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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
HOLY NAME MEDICAL CENTER

Doing Business As
HOLY NAME HOSPITAL

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

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

D Employer identification number
22-1487322

E Telephone number
(201) 833-7206

G Gross receipts $ 272,773,251

F Name and address of principal officer
MICHAEL MARON
718 TEANECK ROAD
TEANECK, NJ 07666

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HOLYNAME ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1958 | **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE QUALITY MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN THE COMMUNITY REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,593
6	Total number of volunteers (estimate if necessary)	**6**	686
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,838,260	4,404,992
9	Program service revenue (Part VIII, line 2g)	258,327,005	263,075,228
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501,075	1,544,977
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,689,741	2,874,434
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,356,081	271,899,631
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	110,000
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)	134,388,665	138,976,793
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)	128,942,698	127,095,099
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	263,331,363	266,181,892
19	Revenue less expenses Subtract line 18 from line 12	3,024,718	5,717,739
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	280,309,656	285,993,216
21	Total liabilities (Part X, line 26)	170,279,540	174,781,648
22	Net assets or fund balances Subtract line 21 from line 20	110,030,116	111,211,568

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

****** | 2011-11-04
Signature of officer | Date

JOSEPH M LEMAIRE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Scott Mariani	Scott Mariani			

Firm's name ▶ WithumSmithBrown PC | Firm's EIN ▶

Firm's address ▶ 465 South St Ste 200
Morristown, NJ 079606497 | Phone no ▶ (973) 898-9494

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 133,890,404 including grants of $ 0) (Revenue $ 119,615,576)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED INPATIENT SERVICES TO 16,899 PATIENTS FOR A TOTAL OF 79,367 PATIENT DAYS PLEASE REFER TO THE ORGANIZAITON'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

4b (Code) (Expenses $ 92,914,745 including grants of $ 0) (Revenue $ 109,640,835)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED OUTPATIENT SERVICES TO 124,578 PATIENTS PLEASE REFER TO THE ORGANIZAITON'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

4c (Code) (Expenses $ 11,015,788 including grants of $ 0) (Revenue $ 15,179,295)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY ROOM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED EMERGENCY ROOM SERVICES TO 40,575 PATIENTS PLEASE REFER TO THE ORGANIZAITON'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O INCLUDED IN SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 1,753,765 including grants of $ 110,000) (Revenue $ 18,639,522)

4e **Total program service expenses** ▶ $ 239,574,702

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	199		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,593		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARCELLO GUARNERI
718 TEANECK ROAD
TEANECK, NJ 07666
(201) 833-7206

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								7,456,962	0	981,003

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 ▶160

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLAUDIO BOZZO SON INC 503 FARLEY ROAD WHITEHOUSE STATION, NJ 08889	CONSTRUCTION	2,356,693
GE HEALTHCARE OEC PO BOX 96483 CHICAGO, IL 60693	MAINTENANCE/SERVICE	1,178,156
J C DIPIAZZA INC 2 NORTH STREET WALDWICK, NJ 07463	CONSTRUCTION	879,655
ALOYSIUS BUTLER CLARK PO BOX 672 WILMINGTON, DE 198990672	ADVERTISING	798,153
MEDASSETS PO BOX 405652 ATLANTA, GA 30384	COLLECTION	793,504

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 ▶59

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					
	e Government grants (contributions) 1e	1,701,041				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,703,951				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		4,404,992			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	541900	258,044,711	258,044,711		
	b OTHER HEALTHCARE RELATED REVENUE	541900	1,676,919	1,676,919		
	c SCHOOL OF NURSING	900099	1,647,890	1,647,890		
	d HNH FITNESS, L L C	541900	1,705,708	1,705,708		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		263,075,228			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,062,713			2,062,713
	4 Income from investment of tax-exempt bond proceeds . . ▶		329,195			329,195
	5 Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents	48,313				
	b Less rental expenses	26,089				
	c Rental income or (loss)	22,224				
	d Net rental income or (loss) . . . . . ▶		22,224			22,224
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	600				
	b Less cost or other basis and sales expenses	847,531				
	c Gain or (loss)	-846,931				
	d Net gain or (loss) . . . . . ▶		-846,931			-846,931
Other Revenue	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 CAFETERIA	722210	1,535,297			1,535,297
	b DAY CARE	624410	915,284			915,284
	c TELEVISION & TELEPHONE	517000	401,629			401,629
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		2,852,210			
	12 **Total revenue.** See Instructions . . . ▶		271,899,631	263,075,228		4,419,411

