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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)

OMB No 1545-0047

2009

Open to Public Inspection

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

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
 HUNTERDON MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2100 WESCOTT DRIVE

City or town, state or country, and ZIP + 4
 FLEMINGTON, NJ 08822

D Employer identification number
 22-1537688

E Telephone number
 (908) 708-6153

G Gross receipts \$ 266,857,243

F Name and address of principal officer
 ROBERT P WISE
 2100 WESCOTT DRIVE
 FLEMINGTON, NJ 08822

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

I Tax-exempt status 501(c) (3) (Insert no) 4947(a)(1) or 527

J Website: www.hunterdonhealthcare.org

K Form of organization Corporation Trust Association Other **L** Year of formation 1948 **M** State of legal domicile NJ

Part I Summary

| | | | |
|--|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities Organization provides to the maximum extent possible comprehensive quality health care services which are required by the community and appropriate to the Medical Center organization | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 2,513 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 480 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 534,533 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -15,171 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 6,101,451 | 6,685,687 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 195,268,193 | 214,057,892 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,702,780 | 1,842,915 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,369,732 | 6,506,057 |
| | | 209,442,156 | 229,092,551 |
| Expenses | 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) | 132,441,029 | 137,694,108 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 0 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 79,048,155 | 81,871,234 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 211,489,184 | 219,565,342 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | -2,047,028 | 9,527,209 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 222,583,016 | 248,905,530 |
| | 21 Total liabilities (Part X, line 26) | 117,538,305 | 113,744,634 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 105,044,711 | 135,160,896 | |

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: 2010-11-15

DANIEL J DEETS VP FINANCE & CFO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: KPMG LLP Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 345 Park Avenue, New York, NY 101540102

Preparer's identifying number (see instructions): _____ EIN: _____ Phone no: (212) 758-9700

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

The mission of Hunterdon Medical Center is to provide to the maximum extent possible comprehensive quality health care services which are required by the people of Hunterdon County and surrounding areas and appropriate to the Medical Center organization. The Medical Center will assume an appropriate role in the education of physicians and other health care professionals. Care and treatment will be equally accessible to all persons. Hunterdon Medical Center is a 178-bed non profit community hospital, providing a full range of preventive, diagnostic and therapeutic inpatient and outpatient hospital and community health services. The Hunterdon regional cancer center, an affiliate of fox chase cancer center, features comprehensive medical and radiation oncology services, early detection and screening programs, nutritional support, genetic counseling, psychosocial support, clinical research and education and support programs. The Hunterdon Regional Breast Care Program offers education, scree

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 \$ 15,703,120 including grants of \$) (Revenue \$ 18,267,129)
The medical/surgical units ensure that a quality health care services are provided to all patients during their stay at the Medical Center

4b (Code) (Expenses \$ 13,540,989 including grants of \$) (Revenue \$ 32,976,166)
Our radiology department offers services in specialized areas such as ct scanning, ultrasound, nuclear medicine, cardiac and radiological intervention, diagnostics and digital mammography using state of the art equipment for the convenience of our patients and their family

4c (Code) (Expenses \$ 8,732,864 including grants of \$ 2,779,379) (Revenue \$ 5,933,685)
Hunterdon behavioral health offers a broad spectrum of counseling and therapy programs, and is the principal provider of mental health services in the community

4d Other program services (Describe in Schedule O)
(Expenses \$ 152,166,613 including grants of \$) (Revenue \$ 172,345,149)

4e **Total program service expenses** \$ 190,143,586

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i> | | No |
| 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? <i>If "Yes," complete Schedule C, Part III.</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I.</i> | | 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? <i>If "Yes," complete Schedule D, Part II.</i> | Yes | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | 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? <i>If "Yes," complete Schedule D, Part IV.</i> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | |
| | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | 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? <i>If "Yes," complete Schedule F, Part I.</i> | | No |
| 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? <i>If "Yes," complete Schedule F, Part II.</i> | | 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? <i>If "Yes," complete Schedule F, Part III.</i> | | 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? <i>If "Yes," complete Schedule G, Part I.</i> | | 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? <i>If "Yes," complete Schedule G, Part II.</i> | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | Yes | |
| 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | Yes | |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | | |
| | 1a 256 | | |
| 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? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 2,513 | | |
| 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) | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | Yes | |
| 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)? | | 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? | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 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? | | |
| 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? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 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? | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (17); 1b Enter the number of voting members that are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (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 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NJ); 18 Section 6104 requires an organization to make its 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 (checked); 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: DANIEL J DEETS, 2100 WESCOTT DR, FLEMINGTON, NJ 08822, (908) 788-6153.

| | | | |
|-----------------|-----------|-----------|-----------|
| 1b Total | 4,576,928 | 1,093,947 | 1,310,621 |
|-----------------|-----------|-----------|-----------|

