Poverty Guidelines and do not qualify for benefits under the Federal Undocumented Alien Program, NJ State Medicaid Program, or Charity Care program, will be considered for additional discounts These discounts will be provided to patients who meet the required guidelines Patients who qualify for the N J Medical Center Care Assistance Program and whose income falls within the 200%-300% of the Federal Poverty Limits will be eligible for discounts ranging from 20%-100% off of gross billed charges Patients who qualify for this program but have a balance after the discount will be responsible for between 80%-20% of the N J Medicaid Rate Patients who do not qualify for the N J Medical Center Care Assistance Program and whose income fall within 300%-500% of the Federal Poverty Limits will be eligible for a discount based upon Medicare Rates Patients whose income is above 500% of the Federal Poverty Limits will be eligible for the Holy Name Compassionate Care Fee Schedule as stated above

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Located in Teaneck, in the southern portion of Bergen County and approximately five miles to the northwest of New York City, the Medical Center's primary service area comprises 31 municipalities in Bergen County and four municipalities in Hudson County, New Jersey The Medical Center's secondary service area ("SSA") includes 17 municipalities in Bergen County and two municipalities in Hudson County The Medical Center draws 60% of its admissions from its PSA, and 18% from its SSA As the sole Catholic hospital in an area that is estimated at more than 50% Roman Catholic, the Medical Center also draws from towns well beyond both the PSA and SSA The population in the PSA is projected to increase from 424,802 in 2010 to 428,824 in 2015, an increase of almost one percent By far, the largest area of growth is projected to be in the 45-64 age category, with just under ten percent growth projected, followed by the age 65+ group, with 5 5% growth projected for the five year period Smaller net growth is projected in the SSA, where total population is projected to increase by 0 7%, from 332,539 in 2010 to 334,889 in 2015 Again, the greatest increase (8 3%) is projected to be in the 45-64 age category, followed by almost five percent growth projected in persons aged 65 or more The PSA had a median household income of $58,490 and the SSA had a median household income of $71,839, for the year 2010 The unemployment rate averaged 7 9% in 2009 for Bergen County, and 10 7% in 2009 for Hudson County The Medical Center's Service Area is primarily suburban, with many residents working outside Bergen County in places such as New York City However, there are large employers in the Service Area, e g , the hospitals previously mentioned, a large sports chain, a large communications firm, a large pharmaceutical firm, and a large commercial laboratory Residents of the Medical Center's service area are also served by another community hospital and a tertiary care facility with trauma services Holy Name's PSA covers a majority of the towns serviced by the other community hospital, whereas the tertiary care facility's primary service area also includes many towns to the west that are not part of the Medical Center's Service Area Given the number of Service Area residents who work in nearby New York City, it is not surprising that a small portion of these residents also receive their health care in Manhattan While the service area is predominantly non-Hispanic Caucasian, both Hispanics (of any race) and Asian populations (principally Korean) are the fasting growing groups In response, the Medical Center has programs addressing these groups' needs, and physicians and nurses fluent in the applicable languages

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Activities classified as "community building" include use of the Medical Center's facility and/or employees to support efforts that promote the positive growth of the community, that assist diverse groups in coming together for the community's short and long term benefit, and that protect the community from anything that could significantly affect the health and well-being of the community The Medical Center 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, Rotary Clubs, police groups, environmental groups, schools, and nursing homes The Medical Center also allows the public to use various meeting rooms (in non-clinical areas) and its auditorium for events Career Days are held for local high schools, fostering entrance of interested and applicable students into the health professions Although the Medical Center's parking fees are minimal, free parking is extended to persons in need The Medical Center is one of nine hospitals in New Jersey designated by the New Jersey Department of Health and Senior Services as a regional Medical Coordination Center ("MCC") The only facility in Bergen County to be so designated, the Medical Center's on-campus MCC is activated in the event of public health emergencies and/or a terrorist attack causing mass casualty incidents, infectious or communicable disease, or other types of public health disruption The MCC also monitors, on a daily basis, situational awareness of local activity To date the MCC has been activated for several State emergencies The State of New Jersey funds a coordinator for the MCC, but all other emergency preparedness activities, which are designed to protect the public and to respond in the event of any public health emergency, are carried out by the Medical Center without financial assistance Given the Medical Center's proximity to New York City (i e , five miles north of the George Washington Bridge), emergency preparedness is necessary to ensure the health and well-being of the community The Medical Center is recognized by State and Federal sectors for emergency preparedness and response Locally, Holy Name's MCC coordinator also serves as the EMS coordinator of the Bergen County Office of Emergency Management and is a member of the Bergen County Terrorism Task Force A frequent participant in local and New York City disaster drills, Holy Name has participated in several large scale disaster drills, as well as drills conducted by the Centers for Disease Control involving local, county, state, and federal agencies' emergency response to threats of public health significance The Medical Center maintains its designation by the Federal Division of Global Migration and Quarantine to deal with possible communicable diseases and acts of bioterrorism occurring on public health conveyances Holy Name is also active in the northern New Jersey Urban Area Security Initiative Numerous members of Holy Name EMS serve on the statewide NJ EMS Task Force The Medical Center maintains a special operations team comprised of paramedics and emergency medical technicians who are ready to respond 24 hours a day, 7 days a week to assist local communities with emergencies