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	110,000	110,000		
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	5,973,545	5,376,198	597,347	0
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	111,052,297	99,947,067	11,105,230	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,840,689	2,556,620	284,069	
9 Other employee benefits	10,378,352	9,340,510	1,037,842	
10 Payroll taxes	8,731,910	7,858,719	873,191	
a Fees for services (non-employees) Management	0			
b Legal	1,337,947	1,204,152	133,795	
c Accounting	234,746	211,271	23,475	
d Lobbying	108,320	97,488	10,832	
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	51,104	45,994	5,110	
g Other	9,574,732	8,617,259	957,473	
12 Advertising and promotion	2,347,438	2,112,694	234,744	
13 Office expenses	52,565,878	47,309,290	5,256,588	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,680,812	1,512,730	168,082	
17 Travel	265,686	239,117	26,569	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	160,017	144,015	16,002	
20 Interest	5,025,086	4,522,577	502,509	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,933,743	14,340,369	1,593,374	
23 Insurance	1,685,449	1,516,904	168,545	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BAD DEBT PROVISION	13,348,343	12,013,509	1,334,834	0
b PURCHASED SERVICES	7,889,380	7,100,442	788,938	0
c REPAIRS AND MAINTENANCE	6,032,200	5,428,980	603,220	0
d UTILITIES	4,440,861	3,996,775	444,086	0
e DUES AND SUBSCRIPTIONS	2,040,923	1,836,831	204,092	0
f All other expenses	2,372,434	2,135,191	237,243	0
25 **Total functional expenses.** Add lines 1 through 24f	266,181,892	239,574,702	26,607,190	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		50	1	90
	2	Savings and temporary cash investments		13,701,448	2	24,763,256
	3	Pledges and grants receivable, net		104,969	3	105,553
	4	Accounts receivable, net		33,821,879	4	30,350,683
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		3,663,224	7	4,319,434
	8	Inventories for sale or use		3,734,376	8	4,103,457
	9	Prepaid expenses and deferred charges		2,133,549	9	1,922,537
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 313,207,098			
	b	Less accumulated depreciation	10b 175,409,621	142,895,736	10c	137,797,477
	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		70,869,576	13	75,752,305
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,384,849	15	6,878,424
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		280,309,656	16	285,993,216
Liabilities	17	Accounts payable and accrued expenses		31,777,309	17	31,641,533
	18	Grants payable			18	
	19	Deferred revenue		473,629	19	497,775
	20	Tax-exempt bond liabilities		116,463,605	20	123,066,344
	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		5,951,605	23	4,279,240
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		15,613,392	25	15,296,756
	26	**Total liabilities.** Add lines 17 through 25		170,279,540	26	174,781,648
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		97,971,423	27	102,732,205
	28	Temporarily restricted net assets		11,058,693	28	7,479,363
	29	Permanently restricted net assets		1,000,000	29	1,000,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		110,030,116	33	111,211,568
	34	Total liabilities and net assets/fund balances		280,309,656	34	285,993,216

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	271,899,631
2	Total expenses (must equal Part IX, column (A), line 25)	2	266,181,892
3	Revenue less expenses Subtract line 2 from line 1	3	5,717,739
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	110,030,116
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,536,287
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	111,211,568

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		69,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		39,320
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			108,320
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1G AND 1H	DURING 2010, HOLY NAME MEDICAL CENTER PAID AN OUTSIDE INDEPENDENT LOBBYING FIRM $69,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF TOTAL 2010 COMPENSATION PAID TO THE VICE PRESIDENT OF PLANNING AND GOVERNMENT AFFAIRS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO $10,591 THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $28,729

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	12,058,693	10,237,251	11,357,203		
b Contributions	501,730	1,220,780			
c Investment earnings or losses	193,750	667,920			
d Grants or scholarships					
e Other expenditures for facilities and programs	4,274,810	67,258	1,119,952		
f Administrative expenses					
g End of year balance	8,479,363	12,058,693	10,237,251		

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

- a Board designated or quasi-endowment ▶ 88 200 %
- b Permanent endowment ▶ 11 800 %
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,471,294		3,471,294
b Buildings		157,042,003	69,742,452	87,299,551
c Leasehold improvements		0	0	0
d Equipment		134,858,579	103,913,602	30,944,977
e Other		17,835,223	1,753,568	16,081,655
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				137,797,477

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	75,752,305	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO THIRD-PARTY PAYORS	14,494,700
OTHER LIABILITIES	802,056
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,296,756

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 22-1487322
Name: HOLY NAME MEDICAL CENTER