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 **143**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|--|--------------------------------|---------------------|
| Hunterdon Cardiovascular 1100 Wescott Drive FLEMINGTON, NJ 08822 | MEDICAL | 1,533,177 |
| Damon G Douglas Co 245 Birchwood Avenue CRANFORD, NJ 07016 | CONSTRUCTION COMPANY | 712,838 |
| Princeton Radiology Associates 3674 Route 27 Dept A KENDALL PARK, NJ 08824 | MEDICAL | 336,249 |
| Hunterdon Imaging PA PO BOX 5388 CLINTON, NJ 08809 | MEDICAL | 331,302 |
| McCarter English LLP 4 Gateway Center 100 Mulberry St NEWARK, NJ 07102 | LEGAL | 241,487 |

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 **11**

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 | | | | | |
| | d | Related organizations 1d | 1,117,822 | | | | |
| | e | Government grants (contributions) 1e | 5,294,303 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 273,562 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f | | 6,685,687 | | | |
| Program Service Revenue | 2a | NET PATIENT SERVICE REVENUE | 621,110 | 171,009,644 | 171,009,644 | | |
| | b | CHARITY CARE SUBSIDIES | 621,300 | 1,826,485 | 1,826,485 | | |
| | c | MEDICARE/MEDICAID PAYMENTS | | | | | |
| | d | SUBSIDIES | 621,300 | 41,221,763 | 41,221,763 | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 214,057,892 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,700,003 | | 1,700,003 |
| 4 | | Income from investment of tax-exempt bond proceeds | | 31,232 | | 31,232 | |
| 5 | | Royalties | | 0 | | | |
| 6a | | Gross Rents | (i) Real | 849,309 | | | |
| | | | (ii) Personal | | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | 849,309 | | | | |
| d | | Net rental income or (loss) | | 849,309 | | 849,309 | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | 25,103,596 | | | |
| | | | (ii) Other | | 12,772,776 | | |
| | | | Less cost or other basis and sales expenses | 24,786,811 | | 12,977,881 | |
| | | | Gain or (loss) | 316,785 | | -205,105 | |
| d | | Net gain or (loss) | | 111,680 | | 111,680 | |
| 8a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from fundraising events | | 0 | | | | |
| 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 | HEALTH & WELLNESS CENTER | 624,100 | 3,023,408 | 3,010,310 | 13,098 | | |
| b | CHILD CARE | 624,410 | 517,137 | | 169,833 | 347,304 | |
| c | MIDJERSEY MANAGEMENT FEES | 561,000 | 351,602 | | 351,602 | | |
| d | All other revenue | | 1,764,601 | 793,087 | | 971,514 | |
| e | Total. Add lines 11a-11d | | 5,656,748 | | | | |
| 12 | Total revenue. See Instructions | | 229,092,551 | 217,861,289 | 534,533 | 4,011,042 | |

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 | 2,073,123 | 176,456 | 1,896,667 | |
| 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 | 101,801,597 | 91,621,437 | 10,180,160 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 10,799,853 | 9,719,868 | 1,079,985 | |
| 9 | Other employee benefits | 13,481,549 | 12,133,394 | 1,348,155 | |
| 10 | Payroll taxes | 9,537,986 | 8,584,187 | 953,799 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 1,083,522 | | 1,083,522 | |
| b | Legal | 595,257 | | 595,257 | |
| c | Accounting | 146,955 | | 146,955 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 10,908,714 | 8,951,653 | 1,957,061 | |
| 12 | Advertising and promotion | 619,027 | 495,222 | 123,805 | |
| 13 | Office expenses | 23,025,196 | 18,420,157 | 4,605,039 | |
| 14 | Information technology | 2,074,144 | 1,555,608 | 518,536 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 8,713,141 | 6,810,996 | 1,902,145 | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 2,652,922 | 2,652,922 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 9,936,177 | 9,936,177 | | |
| 23 | Insurance | 4,756,039 | 3,567,029 | 1,189,010 | |
| 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 | BAD DEBT | 7,455,387 | 7,455,387 | | |
| b | OTHER SUPPLIES | 5,468,624 | 4,101,468 | 1,367,156 | |
| c | MEDICAL & SURGICAL | 2,527,020 | 2,527,020 | | |
| d | FOOD | 883,267 | 662,450 | 220,817 | |
| e | OTHER EQUIPMENT & CONTRACTS | 970,369 | 727,777 | 242,592 | |
| f | All other expenses | 55,473 | 44,378 | 11,095 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24f | 219,565,342 | 190,143,586 | 29,421,756 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> 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) | | (B) |
|--|--|-------------------|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 10,652 | 1 | 9,068 |
| | 2 Savings and temporary cash investments | 33,573,501 | 2 | 41,385,364 |
| | 3 Pledges and grants receivable, net | 1,615,902 | 3 | 695,521 |
| | 4 Accounts receivable, net | 23,680,065 | 4 | 27,359,779 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 376,118 | 5 | 281,465 |
| | 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 | 961,125 | 8 | 919,267 |
| | 9 Prepaid expenses and deferred charges | 2,689,561 | 9 | 2,631,881 |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 230,581,426 | | |
| | b Less accumulated depreciation | 125,527,121 | 103,353,923 | 105,054,305 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 56,322,169 | 15 | 70,568,880 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 222,583,016 | 16 | 248,905,530 | |
| Liabilities | 17 Accounts payable and accrued expenses | 13,197,645 | 17 | 16,856,533 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 48,211,451 | 20 | 52,605,787 |
| | 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 56,129,209 | 25 | 44,282,314 |
| | 26 Total liabilities. Add lines 17 through 25 | 117,538,305 | 26 | 113,744,634 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 86,176,195 | 27 | 114,730,512 |
| | 28 Temporarily restricted net assets | 6,937,408 | 28 | 6,920,650 |
| | 29 Permanently restricted net assets | 11,931,108 | 29 | 13,509,734 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | 105,044,711 | 33 | 135,160,896 | |
| 34 Total liabilities and net assets/fund balances | 222,583,016 | 34 | 248,905,530 | |