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

The Medical Center promotes the health of its communities in a variety of ways All member s of the Board of Trustees live in Bergen County, New Jersey, where the Medical Center is located, and a majority live in the municipalities of the Medical Center's defined service area The Trustees' understanding of the service area is thus enhanced, as is their under standing of the need to reinvest funds in improvements in patient care, medical education and research As part of its charitable purpose, the Medical Center provides a wide array of services to the community, targeted toward improving the health of the community The m ajority of such services are free A small sampling of such activities is provided below Frequent health fairs throughout the region are given At these fairs risk assessments, sc reenings and literature are provided (many in Spanish and Korean, as well as English) Imm unizations are provided Free and/or very low fee transportation (e g , for cancer treatmen t, dialysis) is available Community health nurses and mobile learning are also provided Staff from various departments throughout the Medical Center visit local schools to provid e health classes Screenings, e g , blood pressure, cancer, stroke, diabetes, prostate can cer, breast cancer, osteoporosis, peripheral artery disease, skin cancer, colon cancer, an d other clinical screening and education are provided, often as part of community programs specific to the particular disease group Senior Centers are supported with free exercise classes, lectures and screenings Support groups are provided, such as cancer, perinatal bereavement, adult bereavement, new mothers, diabetes, smoking, and cardiac disease The M edical Center's ALS bike team, ALS vehicles and/or Special O perations vehicles are present at events occurring in municipalities in the Medical Center's service area without charge Courses (provided either free or for a low fee) are provided throughout the year Exampl es include CPR certification, defensive driving, general and specialty (e g , osteoporosi s) exercise, breastfeeding preparation, stress management, diabetes self-management, baby care basics, weight management, and parenting Classes to promote better health are abunda nt yoga, weight reduction, osteoporosis, proper hand-washing, Tai Chi, cooking for cardia c patients Lectures, often involving the Medical Center's medical staff as presenters, ar e provided, the majority of which are free Men's health, women's health, a mid-life and m enopause lecture series, sleep disorders, allergies, depression, asthma, uterine fibroids, CO PD, stroke, hypertension, mental wellness, cardiac issues, Altzheimers, joint replaceme nt, sleep apnea, cancers, children's health, disaster preparedness, and general health and well-being are among the topics presented The Medical Center's website (www holyname org) provides a wealth of free consumer health information The site includes an on-line medi cal library housing information on diseases and conditions, surgeries and procedures, vita mins and supplements, nutrition, wellness, and a drug reference O n-line risk assessments and quizzes are also available, as is the ability to set up a personal health page Inform ation is also presented in Spanish Holy Name Medical Center's "Ask-A-Nurse" program, whic h provides 24/7 phone access to registered nurses, is provided free of charge Blood drive s are hosted regularly at the Medical Center Many health services are subsidized by the M edical Center, such as its clinics, hospice and hemodialysis programs Each year the Medic al Center contributes to airfare, supplies and other support for Holy Name nurses and doct ors to travel to third world countries to provide medical care, including surgery, to pers ons who otherwise would never receive adequate treatment due to poverty and lack of access The Medical Center operates clinics where services are provided for children with substa nce abuse problems, or whose family members are substance abusers This growing population is offered unlimited counseling and therapy at minimal or no fee The Medical Center oper ates a free standing clinic which provides services to women and children who are homeless , housed in community shelters as victims of domestic abuse, or housed in community transi tional residences The Medical Center also participates in the Women, Infants and Children and Health Start programs, providing nutritional and social services, ancillary services and other programs to participants Inexpensive medically supervised day care for ill chil dren is available to working parents in the community affording them the ability to work e ven when a child is sick Senior or disabled persons requiring medical day care are transp orted free of charge to the Medical Center's adult day care program, reducing the burden o n family caretakers The Medical Center's emergency department ("ED") is open 24 hours a d ay, every day of the year Although the ED general