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
GOVERNMENT SECURITIES	9,342,628	F
MORGAN STANLEY SWEEP ACCOUNT	1,710,256	F
ISRAEL BONDS	1,250,000	F
TD WEALTH MGMT US GOVT	1,154,094	F
DEPOSIT	0	F
NORTH JERSEY COMMUNITY BANK	2,720,095	F
DEPOSIT	250,000	F
EXPRESSWAY PARTNERS CLASS A	0	F
GEM REALTY SECURITIES, LTD	1,266,833	F
IVORY OFFSHORE FLAGSHIP FUND	1,071,431	F
GRAMERCY EMERGING MARKETS, LTD	0	F
MS CAPITAL PARTNERS V	902,988	F
CARLSON CAPITAL DOUBLE BACK DI	1,085,388	F
CERBERUS INTERNATIONAL, LTD	1,138,584	F
YORK CREDIT OPPORTUNITIES FUND	1,576,490	F
ASPECT US INST LTD DIVERSIFIED	915,229	F
BREVAN HOWARD FUND LTD CLASS B	1,026,262	F
INTEREST IN FOUNDATION	4,822,045	F
CASH & CASH EQUIVALENTS	14,880,916	F
QUALCARE ALLIANCE NETWORKS INC	314,089	F
PRUDENTIAL INVESTMENT COMPANY	242,003	F
ACCRUED INTEREST	137,333	F
CERTIFICATES OF DEPOSIT	1,046,052	F
MILLENIUM INTERNATIONAL LTD	948,500	F
EQUITY SECURITIES	27,951,089	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	1	1	Program Services	MEDICAL SUPPLIES	186,231
Central America and the Caribbean	1	1	Investments	INVESTMENTS	367,375
3a Sub-total	2	2			553,606
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	2			553,606

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			8,203,835	534,000	7,669,835	3 030 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			15,309,702	10,315,119	4,994,583	1 980 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			23,513,537	10,849,119	12,664,418	5 010 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,210,202	15,514	1,194,688	0 470 %
f Health professions education (from Worksheet 5)			139,985		139,985	0 060 %
g Subsidized health services (from Worksheet 6)			14,592,314	11,469,160	3,123,154	1 240 %
h Research (from Worksheet 7)			211,343		211,343	0 080 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			85,466		85,466	0 030 %
j **Total** Other Benefits			16,239,310	11,484,674	4,754,636	1 880 %
k **Total.** Add lines 7d and 7j			39,752,847	22,333,793	17,419,054	6 890 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			14,772		14,772	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			22,489		22,489	0 010 %
6	Coalition building			8,252		8,252	
7	Community health improvement advocacy			41,086		41,086	0 020 %
8	Workforce development						
9	Other						
10	**Total**			86,599		86,599	0 040 %

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,819,661		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	704,915		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	114,101,084
6	Enter Medicare allowable costs of care relating to payments on line 5	6	125,136,798
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-11,035,714
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	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)
1	HOLY NAME MEDICAL CENTER 718 TEANECK ROAD TEANECK, NJ 07666	X	X				X	X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **4**

	Name and address	Type of Facility (Describe)
1	CENTER FOR SLEEP MEDICINE 721 TEANECK ROAD TEANECK, NJ 07666	OUTPATIENT CENTER
2	CENTER FOR SLEEP MEDICINE 721 TEANECK ROAD TEANECK, NJ 07666	OUTPATIENT CENTER
3	CENTER FOR SLEEP MEDICINE 721 TEANECK ROAD TEANECK, NJ 07666	OUTPATIENT CENTER
4	CENTER FOR SLEEP MEDICINE 721 TEANECK ROAD TEANECK, NJ 07666	OUTPATIENT CENTER
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
FINANCIAL ASSISTANCE ELIGIBILITY	SCHEDULE H, PART I, LINE 3C	THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2010 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE

Identifier	ReturnReference	Explanation
PERCENT OF TOTAL EXPENSE	SCHEDULE H, PART I, LINE 7	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $13,345,613