Part XI Financial Statements and Reporting

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? . . .

b Were the organization's financial statements audited by an independent accountant?

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

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?

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 . . .

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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?
 (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?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

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

Additional Data

Software ID:
Software Version:
EIN: 22-1537688
Name: HUNTERDON 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 | | | |
| ELLEN LOCKER VICE CHAIRMAN | 1 0 | X | | | | | | 0 | 0 | 0 |
| PATRICK COLLALTO MD TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JERROLD S GERTZMAN MD TRUSTEE and PHYSICIAN | 40 0 | X | | | | | | 176,456 | 0 | 48,298 |
| BARRY GOODMAN Esq TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JAMES H GRIFFITH TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| CAROL HARDING SECRETARY | 1 0 | X | | | | | | 0 | 0 | 0 |
| JAMES LYNCH TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| GREGORY C WATTS Esq TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| ROBERT CODY MD TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| RENEE SELMAN TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| GLEN TONNESSEN MD TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| LAWRENCE N GRAND EXECUTIVE VP and COO | 36 32 | X | | X | | | | 261,368 | 22,728 | 71,494 |
| ROBERT PICKOFF MD CHIEF MEDICAL OFFICER | 17 38 | X | | X | | | | 133,686 | 173,639 | 68,205 |
| ROBERT P WISE PRESIDENT & CEO | 10 74 | X | | X | | | | 138,709 | 375,028 | 264,036 |
| DANIEL J DEETS TREASURER | 8 55 | X | | X | | | | 68,069 | 250,012 | 66,456 |
| LINDA RUSCH RN VP PATIENT CARE through 9/5/09 | 40 0 | X | | X | | | | 173,746 | 0 | 28,423 |
| WILLIAM ATWATER CHAIRMAN | 1 0 | X | | | | | | 0 | 0 | 0 |
| PATRICIA STEINGALL VP PATIENT CARE | 40 0 | | | X | | | | 135,456 | 0 | 27,282 |
| DONALD PINNER VP MANAGED CARE | 12 73 | | | X | | | | 54,998 | 117,951 | 42,504 |
| NEIL HUDES VP PROFESSIONAL SERVICES | 36 0 | | | X | | | | 207,196 | 23,022 | 68,257 |
| GEORGE ROKSVAAG MD VP MEDICAL MANAGEMENT | 40 0 | | | | X | | | 261,213 | 0 | 60,473 |
| STANLEY KOZAKOWSKI MD DIR-FAMILY MED RESIDENCY PROG | 40 0 | | | | X | | | 260,711 | 0 | 74,174 |
| DEBORAH L HOSKINS DIRECTOR OF FINANCE | 40 0 | | | | X | | | 186,800 | 0 | 51,363 |
| GLEN A MAMARY CHIEF INFORMATION OFFICER | 40 0 | | | | X | | | 140,134 | 0 | 59,759 |
| VIOLET T KOCSIS VP HUMAN RESOURCES | 40 0 | | | | X | | | 135,244 | 0 | 60,430 |