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

ly 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, and the Medical Center absorbs the additional expense Language interpretation is available for approximately 220 languages at the Medi cal Center through use of a commercial service that provides a live translator 24/7 Holy Name Medical Center has an open medical staff with privileges available to all qualified p hysicians in the area The Medical Center has intentionally sought out physicians fluent i n Spanish and who care for Hispanic populations, and provides free transportation for such populations (as well as others) unable to 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 faste st growing sectors in the county The Institute for Clinical Research at Holy Name Medical Center provides exceptional investigators, facilities, and services for sponsoring agenci es 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 institut ion that has received many honors of distinction for its clinical excellence and compassio nate patient care, Holy Name is well-suited to participate in the quest for scientific bre akthroughs The Medical Center'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 Since its incep tion, Holy Name Medical Center has been actively involved in health professions education, training, educating and mentoring health care professionals The Medical Center'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 Program is a highly competitive reg istered nurse diploma program, and is accredited with the New Jersey Board of Nursing and the National League for Nursing Accrediting Commission In 1972 the School expanded to inc lude a Practical Nurse Program as well, which is a 12-month practical nurse diploma progra m also accredited with the New Jersey Board of Nursing Both programs continue to supply t he region with highly skilled nurses of many ethnicities and age groups In addition to it s own nursing school, the Medical Center provides, free of charge, both a training ground and mentoring for students from various health academic programs of several colleges and u niversities A variety of "externships" are also offered without charge Career days are a lso held on campus, and the Medical Center participates in health career days throughout t he various schools and communities The Medical Center has a number of academic relationsh ips through which it serves as an educational environment for students Affiliation agreem ents are maintained with several colleges and universities for nursing students, and for r adiology, nuclear medicine, ultrasound, respiratory, and surgical technicians Trainees fr om a university are predominantly doctor of pharmacy students who are completing rotations in acute critical care, infectious disease, oncology, nephrology, and administration Com munity health students rotate through the Medical Center as well Physical and/or O ccupati onal Therapy students from with ten colleges in New Jersey and other states complete clini cal rotations at the Medical Center, Holy Name employees serve as supervisors and clinical instructors for these students Undergraduate, nurse practitioner and nursing doctoral st udents from yet another university compl