Identifier	ReturnReference	Explanation
SUBSIDIZED HEALTH SERVICES	SCHEDULE H, PART I, QUESTION 7G	NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	SCHEDULE H, PART II	ACTIVITIES CLASSIFIED AS "COMMUNITY BUILDING" INCLUDE USE OF HNMC'S FACILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT PROMOTE THE POSITIVE GROWTH OF THE COMMUNITY, THAT ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENEFIT, AND THAT PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE HEALTH AND WELL-BEING OF THE COMMUNITY HNMC ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY ASSISTANCE AS WELL IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME AMONG THE ORGANIZATIONS SO AIDED ARE NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, BATTERED WOMEN'S SHELTERS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS, SCHOOLS, AND NURSING HOMES HNMC ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS AUDITORIUM FOR EVENTS CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS ALTHOUGH HNMC'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED HNMC IS ONE OF NINE HOSPITALS IN NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES AS A REGIONAL MEDICAL COORDINATION CENTER ("MCC") THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC IS ACTIVATED IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND/OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE, OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION THE MCC ALSO MONITORS, ON A DAILY BASIS, SITUATIONAL AWARENESS OF LOCAL ACTIVITY TO DATE THE MCC HAS BEEN ACTIVATED FOR SEVERAL STATE EMERGENCIES THE STATE OF NEW JERSEY FUNDS A COORDINATOR FOR THE MCC, BUT ALL OTHER EMERGENCY PREPAREDNESS ACTIVITIES, WHICH ARE DESIGNED TO PROTECT THE PUBLIC AND TO RESPOND IN THE EVENT OF ANY PUBLIC HEALTH EMERGENCY, ARE CARRIED OUT BY HNMC WITHOUT FINANCIAL ASSISTANCE GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I E , FIVE MILES NORTH OF THE GEORGE WASHINGTON BRIDGE), EMERGENCY PREPAREDNESS IS NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY HNMC IS RECOGNIZED BY STATE AND FEDERAL SECTORS FOR EMERGENCY PREPAREDNESS AND RESPONSE LOCALLY, HNMC 'S MCC COORDINATOR ALSO SERVES AS THE EMS COORDINATOR OF THE BERGEN COUNTY OFFICE OF EMERGENCY MANAGEMENT AND IS A MEMBER OF THE BERGEN COUNTY TERRORISM TASK FORCE A FREQUENT PARTICIPANT IN LOCAL AND NEW YORK CITY DISASTER DRILLS, HNMC HAS PARTICIPATED IN SEVERAL LARGE SCALE DISASTER DRILLS, AS WELL AS DRILLS CONDUCTED BY THE CENTERS FOR DISEASE CONTROL INVOLVING LOCAL, COUNTY, STATE, AND FEDERAL AGENCIES' EMERGENCY RESPONSE TO THREATS OF PUBLIC HEALTH SIGNIFICANCE HNMC MAINTAINS ITS DESIGNATION BY THE FEDERAL DIVISION OF GLOBAL MIGRATION AND QUARANTINE TO DEAL WITH POSSIBLE COMMUNICABLE DISEASES AND ACTS OF BIOTERRORISM OCCURRING ON PUBLIC HEALTH CONVEYANCES HNMC IS ALSO ACTIVE IN THE NORTHERN NEW JERSEY URBAN AREA SECURITY INITIATIVE NUMEROUS MEMBERS OF HOLY NAME EMS SERVE ON THE STATEWIDE NJ EMS TASK FORCE THE MEDICAL CENTER MAINTAINS A SPECIAL OPERATIONS TEAM COMPRISED OF PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DAY, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES, AND THEN CALCULATED BASED UPON ESTIMATED COSTS HNMC AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE ATTACHED TEXTS WERE OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF HNMC AND SUBSIDIARIES PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE FROM THIRD-PARTY PROGRAMS FOR WHICH THE COMPANY RECEIVES PAYMENT UNDER VARIOUS REIMBURSEMENT FORMULAE OR NEGOTIATED RATES ARE STATED AT THE ESTIMATED NET AMOUNTS REALIZABLE AND RECEIVABLE FROM SUCH PAYERS, WHICH ARE GENERALLY LESS THAN THE COMPANY'S ESTABLISHED BILLING RATES THE AMOUNT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE AND OTHER COLLECTION INDICATORS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS RESULT FROM THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR DOUBTFUL ACCOUNTS NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES RETROACTIVE REVENUE ADJUSTMENTS DUE TO ONGOING AND FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS CHARITY CARE THE MEDICAL CENTER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE

Identifier	ReturnReference	Explanation
MEDICARE SHORTFALL	SCHEDULE H, PART III, LINE 8	MEDICARE COSTS WERE DERIVED FROM THE 2010 MEDICARE COST REPORT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHED ULE H, PART I THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PA RT I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELAT ED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WI TH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NE CESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REG ARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDAR D IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE OR GANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED A S A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THE RE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITAB LE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMP LES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTIO N OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT T O THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARIT ABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STA NDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STA NDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSE D THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A H OSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILE D TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINA NCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNIT Y HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTI RE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RU LING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES B ELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE " COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMI TTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBL IC PROGRAMS SUCH AS MEDICARE), BUT O PERATED A FULL-TIME EMERGENCY ROOM THAT WAS O PEN TO EV ERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTIO N OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITH IN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS RE G 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIE F OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH T HE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NO T INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDE D THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE I RS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BRO AD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROV IDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE I