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 | | | |
| MEREDITH G BETZ VP FOUNDATION | 1 0 | | | | X | | | 0 | 131,567 | 47,851 |
| KEITH GOLSTEIN MD PHYSICIAN | 40 0 | | | | | X | | 603,103 | 0 | 53,974 |
| ANTHONY A GRANATO MD PHYSICIAN | 40 0 | | | | | X | | 479,186 | 0 | 57,991 |
| JOSEPH GUGLIOTTA MD PHYSICIAN | 40 0 | | | | | X | | 423,659 | 0 | 52,223 |
| DAVID COHN MD PHYSICIAN | 40 0 | | | | | X | | 383,814 | 0 | 58,185 |
| JEFFREY HARTFORD MD PHYSICIAN | 40 0 | | | | | X | | 353,380 | 0 | 49,243 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-------------------------------|---|--|-------------------------------------|
| BAD DEBT | 7,455,387 | 7,455,387 | | |
| OTHER SUPPLIES | 5,468,624 | 4,101,468 | 1,367,156 | |
| MEDICAL & SURGICAL | 2,527,020 | 2,527,020 | | |
| FOOD | 883,267 | 662,450 | 220,817 | |
| OTHER EQUIPMENT & CONTRACTS | 970,369 | 727,777 | 242,592 | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table: Held at the End of the Year. Rows 2a, 2b, 2c, 2d with values 3, 1 21, 0, 0.

- 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?
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)?
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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? 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 | 13,551,717 | 17,327,673 | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 1,814,442 | -3,224,603 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 142,341 | 551,353 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 15,223,818 | 13,551,717 | | | |

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment 88.740 %
- c** Term endowment 11.260 %

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 | Yes |

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 | | 6,796,849 | | 6,796,849 |
| b Buildings | | 87,858,071 | 28,960,395 | 58,897,676 |
| c Leasehold improvements | | 2,932,330 | 2,004,027 | 928,303 |
| d Equipment | | 122,467,202 | 90,953,562 | 31,513,640 |
| e Other | | 10,526,974 | 3,609,137 | 6,917,837 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 105,054,305 |

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 | 229,092,551 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 219,565,342 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 9,527,209 |
| 4 | Net unrealized gains (losses) on investments | 4 | 5,081,165 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 15,507,811 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 20,588,976 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 30,116,185 |

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 | 249,623,783 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 5,081,165 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 15,450,067 |
| e | Add lines 2a through 2d | 2e | 20,531,232 |
| 3 | Subtract line 2e from line 1 | 3 | 229,092,551 |
| 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 | 229,092,551 |

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 219,565,342 |
| 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 | 219,565,342 |
| 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 | 219,565,342 |

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 |
|--|-----------------------------|--|
| RECONCILIATION OF CHANGE IN NET ASSETS | SCHEDULE D, PART XI, LINE 8 | Change in Value of Derivatives \$ 599,402 Pension Related Changes other than Net Periodic Pension Cost \$ 14,624,087 Change in Value of Beneficial Interest in Trusts \$ 226,578 Change in Value of Beneficial Interest in Hunterdon Medical Center FDN \$ 57,744 ----- TOTAL \$ 15,507,811 ===== |
| RECONCILIATION OF CHANGE IN REVENUE | PART XII, LINE 2D | Change in Value of Derivatives \$ 599,402 Pension Related Changes other than Net Periodic Pension Cost \$ 14,624,087 Change in Value of Beneficial Interest in Trusts \$ 226,578 ---- ----- TOTAL \$ 15,450,067 ===== |
| ENDOWMENT FUNDS | SCHEDULE D, PART V | The Medical Center's endowment consists of eleven funds that have been established by the DONOR and one fund that has been established by the Foundation to support the Medical Center in providing health care services These funds are invested by the Medical Center and Foundation As required by GAAP, net assets associated with endowment funds are classified and reported based upon the existence or absence of donor-imposed restrictions The Foundation distributes to the Medical Center funds from its endowment account when donor-imposed restrictions have been met The Medical Center spends earnings on donor-restricted endowment funds when expenses have been incurred that satisfy the donor-imposed restrictions THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF INCOME AND GROWTH, WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS UNDER THESE POLICIES, APPROVED BY THE ORGANIZATION'S BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE MODERATE TO HIGH RATES OF RETURN WHILE ASSUMING A MODERATE TO LOW LEVEL OF INVESTMENT RISK |
| CONSERVATION EASEMENTS | Form 990, SCH D, Part II | The organization does not report the conservation easement in its revenue and expense statement or balance sheet and the organization's audited financial statements do not contain a footnote regarding the accounting for conservation easements |
| UNCERTAIN TAX POSITION UNDER FIN 48 | FORM 990, SCH D | In 2007, the Company adopted the provisions of FASB issued interpretation No 48, Accounting for Uncertainty in Income Taxes - an interpretation of No 109 (FIN 48), which clarifies the accounting for uncertainty in tax positions FIN 48 requires an entity to recognize the impact of a tax position in its financial statements if that position is more likely than not to be sustained on an audit based on the technical merits of the position The effect of adoption of FIN 48 did not have an impact on the MEDICAL CENTERS financial statements |