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
22-1487322

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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 only must complete lines 5-9.			
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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) Retirement and other 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)	746,572	300,000	8,916	16,500	14,241	1,086,229	0
	(ii)	0	0	0	0	0	0	0
Gregory M Adams8-14-09	(i)	411,868	25,000	12,126	0	14,241	463,235	0
	(ii)	0	0	0	0	0	0	0
Sheryl Slonim	(i)	333,633	100,000	8,145	16,500	14,241	472,519	0
	(ii)	0	0	0	0	0	0	0
Paul C Mendelowitz MD	(i)	431,039	0	3,652	16,500	11,414	462,605	0
	(ii)	0	0	0	0	0	0	0
Wayne Kinder	(i)	256,542	100,000	12,510	0	14,241	383,293	0
	(ii)	0	0	0	0	0	0	0
Kevin McCarthy	(i)	0	0	0	0	0	0	0
	(ii)	241,622	500	18,571	0	6,826	267,519	0
Jane Fielding-Ellis	(i)	216,457	30,000	9,569	0	13,136	269,162	0
	(ii)	0	0	0	0	0	0	0
Carol Dinsmore	(i)	210,859	0	3,836	0	6,649	221,344	0
	(ii)	0	0	0	0	0	0	0
Catherine Yaxley-Schmidt	(i)	198,468	0	8,084	0	12,658	219,210	0
	(ii)	0	0	0	0	0	0	0
Margaret Galvin	(i)	179,259	0	8,787	0	11,693	199,739	0
	(ii)	0	0	0	0	0	0	0
Craig Hersh MD	(i)	266,905	500	1,365	0	14,241	283,011	0
	(ii)	0	0	0	0	0	0	0
Sharad Wagle MD	(i)	258,272	0	1,633	0	14,241	274,146	0
	(ii)	0	0	0	0	0	0	0
Allan J Caggiano	(i)	209,547	150	286	0	12,942	222,925	0
	(ii)	0	0	0	0	0	0	0
Kyung Hee Choi	(i)	193,760	500	3,829	0	12,192	210,281	0
	(ii)	0	0	0	0	0	0	0
Michael Skvarenina	(i)	171,024	20,500	1,114	0	8,887	201,525	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Schedule J, Part I, Line 1a	Kevin McCarthy was provided a residence for personal use valued at $11,500, which was included in his reportable compensation and reported on Form W-2
Supplemental Compensation Information	Schedule J, Part I, Line 4a	Gregory M Adams was paid a severance payment of $139,888 Paul Mendelowitz was paid a severance payment of $80,769
Supplemental Compensation Information	Schedule J, Part I, Line 7	Discretionary bonuses are determined and requested by the Direct Supervisor based on at least one of the following criteria (1) Achievement of an established goal within a particular period, e g , Special Projects, Nursing Professional Excellence program (Clinical Ladder) (2) Job performance evaluation - exceeding expectations (3) Extraordinary accomplishments, e g , Large cost saving measures Once at least one of the above criteria is met, the amount of bonus is determined, then submitted to the next level of supervision and approved by Human Resources and/or the CEO Bonus checks are issued by the Payroll department

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
22-1487322

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	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	64579FXP3	11-13-2008	30,255,000	REFINANCE SEE SCHEDULE O		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FJT1	11-22-2006	7,000,000	ACQUIRE LEASEHOLD SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	64,927,830	30,426,808	7,039,950		
2	Gross proceeds in reserve funds	5,740,051	0	0		
3	Proceeds in refunding or defeasance escrows	0	0	0		
4	Other unspent proceeds	146,404	4,614	136		
5	Issuance costs from proceeds	1,014,001	490,396	147,603		
6	Working capital expenditures from proceeds	0	0	0		
7	Capital expenditures from proceeds	48,001,816	0	6,892,211		
8	Year of substantial completion	2009	2008	2006		

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

Part III Private Business Use

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

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?	X		X			X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X			X				
3c	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?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 600 %		0 600 %		0 600 %					
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 ▶	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 600 %		0 600 %		0 600 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		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?		X		X		X				
2	Is the bond issue a variable rate issue?		X		X	X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X			X				
b	Name of provider	BANK OF AMERICA		BANK OF AMERICA							
c	Term of hedge	13		13							
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

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Holy Name Medical Center

Employer identification number
22-1487322

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) 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.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
GramkowCarnevaleSiefertCoT Car	Mem Brd / Gramkow - CEO	42,719	Consulting/CPA Service HP Svcs		No
J Fletcher Creamer Son Dale Cre	Mem Brd / J Flet - VP	37,546	Construction		No
North Jersey Comm Bank Joseph Pari	Mem Brd / NJ Bnk - Mem Bd	41,184	Mort Pmts paid to Bank by HNH		No
North Jersey Comm Bank Joseph Pari	Mem Brd / NJ Bnk - Mem Bd	13,600	MC Gft Crds paid to Bnk Re Est		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Holy Name Medical Center