Identifier	ReturnReference	Explanation
MEDICARE SHORTFALL	SCHEDULE H, PART III, LINE 8	RS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE , EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WA S CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPI TAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS MEDICARE UNDERPAY MENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE ON THE FORM 9 90, SCHEUDLE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") ALSO FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE F ORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED I N THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAF T OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FUL L VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEF IT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDI CARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICA RE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YE AR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTER PARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCO ME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EVERY COMPELLING P UBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I M EDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COM MUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZ ATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FO RM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPEL LING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOS PITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STU DIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INC OMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL P ORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY A ND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILIT Y TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARIT Y CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQU IRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDIN G CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMIN G THE FINDINGS ARE GENERALIZABLE NATIONW

Identifier	ReturnReference	Explanation
DEBT COLLECTION POLICY	SCHEDULE H, PART III, LINE 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF HNMC AND SUBSIDIARIES BUSINESS OFFICE TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OVER $5,000 00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEED TO COMPLETE A CHARITY CARE APPLICATION PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM, AND, - FINANCIAL ARRANGEMENTS INCLUDING 1 CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), 2 LOW INTEREST LOAN PROGRAM, OR 3 FLEXIBLE PAYMENT PLANS IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM THE SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE REIMBURSEMENT, AS REFERRED BY THE STATE OF NEW JERSEY