Additional Data

Software ID:
Software Version:
EIN: 22-1537688
Name: HUNTERDON MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description | (b) Book value |
|-------------------------------|----------------|
| ASSETS WHOSE USE IS LIMITED - | 1,017,740 |
| FUNDS HELD BY TRUSTEE | 8,409,516 |
| DUE FROM AFFILIATES | 2,987,533 |
| AGENCY FUNDS | 4,331,883 |
| OTHER RECEIVABLES | 1,426,435 |
| OTHER ASSETS | 4,762,251 |
| BOARD DESIGNATED FUNDS | 31,866,664 |
| DONOR RESTRICTED ASSETS | 13,714,584 |
| BENEFICIAL INTEREST IN TRUSTS | 1,839,175 |
| INVESTMENTS - LAND | 213,099 |

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

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 | 1 | 12 | 483,954 | 71,151 | 412,803 | 0.190 % |
| 2 Economic development | | | | | | |
| 3 Community support | 1 | | 374 | | 374 | |
| 4 Environmental improvements | 2 | | 63,843 | | 63,843 | 0.030 % |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | 1 | | 148 | | 148 | |
| 7 Community health improvement advocacy | 1 | | 187 | | 187 | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 6 | 12 | 548,506 | 71,151 | 477,355 | 0.220 % |

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 Healthcare Financial Management Association Statement No. 15? | 1 Yes | |
| 2 Enter the amount of the organization's bad debt expense (at cost) | 2 7,455,388 | |
| 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 0 | |
| 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 48,330,986 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 52,980,706 |
| 7 Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 -4,649,720 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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) |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|--|
| Hunterdon Medical Center 2100 Wescott Drive Flemington, NJ 08822 | X | X | | | | | X | | Acute Hemodialysis Linear Accelerator Cardiac Catheterizat |
| Hunterdon Medical Center 2100 Wescott Drive Flemington, NJ 08822 | X | X | | | | | X | | Sleep Center |

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

The Medical Center also provides medical care without charge or at reduced costs to residents of its community who meet the criteria under state regulation for charity care The Medical Center's definition of charity care includes services provided at no charge or at a reduced charge to patients who are uninsured or undersinsured The medical center maintains records to identify and monitor the level of charity care it provides These records support the amount of charges forgone from services and supplies furnished under its charity care policy Because the medical center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue Such forgone charges amounted to \$24,165,479 and \$22,715,271 in 2009 and 2008 respectively

HMC determines the allowance for doubtful accounts based on historical write-off experience Past due balances are reviewed individually for collectability and are charged off against the allowance after all means of collection have been exhausted

Federally mandated programs that are provided by the organization and, due to the significant resource utilization of the patient population, are operated at a loss should be treated as a community benefit

Patient's qualifications for charity care are verified prior to charging off an account, as it is a patient's coverage under a governmental or private insurance If one of these options is available it is encouraged prior to charge off of the accounts

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

Under the bylaws of Hunterdon Medical Center the hospital has a Needs Committee which analyzes the healthcare services that are considered necessary for the community The committee is comprised of healthcare administration, physicians and community members Our market and public relations department has conducted market research to gauge our community needs and reach our target audience For example targeting the gatekeepers - a mother/wife, age 29 to 60 Research has shown that women in this category control 66% of healthcare spending and make 60-75% of decisions on medical care for their families In addition, Hunterdon medical center works closely with the Hunterdon County Department of Health and has conducted a Behavioral Risk Assessment Survey to measure utilization of services and to determine the overall health of our community Our Partnership for Health programs work in teams to focus on health risks such as diabetes and weight management and to create programs and events for the community to take an active role in changing their behaviors to improve their well being

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

Hospital Assistance forms are distributed at registration when appropriate Self-pay statements contain a message alerting patients to these programs and provides a phone number for them to contact Walkins to our patient accounts office have access to a bilingual financial counselor for further assistance with programs available

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

Hunterdon Medical Center's primary service area is Hunterdon County, but also serves part of Somerset, Warren and Mercer counties The census for Hunterdon County as of 2007 was 129,345 It is part of the NY Metropolitan area and the county seat is Flemington The racial make up of the county is 93.91% Caucasian, 2.25% African American, 1.4% Native American, 1.92% Asian and 2.76% Hispanic/Latino Hunterdon County has been ranked 4th highest income county in the US

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

The two primary activities are subsidized housing for the medical residents of HMC, and our in-house recycling and shredding programs In 2008 we began the pharmaceutical waste recycling program and the mercury reduction program

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.)

Hunterdon Medical Center has furthered its exempt purpose in such programs as 1) Latino Health Initiative focused on low-income immigrants health needs, 2) creation of a Medication Access Program in collaboration with the pharmaceutical industry to distribute free prescription drugs to patients unable to pay, and 3) annual free health screening programs for the entire county for breast cancer, prostate cancer, colon cancer, hearing loss, Alzheimer's Disease pre-natal and diabetes care, among others

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

Hunterdon Medical Center is affiliated with the Fox Chase Cancer Center (FCCC) In a partnership with FCCC, HMC conducts the health promotion programs

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Questions Regarding Compensation

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

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

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

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.