Employer identification number
22-1487322

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		Reason for Filing Amended Form 990 Schedule H Part I, Line 7, was adjusted to provide more accurate information regarding Subsidized Health Services based on the organization's cost accounting system and to correct the calculation for Column (F) to reduce the denominator by Bad Debt Expense Part II, Column (E) Net Community Building Expense, was adjusted to reflect more accurate amounts based on the organization's cost accounting system Part VI was revised to provide additional information for Line 1 Attach Form 926, Return by a US Transferor of property to a foreign corporation and Form 8865, Return of US Persons with Respect to Certain Foreign Partnerships The information for the foreign investments purchased during 2009 was properly reported on Form 990, Schedule F, as originally filed Due to an unintentional oversight, the Schedule K-1 for the investment was not provided to EY and the Forms 926 and 8865 were not filed with the original return This was an inadvertent, unintentional oversight and there was no intent to not report the information from this foreign organization as evidenced by the fact that all the required information about this foreign organization was accurately, correctly and completely reported on Schedule F in the original 990 As soon as it was determined that the Forms 926 and 8865 had not been filed, they were completed and the Form 990 was amended to include the Forms 926 and 8865 For m 990 - Part VI - Line 4 Description of Significant Changes to Organizing or Enabling Document The Hospital has changed its name to Holy Name Medical Center The Medical Center is now the sole member of Holy Name Health Care Foundation Form 990 - Part VI - Line 6 Description of Classes of Members or Stockholders The sole member of the Medical Center 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 Description of Classes of Persons and the Nature of Their Rights The Sisters of St Joseph of Peace Health Care System Corporation appoints members of the Medical Center's governing body Form 990 - Part VI - Line 7 b Classes of Persons, Decisions Requiring Appr & Type of Voting Rights The Sisters of St Joseph of Peace Health Care System Corporation, the sole corporate member of Holy Name Medical Center 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 Medical Center of any corporation or other legal entity, b) The Medical Center's affiliation with or participation in, any joint venture or joint enterprise, c) the management, acquisition or sponsorship by the Medical Center of any other institution, corporation, organization, facility or entity, d) the sale, acquisition, exchange, transfer, conveyance or other disposition by the Medical Center of any real property or interest therein owned by the Medical Center, e) the lease, mortgaging or other encumbering of any real property owned by the Medical Center, 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 11A The Process used by Management &/or Governing Body to Review 990 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 VP of Finance and the CFO review the Form 990 Any questions they have are resolved and corrections made before our tax preparer presents the 990 to the Board at a meeting in October The Board will be furnished with copies of the final 990 prior to submission to the Internal Revenue Service Form 990 - Part VI - Line 12c Description of Process to Monitor Transactions for Conflicts of Interest 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 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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		Any person w ith a conflict regarding a particular transaction may provide information abo ut the proposed transaction, but then must leave the room during the discussion and vote r egarding the transaction Conflicts that are discovered after the transaction has occurred are handled on a case by case basis, depending on the specific situation w ith the assista nce and advice of legal counsel Form 990 - Part VI - Line 15a Offices & Positions for Whi ch Process w as Used, & Year Process w as Begun The Compensation Committee of the Board revi ew s 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 autho rize any changes (e g , increase, bonus, deferral) in executive compensation Compensation recommendations are submitted to the committee by the CEO Recommendations are w eighed ag ainst goals and accomplishments for each executive along w ith salary survey data (e g , AH HRA 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 w as last undertaken for the year ended 2009 for the CEO The Compensation Committee is compris ed solely of independent members of the governing body The CEO is not present during the discussion and approval of his ow n compensation Contemporaneous minutes, including the co mparative data used to determine reasonableness, w ere kept regarding the deliberation and approval of the compensation of the CEO Form 990 - Part VI - Line 15b Offices & Positions for Which Process w as Used, & Year Process w as Begun The Compensation Committee of the Bo ard review s and approves the compensation of all Senior Vice Presidents and Vice President s ("vice presidents") of the organization To ensure equitableness of executive compensati on, the committee meets annually to authorize any changes (e g , increase, bonus, deferral) in executive compensation Compensation recommendations for the vice presidents are subm itted to the Compensation Committee by the CEO Recommendations are w eighed against goals and accomplishments for each vice president along w ith 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 w as last un dertaken for the year ended 2009 for each vice president The Compensation Committee is co mprised 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 organizat ion The CEO is the only member of the Compensation Committee w ho is not independent Cont emporaneous minutes, including the comparative data used to determine reasonableness, w ere kept regarding the deliberation and approval of the compensation of the vice presidents o f the organization Form 990 - Part VI - Line 19 Avail of Gov Docs, Conflict of Interest P olicy, & Fin Stmts to Gen Public The organization's governing documents, conflict of inter est policy and financial statements are made available w ithin reasonable time upon receipt of a w ritten request