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, QUESTION 2	HNMC IS A PRIVATE, 361-LICENSED-BED, ACUTE CARE HOSPITAL LOCATED IN TEANECK, NEW JERSEY T HE MEDICAL CENTER IS A NONPROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEW JERSEY, AN D IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND THE REGULATIONS PROMULGATED THEREUNDER, BY VIRTUE OF BEING AN ORGAN IZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE HNMC WAS FOUNDED BY THE CONGREGATION O F THE SISTERS OF ST JOSEPH OF PEACE (THE "SISTERS") IN 1925, AND IN 1958 WAS INCORPORATED AS AN INDEPENDENT NEW JERSEY NON-PROFIT CORPORATION, SPONSORED BY THE SISTERS ORIGINALLY KNOWN AS "HOLY NAME HOSPITAL," THE NAME "HOLY NAME MEDICAL CENTER" WAS FORMALLY ADOPTED I N MARCH 2010, WHEN THE BOARD OF TRUSTEES OF HOLY NAME DETERMINED THAT THE TERM "HOSPITAL" WAS NO LONGER REFLECTIVE OF THE SIGNIFICANTLY BROADENED SCOPE OF CLINICAL CAPABILITIES AND SERVICES ACHIEVED SINCE HNMC'S INCEPTION HNMC'S PRIMARY MISSION AND GOALS WERE DEVELOPED BY THE SISTERS AND ESPOUSE THE FACILITATION OF PHYSICAL, SPIRITUAL AND SOCIAL WELL-BEING REGARDLESS OF RACE, CREED OR ECONOMIC CONDITION WITH CENTERS OF EXCELLENCE IN CANCER CARE , CARDIOVASCULAR SERVICES, INTERVENTIONAL RADIOLOGY, DIALYSIS TREATMENT, WOMEN'S HEALTHCAR E, AND NEUROLOGY SERVICES, PLUS A HOST OF OTHER STATE-OF-THE-ART DIAGNOSTIC, TREATMENT, AN D HEALTH MANAGEMENT SERVICES, THE MEDICAL CENTER PROVIDES HIGH QUALITY HEALTHCARE ACROSS A CONTINUUM THAT EXTENDS FROM PREVENTION THROUGH TREATMENT AND ON TOWARD RECOVERY AND WELLN ESS HNMC HAS A CLEAR DEFINITION OF ITSELF AND ITS MISSION "WE ARE A COMMUNITY OF CAREGIV ERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, TH E PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENTIOUS STEWARDSHIP WE HELP OUR COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMEN T " LOCATED IN CLOSE PROXIMITY TO MAJOR ROAD NETWORKS, INCLUDING INTERSTATES 80 AND 95 AND STATE ROUTES 46, 4 AND 17, HNMC IS ACCESSIBLE FROM COMMUNITIES THROUGHOUT NORTHEASTERN NE W JERSEY HNMC HAS TRADITIONALLY DELIVERED ACUTE CARE SERVICES TO BERGEN AND HUDSON COUNTY RESIDENTS APPROXIMATELY EIGHTY PERCENT (80%) OF HNMC'S 2010 INPATIENT ADMISSIONS WERE PA TIENTS WHO RESIDE IN BERGEN COUNTY THE MEDICAL CENTER'S SPECIALTY SERVICES, SUCH AS THOSE FOR MULTIPLE SCLEROSIS AND HEMODIALYSIS, TYPICALLY DRAW PATIENTS FROM A LARGER GEOGRAPHIC REGION HNMC IS A GENERAL ACUTE CARE COMMUNITY HOSPITAL PROVIDING A BROAD SPECTRUM OF INP ATIENT, AMBULATORY CARE, HOME CARE AND COMMUNITY SERVICES IN ADDITION TO ITS GENERAL MEDI CAL, SURGICAL, OBSTETRICAL, GYNECOLOGICAL, PEDIATRIC AND PSYCHIATRIC SERVICES, HNMC OFFERS A WIDE ARRAY OF DIAGNOSTIC AND TREATMENT MODALITIES AND VARIOUS SPECIALTY SERVICES WHILE HNMC IS LICENSED FOR 361 BEDS AND 36 BASSINETTES, AS FOLLOWS MEDICAL/SURGICAL, 278 BEDS, INTENSIVE CARE, 19 BEDS, OBSTETRICS, 25 BEDS, PEDIATRICS, 16 BEDS, PSYCHIATRY, 23 BEDS, N ORMAL NEWBORNS, 25 BASSINETTES, AND SPECIAL CARE NEWBORNS, 11 BASSINETTES HNMC OPERATES A LARGE ON-CAMPUS NURSING EDUCATION PROGRAM THE SCHOOL OF NURSING WAS ESTABLISHED IN 1925 AND HAS EDUCATED AND GRADUATED APPROXIMATELY 3,500 NURSES INTO THE PROFESSION THE SCHOOL OF NURSING IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM ACCEPTING ONLY 60 STUD ENTS ANNUALLY THE CONTINUED STRONG ENROLLMENT IS ATTRIBUTABLE IN PART TO THE SCHOOL OF NU RSING BEING RANKED NUMBER ONE OF 1,565 REGISTERED NURSING PROGRAMS NATIONWIDE IN PASSING T HE LICENSURE EXAMINATION HNMC IS LICENSED BY THE NJDHSS AND IS CERTIFIED BY THE CENTERS F OR MEDICARE AND MEDICAID SERVICES AS A PARTICIPATING PROVIDER THE MEDICAL CENTER IS ACCRE DITED BY THE JOINT COMMISSION, AND IS ALSO ACCREDITED BY THE JOINT COMMISSION AS A PRIMARY STROKE CARE CENTER OTHER ACCREDITATIONS INCLUDE THE AMERICAN CANCER SOCIETY, THE COMMISS ION ON CANCER ACCREDITATION, THE AMERICAN COLLEGE OF RADIOLOGY, THE AMERICAN COLLEGE OF SU RGEONS, THE AMERICAN HEART ASSOCIATION FOR ITS BASIC LIFE SUPPORT PROGRAM, THE SOCIETY OF CHEST PAIN CENTERS AS A DESIGNATED CHEST PAIN CENTER, THE AMERICAN DENTAL ASSOCIATION, THE COLLEGE OF AMERICAN PATHOLOGISTS, THE LABORATORY RESPONSE NETWORK, THE AMERICAN ASSOCIATI ON OF CARDIAC AND PULMONARY REHABILITATION, THE MEDICAL SOCIETY OF NEW JERSEY FOR ITS MEDI CAL EDUCATION PROGRAM, AND BY THE NATIONAL LEAGUE FOR NURSING FOR THE SCHOOL OF NURSING T HE MEDICAL CENTER HAS PROGRAM-RELATED AFFILIATIONS WITH MAYO MEDICAL LABORATORIES HNMC IS AN AFFILIATE MEMBER OF THE NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM THE SYSTEM CONSISTS O F THIRTY-FOUR MEDICAL INSTITUTIONS, AND PROVIDES HNMC WITH ACCESS TO CERTAIN CLINICAL SPEC IALISTS AND CLINICAL TRIALS HNMC IS ALSO AN AFFILIATE OF THE COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS COLUMBIA IS ONE OF TWO ACADEMIC AFFILIATES OF THE NEW YORK-PRE SBYTERIAN HEALTHCARE SYSTEM AND PROVIDES A SUBSTANTIAL PORTION OF THE SYSTEM'S ACADEMIC IN FRASTRUCTURE HNMC IS RECOGNIZED FOR ITS CLINICAL