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

4 During the year, did any person listed 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 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?

b Any related organization?

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?

b Any related organization?

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

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

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

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 |
|---|---------------------------------------|--|
| Rotary Club Dues | | Pays dues for Rotary Club for CEO in the amount of \$939. This amount is represented on SCH J, Column (D). |
| Supplemental Nonqualified Retirement Plan | Form 990, Schedule J, Part 1, Line 4B | Robert Wise participated in a supplemental nonqualified retirement plan. The amount of the payment into the plan was \$155,560. The following individuals participated in a nonqualified retirement plan 457(f): Robert Wise \$54,341, Daniel Deets \$22,758, Robert Pickoff \$14,011, Donald Pinner \$13,303, Neil Hudes \$16,949, George Roksvaag MD \$28,308, Stanley Kozakowski \$22,271, Deborah L. Hoskins \$13,717, Glen Mamary \$13,083, Violet Kocsis \$15,037, Meredith G. Betz \$11,666, Linda Rusch \$8,496. |

Software ID:
Software Version:
EIN: 22-1537688
Name: HUNTERDON MEDICAL CENTER

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| JERROLD S GERTZMAN MD | (i) 176,456 (ii) 0 | 0 | 0 | 18,448 0 | 29,850 0 | 224,754 0 | 0 0 |
| LAWRENCE N GRAND | (i) 253,525 (ii) 22,046 | 0 | 7,843 682 | 48,892 4,252 | 16,882 1,468 | 327,142 28,448 | 0 0 |
| ROBERT PICKOFF MD | (i) 129,093 (ii) 167,673 | 0 | 4,593 5,966 | 17,237 22,389 | 12,432 16,147 | 163,355 212,175 | 0 0 |
| PATRICIA STEINGALL | (i) 135,180 (ii) 0 | 0 | 276 0 | 14,133 0 | 13,149 0 | 162,738 0 | 0 0 |
| ROBERT P WISE | (i) 132,665 (ii) 358,686 | 0 | 6,044 16,342 | 63,589 171,927 | 7,700 20,820 | 209,998 567,775 | 0 0 |
| DANIEL J DEETS | (i) 65,301 (ii) 239,844 | 0 | 2,768 10,168 | 10,352 38,021 | 3,870 14,213 | 82,291 302,246 | 0 0 |
| DONALD PINNER | (i) 54,752 (ii) 117,424 | 0 | 246 527 | 9,955 21,349 | 3,562 7,638 | 68,515 146,938 | 0 0 |
| NEIL HUDES | (i) 198,431 (ii) 22,048 | 0 | 8,765 974 | 36,000 4,000 | 25,431 2,826 | 268,627 29,848 | 0 0 |
| KEITH GOLSTEIN MD | (i) 603,103 (ii) 0 | 0 | 0 0 | 25,615 0 | 28,359 0 | 657,077 0 | 0 0 |
| ANTHONY A GRANATO MD | (i) 479,186 (ii) 0 | 0 | 0 0 | 25,615 0 | 32,376 0 | 537,177 0 | 0 0 |
| JOSEPH GUGLIOTTA MD | (i) 423,659 (ii) 0 | 0 | 0 0 | 25,615 0 | 26,608 0 | 475,882 0 | 0 0 |
| DAVID COHN MD | (i) 383,814 (ii) 0 | 0 | 0 0 | 25,615 0 | 32,570 0 | 441,999 0 | 0 0 |
| JEFFREY HARTFORD MD | (i) 353,380 (ii) 0 | 0 | 0 0 | 25,615 0 | 23,628 0 | 402,623 0 | 0 0 |
| GEORGE ROKSVAAG MD | (i) 252,539 (ii) 0 | 0 | 8,674 0 | 53,923 0 | 6,550 0 | 321,686 0 | 0 0 |
| STANLEY KOZAKOWSKI MD | (i) 259,883 (ii) 0 | 0 | 828 0 | 47,886 0 | 26,288 0 | 334,885 0 | 0 0 |
| DEBORAH L HOSKINS | (i) 186,260 (ii) 0 | 0 | 540 0 | 33,247 0 | 18,116 0 | 238,163 0 | 0 0 |
| GLEN A MAMARY | (i) 139,642 (ii) 0 | 0 | 492 0 | 30,217 0 | 29,542 0 | 199,893 0 | 0 0 |
| VIOLET T KOCSIS | (i) 134,823 (ii) 0 | 0 | 421 0 | 29,177 0 | 31,253 0 | 195,674 0 | 0 0 |
| MEREDITH G BETZ | (i) 0 (ii) 130,488 | 0 | 0 1,079 | 0 25,421 | 0 22,430 | 0 179,418 | 0 0 |
| LINDA RUSCH RN | (i) 165,224 (ii) 0 | 0 | 8,521 0 | 20,012 0 | 8,411 0 | 202,169 0 | 0 0 |