Identifier	Return Reference	Explanation
Form 990 - Part VII		Holy Name Health Care Foundation Officer Hours Michael Maron 1 0 Daniel Leber 1 0 Edwin Ruzinsky 1 0 Joseph Parisi, Jr 1 0 Gregory M Adams 1 0 Joseph M Lemaire 1 0 Robert Rigolosi 1 0 Kevin McCarthy 40 0 Holy Name Hospital Real Estate Officer Hours Michael Maron 1 0 Dale Creamer 1 0 Lawrence Laikin 1 0 Wayne Kinder 1 0 Gregory M Adams 1 0 Joseph M Lemaire 1 0 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
Holy Name Medical Center

Employer identification number
22-1487322

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

(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 718 TEANECK ROAD TEANECK, NJ 07666 59-3836367	FITNESS	NJ	1,948,670	7,314,721	
MS COMPREHENSIVE CARE CENTER 718 TEANECK ROAD TEANECK, NJ 07666 22-2402959	HLTH CARE	NJ	758,955	262,347	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666 22-2737143	FUNDRAISING	NJ	501(C)(3)	11 TYPE 2	
HOLY NAME REAL ESTATE CORP 718 TEANECK ROAD TEANECK, NJ 07666 22-3412504	PROPERTY CO	NJ	501(C)(2)		
SISTERS OF ST JOSEPH OF PEACE 718 TEANECK ROAD TEANECK, NJ 07666 22-3412084	RELIGIOUS ORD	NJ	501(C)(3)	1	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate 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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 22-1487322
Name: Holy Name Medical Center

Form 990, Schedule R, 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 PARTNER SERVICES CORP 718 TEANECK ROAD TEANECK, NJ07666 22-3618636	MANAGEMENT SERVS	NJ	NA	C CORP	15,000	226,122	100 000 %
PEACE HEALTH PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 22-3618634	HEALTH CARE	NJ	NA	C CORP	4,073,803	847,018	100 000 %
HOUSE PHYSICIAN PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 22-3808427	HEALTH CARE	NJ	NA	C CORP	1,305,325	94,753	100 000 %
HEMATOLOGYONCOLOGY PHYSICIANS 718 TEANECK ROAD TEANECK, NJ07666 22-3808421	HEALTH CARE	NJ	NA	C CORP	1,057,204	164,465	100 000 %
RIVERSIDE FAMILY CARE 718 TEANECK ROAD TEANECK, NJ07666 20-0446233	HEALTH CARE	NJ	NA	C CORP	320,856	125,545	100 000 %
RADIATION ONCOLOGY PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 20-1104758	HEALTH CARE	NJ	NA	C CORP	764,237	81,902	100 000 %
EXCELCARE MEDICAL ASSOCIATES 718 TEANECK ROAD TEANECK, NJ07666 20-3130405	HEALTH CARE	NJ	NA	C CORP	682,355	1,465,171	100 000 %
BREAST IMAGING PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 75-3226059	HEALTH CARE	NJ	NA	C CORP	1,118,201	36,791	100 000 %
IMA OF BERGEN COUNTY 718 TEANECK ROAD TEANECK, NJ07666 75-3226063	HEALTH CARE	NJ	NA	C CORP	244,251	105,639	100 000 %
BREAST CARE PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 11-3787403	HEALTH CARE	NJ	NA	C CORP	152,600	12,439	100 000 %
WOMEN'S HEALTH PARTNERS PC 718 TEANECK ROAD TEANECK, NJ07666 83-0511119	HEALTH CARE	NJ	NA	C CORP	838,623	633,563	100 000 %
WOMEN'S CLINIC PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 36-4635222	HEALTH CARE	NJ	NA	C CORP	214,037	29,151	100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	HOLY NAME REAL ESTATE	O	113,210
(2)	HOLY NAME REAL ESTATE	J	577,594
(3)	HOLY NAME REAL ESTATE	L	60,073
(4)	HOLY NAME REAL ESTATE	d	2,922,501
(5)	HEALTH PARTNER SERVICES	B	150,000
(6)	HEALTH PARTNER SERVICES	L	218,000
(7)	HEALTH PARTNER SERVICES	O	113,836
(8)	PEACE HEALTH PARTNERS	B	765,302
(9)	PEACE HEALTH PARTNERS	L	178,407
(10)	HOUSE PHYSICIANS PARTNERS	O	163,261
(11)	HOUSE PHYSICIANS PARTNERS	B	181,193
(12)	HEMATOLOGY ONCOLOGY PARTNERS	P	354,262
(13)	HEMATOLOGY ONCOLOGY PARTNERS	O	78,528
(14)	RIVERSIDE FAMILY CARE	O	285,369
(15)	RIVERSIDE FAMILY CARE	B	379,392
(16)	RADIATION ONCOLOGY PARTNERS	B	504,290
(17)	RADIATION ONCOLOGY PARTNERS	O	192,432
(18)	EXCELCARE MEDICAL ASSOCIATES	B	1,336,866
(19)	EXCELCARE MEDICAL ASSOCIATES	Q	1,898,120
(20)	EXCELCARE MEDICAL ASSOCIATES	O	259,103
(21)	Breast Imaging Partners	B	780,429
(22)	Breast Imaging Partners	O	380,630
(23)	Breast Imaging Partners	L	60,327
(24)	IMA of Bergen County	O	412,331
(25)	IMA of Bergen County	B	626,872
(26)	Breast Care Partners	O	344,343
(27)	Breast Care Partners	B	612,352
(28)	Women's Health Partners PC	O	1,230,010
(29)	Women's Health Partners PC	L	91,212
(30)	Women's Health Partners PC	B	1,011,245
(31)	Women's Clinic Partners	O	59,166
(32)	Women's Clinic Partners	L	57,808
(33)	Holy Name Health Care Foundation	O	623,564
(34)	Holy Name Health Care Foundation	P	552,734