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, QUESTION 2	SKILL, QUALITY OUTCOMES AND HIGH RATE OF PATIENT SATISFACTION BY MULTIPLE NATIONAL ACCREDI TATION AGENCIES AND BENCHMARKING ORGANIZATIONS HNMC HOLDS MAGNET STATUS FOR OUTSTANDING N URSING CARE FROM THE AMERICAN NURSES CREDENTIALING CENTER ("ANCC") THE MAGNET RECOGNITION PROGRAM WAS DEVELOPED BY THE ANCC TO RECOGNIZE HEALTHCARE ORGANIZATIONS THAT PROVIDE NURS ING EXCELLENCE, AND TO PROVIDE A VEHICLE FOR DISSEMINATING SUCCESSFUL NURSING PRACTICES AN D STRATEGIES APPROXIMATELY SIX PERCENT (6%) OF HOSPITALS NATIONWIDE ARE MAGNET HOSPITALS IN MARCH 2010, HNMC ALSO RECEIVED THE BEACON AWARD FOR CRITICAL CARE EXCELLENCE FOR ITS T ELEMETRY AND INTENSIVE CARE UNITS THIS AWARD FROM THE AMERICAN ASSOCIATION OF CRITICAL-CA RE NURSES RECOGNIZES NURSING EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE AND OUTCOME S HNMC HAS BEEN RECOGNIZED BY J D POWER AND ASSOCIATES WITH ITS DISTINGUISHED HOSPITAL A WARDS FOR EMERGENCY, INPATIENT AND MATERNITY SERVICE EXCELLENCE, AND HAS RECEIVED THE HEAL THGRADES DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE, AS WELL AS ITS SPECIALTY EX CELLENCE AWARD FOR STROKE CARE DATA ADVANTAGE, LLC, WHICH IS A HEALTHCARE INFORMATION COM PANY, HONORED HNMC WITH ITS BEST IN VALUE AWARD FOR QUALITY, AFFORDABILITY, EFFICIENCY, PA TIENT SAFETY AND OVERALL EXPERIENCE, AND HNMC IS DESIGNATED AS A COMMUNITY VALUE FIVE-STAR HOSPITAL BY CLEAVERLY+ASSOCIATES, AN INDEPENDENT ORGANIZATION THAT PERFORMS NATIONWIDE ST UDIES TO IDENTIFY THOSE HOSPITALS THAT PROVIDE VALUE TO THE COMMUNITY IN TERMS OF FINANCIA L VIABILITY AND PLANT REINVESTMENT, COST STRUCTURE, CHARGE STRUCTURE AND QUALITY PERFORMAN CE HNMC HAS BEEN REPEATEDLY PRAISED AS AN EXEMPLARY WORKPLACE BY MODERN HEALTHCARE'S 100 BEST PLACES TO WORK IN HEALTHCARE PROGRAM, WHERE HNMC IS RANKED FOURTH IN THE NATION, BY N JBIZ (THE LEADING WEEKLY BUSINESS PUBLICATION IN NEW JERSEY), WHICH CITES HNMC AS THE TOP HOSPITAL AND THIRD BUSINESS OVERALL IN ITS 2010 50 BEST PLACES TO WORK IN NEW JERSEY PROGR AM, AND BY COMPANIES THAT CARE, WHICH CITED HNMC ON ITS 2010 HONOR ROLL COMPANIES THAT CA RE IS A NON-PROFIT ORGANIZATION DEDICATED TO ENCOURAGING AND CELEBRATING BUSINESSES THAT P RIZE THEIR EMPLOYEES AND ARE COMMITTED TO COMMUNITY SERVICE HNMC UTILIZES A VARIETY OF ME ANS BY WHICH IT IDENTIFIES AND ANALYZES PATIENT CARE NEEDS AMONG THEM ARE PATIENT SATISF ACTION DATA, ANALYSIS OF DEMOGRAPHICS, ANALYSIS OF UTILIZATION AND MARKET TRENDS, REVIEW O F EXTERNALLY PUBLISHED DATA AND INFORMATION, ACUITY LEVELS (DAILY PLANNING OF STAFFING), A ND INDIVIDUAL PROJECTS/EVALUATION/REVIEWS HNMC ALSO COMMISSIONS EXTERNAL SPECIALISTS TO C ONDUCT SURVEYS AND FOCUS GROUPS OF INDIVIDUALS, HOUSEHOLDS, PHYSICIANS, AND OTHERS HNMC A LSO IS A MEMBER OF THE BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAM ("CHIP"), WHOSE MISSION IS TO EVALUATE AND ADDRESS THE HEALTH NEEDS OF THE COUNTY THE CHIP PRODUCES AN EX TENSIVE, VERY USEFUL, DATABASE DEMONSTRATING THE NEEDS OF THE COUNTY'S RESIDENTS HNMC IS A FOUNDING MEMBER OF THE NORTHERN NEW JERSEY MATERNAL-CHILD HEALTH CONSORTIUM, WHOSE MISSI ON IS TO EVALUATE AND PROVIDE CARE TO WOMAN AND INFANTS IN THE AREA AGAIN, A COMPLETE NEE DS ASSESSMENT IS PERFORMED EVERY THREE YEARS AND IS PROVIDED TO MEMBERS FOR THEIR USE IN ADDITION, US CENSUS BUREAU DATA IS UTILIZED, AS IS PURCHASED MARKET DATA, AND DATABASES OF ALL HOSPITALIZATIONS THROUGHOUT BOTH NEW JERSEY AND NEW YORK, THE SOURCE OF WHICH IS BILL ING DATA PROVIDED TO THE RESPECTIVE STATE DEPARTMENTS OF HEALTH SUCH DATABASES PROVIDE PE RHAPS THE GREATEST WEALTH OF CLINICAL, DEMOGRAPHIC, FINANCIAL AND OTHER INFORMATION, AND A RE EXTREMELY VALUABLE IN UNDERSTANDING AND ADDRESSING THE NEEDS OF THE COMMUNITIES SERVED BY HNMC DATA FROM THE COUNTY AND STATE HEALTH DEPARTMENTS ARE ALSO USED