**Schedule K
(Form 990)**

OMB No 1545-0047

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).**

2009

▶ **Attach to Form 990. ▶ See separate instructions.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

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 | 64579FZG1 | 12-01-2009 | 12,765,000 | Repay 1990 Bond Series & Purchase | | X | | X |
| B | NJ Health Care Facilities Financing Authority | 22-1987084 | 64579FLL5 | 12-12-2006 | 17,915,132 | Consturction of Clinton Campus | | X | | X |
| C | NJ Health Care Facilities Financing Authority | 22-1987084 | 64579FHC0 | 01-05-2006 | 23,002,609 | IS Equipment & Const Parking Gar | | X | | X |

Part II Proceeds

| | A | B | C | D | E | | | | | |
|--|------------|------------|------------|----|-----|----|-----|----|-----|----|
| 1 Total proceeds of issue | 12,765,000 | 17,915,132 | 23,002,609 | | | | | | | |
| 2 Gross proceeds in reserve funds | 7,521,312 | 2,166,849 | 2,450,115 | | | | | | | |
| 3 Proceeds in refunding or defeasance escrows | | | | | | | | | | |
| 4 Other unspent proceeds | 4,876,284 | 673,709 | 245,118 | | | | | | | |
| 5 Issuance costs from proceeds | 255,300 | 358,303 | 562,217 | | | | | | | |
| 6 Working capital expenditures from proceeds | | | | | | | | | | |
| 7 Capital expenditures from proceeds | 112,104 | 14,716,271 | 19,745,159 | | | | | | | |
| 8 Year of substantial completion | 2008 | 2008 | 2007 | | | | | | | |
| | 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 | | | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | 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 | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 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? | | X | X | | X | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | X | | X | | | | |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?. Rows include James Choi MD and Jeffrey Hartford MD.

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

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
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

| Identifier | Return Reference | Explanation |
|---------------------------------------|---------------------------------------|--|
| CONFLICT OF INTEREST POLICY | PART VI, LINE 12C | A conflict of interest disclosure statement is obtained annually from all trustees, senior staff, and other key employees who are currently serving the organization. A report summarizing the disclosure statement responses is provided to the board of trustees annually. It is the organization's policy that in the event of a conflict we do the following: if there is a conflict relevant to a matter requiring action by the board of trustees, the interested person shall call it to the attention of the board of trustees, and the trustee concerned shall not vote on the matter. Moreover, the person having a conflict shall retire from the room in which the board is meeting and shall not participate in the deliberation or decision regarding the matter under consideration. When there is doubt as to whether a conflict of interest exists, the matter shall be resolved by vote of the board of trustees or a committee thereof, excluding from the room and the vote the person whose situation will be discussed. When a conflict of interest arises for any staff member except the president, that staff member shall report it to the president in writing. A conflict of interest relating to the president shall be reported in writing to the chairman of the board. |
| Form 990 Review | Form 990, Part VI, Section B, Line 11 | The Organization provides the financial information for preparation of its Form 990 to its independent tax preparers. After the Form 990 is drafted it is reviewed by the finance department and Senior Management. The final version of the Organization's Form 990 will be provided to all the members of the Organization's governing board for review and approval prior to submission of the return with the IRS. |
| COMPENSATION | Form 990, Part VI, Section B, Line 15 | The compensation of the CEO, VP and other executive officers is reviewed annually by an independent compensation committee of the organization's governing board of directors. The committee reviews and approves executive compensation adjustments based on market surveys developed by independent consultants, industry average comparison, years of service and other exempt organizations in the geographic area. After a review of the individual's performance for the year and relying on comparable information and other objective data, the Executive Committee will recommend an adjustment to the individual's compensation. Any determinations are documented contemporaneously in the Executive Committee minutes. |
| Disclosure | Form 990, Part VI, Section C, Line 19 | Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. |
| OTHER PROGRAM SERVICE ACCOMPLISHMENTS | PART III, LINE 4D | Other program services includes services such as family practice health centers, home health services, surgical services, emergency department/ intensive care unit, cancer center, laboratory services, maternity, cardiac rehabilitation and testing, micu, child birth education, pharmacy, respiratory, physical/occupational/speech therapy, sterile processing, healthy aging for senior citizens, sleep disorders, dialysis, ambulance services, nutrition services and health education, and wound healing center. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|