Additional Data

Software ID:
Software Version:
EIN: 22-1487322
Name: Holy Name Medical Center

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

(A) Name and Title	(B) Average hours per week	(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			
Michael Maron President and CEO	40.0	X		X				1,055,488	0	30,741
David Butler MD Chairman	1.0	X						0	0	0
Arnold Balsam Vice-Chairman	1.0	X						0	0	0
Edwin H Ruzinsky Treasurer	1.0	X						0	0	0
Sister Barbara Moran CSJP Secretary	1.0	X						0	0	0
Dale A Creamer Board Member	1.0	X						0	0	0
Daniel Leber Board Member	1.0	X						0	0	0
Howard Brown Board Member	1.0	X						0	0	0
John M Geraghty Board Member	1.0	X						0	0	0
Joseph Frascino MD Board Member	1.0	X						0	0	0
Joseph Parisi Jr Board Member	1.0	X						0	0	0
Lawrence Laikin Board Member	1.0	X						0	0	0
Leon Temiz Board Member	1.0	X						0	0	0
Robert Rigolosi MD Board Member	1.0	X						122,169	0	0
Salvatore Laraia MD Board Member	1.0	X						0	0	0
Sister Ann Rutan CSJP Board Member	1.0	X						0	0	0
Sister Ann Taylor CSJP Board Member	1.0	X						0	0	0
Sister Antoinette Moore CSJP Board Member	1.0	X						0	0	0
Ted A Carnevale CPA Board Member	1.0	X						0	0	0
Thomas Birch MD Board Member	20.0	X						122,948	0	0
Gregory M Adams8-14-09 Asst Secretary/Assist Treasur	40.0			X				448,994	0	14,241
Joseph M Lemaire 11-16-09 Exec VP/CFO	40.0			X				86,896	0	0
Sheryl Slonim VP-Patient Care Services	40.0				X			441,778	0	30,741
Paul C Mendelowitz MD Sr VP-Medical Staff	40.0				X			434,691	0	27,914
Wayne Kinder Vice President-Facilities	40.0				X			369,052	0	14,241

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

(A) Name and Title	(B) Average hours per week	(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			
Kevin McCarthy VP of Development	40.0				X			0	260,693	6,826
Jane Fielding-Ellis VP Marketing & PR	40.0				X			256,026	0	13,136
Carol Dinsmore VP-Quality Improvement	40.0				X			214,695	0	6,649
Catherine Yaxley-Schmidt VP-Planning & Gov't Affairs	40.0				X			206,552	0	12,658
Margaret Galvin Vice President-Legal	40.0				X			188,046	0	11,693
Craig Hersh MD Assist VP-Medical Management	40.0					X		268,770	0	14,241
Sharad Wagle MD Medical Director	40.0					X		259,905	0	14,241
Allan J Caggiano Physicist	40.0					X		209,983	0	12,942
Kyung Hee Choi Director-Korean Medical	40.0					X		198,089	0	12,192
Michael Skvarenina Assistant Vice President-IS	40.0					X		192,638	0	8,887