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 |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| Hunterdon Healthcare Systems Inc 2100 Westcott Drive Flemington, NJ 08822 22-2537411 Hunterdon Hospice | Healthcare | NJ | 501(C)(3) | XI-I | NA |
| 2100 Westcott Drive Flemington, NJ 08822 22-2276083 Visiting Health & Supportive Services | Healthcare | NJ | 501(C)(3) | 7 | NA |
| 2100 Westcott Drive Flemington, NJ 08822 22-1636709 HUNTERDON MEDICAL CENTER FOUNDATION | Healthcare | NJ | 501(C)(3) | 7 | NA |
| 100 WESCOTT Avenue FLEMINGTON, NJ 08822 22-2526895 Hunterdon Regional Community Health Inc | healthcare | NJ | 501 (C) (3) | 7 | NA |
| 2100 Wescott Drive Flemington, NJ 08822 22-3453318 | Healthcare | NJ | 501(C)(3) | XI-I | NA |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|-----|
| | | | | | | | Yes | No | | Yes | No |
| Hunt Imaging Assoc 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3126699 | Healthcare | NJ | Midjersey | Related | 1,178,223 | 1,043,762 | No | 0 | | | No |
| Del Valey Off Assoc 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-2878037 | Property Mngm | NJ | midjersey | Related | 42,345 | 341,835 | No | 0 | | | No |
| Hunterd Healthcare 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3642089 | HEALTHCARE | NJ | HHS | Related | -54,513 | 427,131 | No | 0 | | | Yes |
| H C For Surgery LLC 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3401213 | HEALTH CARE | NJ | midjersey | Related | 603,010 | 1,161,585 | No | 0 | | | No |
| Hunt Cardvsc Health 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3665435 | HEALTH CARE | NJ | Midjersey | Related | 92,964 | 1,390,122 | No | 0 | | | No |
| N Hunt Med Associat 2100 Wescott Dr Flemington NJ Flemington, NJ08822 56-2539679 | HEALTH CARE | NJ | Midjersey | Related | 156,054 | 6,596,791 | No | 0 | | | No |
| Kings Court Imaging 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3732440 | HEALTH CARE | NJ | midjersey | RELATED | 42,235 | 341,835 | No | 0 | | | 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 |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| Midjersey Health Corporation 2100 Wescott Drive Flemington, NJ08822 22-2713664 | Healthcare | NJ | hhs | C Corp | 5,114,141 | 6,545,147 | 100 000 % |
| Hunterdon Community Care Inc 2100 Wescott Drive Flemington, NJ08822 22-3453281 | Healthcare | NJ | HRCH | C Corp | 48,303 | 95,411 | 100 000 % |
| Hunterdon Regional Pharmacy Inc 2100 Wescott Drive Flemington, NJ08822 74-3055633 | Healthcare | NJ | HRCH | C Corp | 327,643 | 617,676 | 100 000 % |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | Yes | |
| 1d | Yes | |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | Yes | |
| | | |
| 1j | Yes | |
| 1k | | No |
| 1l | Yes | |
| 1m | Yes | |
| 1n | Yes | |
| | | |
| 1o | Yes | |
| 1p | Yes | |
| | | |
| 1q | | No |
| 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) | Hunterdon Regional Pharmacy Inc | i | 9,504 |
| (2) | Hunterdon Imaging Associates | i | 236,568 |
| (3) | Hunterdon Medical Center Foundation | c | 1,275,566 |
| (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) Disproportionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |
| | | | | | | | | | | |

Software ID:
Software Version:
EIN: 22-1537688
Name: HUNTERDON MEDICAL CENTER

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income (\$) | (g) Share of end-of-year assets (\$) | (h) Disproprtionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 (\$) | (j) General or Managing Partner? | |
|--|-------------------------|---|--|---|--------------------------------------|---|--|----|---|--|----|
| | | | | | | | Yes | No | | Yes | No |
| Hunt Imaging Assoc 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3126699 | Healthcare | NJ | Midjersey | Related | 1,178,223 | 1,043,762 | | No | 0 | | No |
| Del Valey Off Assoc 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-2878037 | Property Mngm | NJ | midjersey | Related | 42,345 | 341,835 | | No | 0 | | No |
| Hunterd Healthcare 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3642089 | HEALTHCARE | NJ | HHS | Related | -54,513 | 427,131 | | No | 0 | Yes | |
| H C For Surgery LLC 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3401213 | HEALTH CARE | NJ | midjersey | Related | 603,010 | 1,161,585 | | No | 0 | | No |
| Hunt Cardvsc Health 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3665435 | HEALTH CARE | NJ | Midjersey | Related | 92,964 | 1,390,122 | | No | 0 | | No |
| N Hunt Med Associat 2100 Wescott Dr Flemington NJ Flemington, NJ08822 56-2539679 | HEALTH CARE | NJ | Midjersey | Related | 156,054 | 6,596,791 | | No | 0 | | No |
| Kings Court Imaging 2100 Wescott Dr Flemington NJ Flemington, NJ08822 22-3732440 | HEALTH CARE | NJ | midjersey | RELATED | 42,235 | 341,835 | | No | 0 | | No |