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI, QUESTION 3	PRIOR TO OR DURING AN ADMISSION, ALL PATIENTS WITHOUT INSURANCE ARE SCREENED FOR POSSIBLE ASSISTANCE FROM OTHER SOURCES (E G , MEDICAID, VETERAN ADMINISTRATION, S S I , OR MUNICIPAL WELFARE) IF THE PATIENT IS FOUND TO BE INELIGIBLE FOR ANY OR ALL OF THE AFOREMENTIONED, THE PATIENT WILL BE SCREENED FOR CHARITY CARE THE EDUCATION OF PATIENTS AT HNMC IS PROVIDED IN-PERSON BY KNOWLEDGEABLE MEDICAL CENTER PERSONNEL AT THE TIME OF THE INITIAL SCREENING, AND ACCOMPANIED BY A PACKET OF INFORMATION WHICH INCLUDES ALL CONTACT INFORMATION AS WELL ARRANGEMENTS FOR FOLLOW UP ARE TYPICALLY MADE IMMEDIATELY THIS PROCESS APPLIES TO ALL PATIENTS, WHETHER ADMITTED, OUTPATIENT, OR IN THE EMERGENCY DEPARTMENT IF THE PATIENT QUALIFIES FOR CHARITY CARE, THE PATIENT IS NOT BILLED FOR SERVICES DURING 2009, HNMC 'S BILLING AND COLLECTION POLICY DID NOT INCLUDE SPECIFIC LANGUAGE STATING THAT CHARITY CARE PATIENTS ARE NOT BILLED, NEVERTHELESS, THE CORRECT PRACTICE HAS BEEN FOLLOWED CONSISTENTLY AND THE POLICY WAS CORRECTED IN 2010 THROUGH ITS COMPASSIONATE CARE PROGRAM, HNMC FURTHER ASSISTS UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE AND WHO ARE INELIGIBLE FOR MEDICARE, MEDICAID OR OTHER FEDERAL AND STATE INSURANCE PROGRAMS THE PURPOSE OF THE PROGRAM IS TO DECREASE THE FINANCIAL BURDEN OF PATIENTS IN THE COMMUNITY SERVED BY HNMC IF THE PATIENT MEETS CERTAIN ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE AS DESCRIBED BELOW, FURTHER DISCOUNTS WILL BE APPLIED TO THE PATIENT'S BILL SELF-PAY PATIENTS ARE ELIGIBLE FOR THE COMPASSIONATE CARE FEE SCHEDULE REGARDLESS OF INCOME PATIENTS WHOSE INCOME LEVELS FALL WITHIN THE PUBLISHED HHS POVERTY GUIDELINES AND DO NOT QUALIFY FOR BENEFITS UNDER THE FEDERAL UNDOCUMENTED ALIEN PROGRAM, NJ STATE MEDICAID PROGRAM, OR CHARITY CARE PROGRAM, WILL BE CONSIDERED FOR ADDITIONAL DISCOUNTS THESE DISCOUNTS WILL BE PROVIDED TO PATIENTS WHO MEET THE REQUIRED GUIDELINES PATIENTS WHO QUALIFY FOR THE N J MEDICAL CENTER CARE ASSISTANCE PROGRAM AND WHOSE INCOME FALLS WITHIN THE 200%-300% OF THE FEDERAL POVERTY LIMITS WILL BE ELIGIBLE FOR DISCOUNTS RANGING FROM 20%-100% OFF OF GROSS BILLED CHARGES PATIENTS WHO QUALIFY FOR THIS PROGRAM BUT HAVE A BALANCE AFTER THE DISCOUNT WILL BE RESPONSIBLE FOR BETWEEN 20%-80% OF THE N J MEDICAID RATE PATIENTS WHO DO NOT QUALIFY FOR THE N J MEDICAL CENTER CARE ASSISTANCE PROGRAM AND WHOSE INCOME FALL WITHIN 300%-500% OF THE FEDERAL POVERTY LIMITS WILL BE ELIGIBLE FOR A DISCOUNT BASED UPON MEDICARE RATES PATIENTS WHOSE INCOME IS ABOVE 500% OF THE FEDERAL POVERTY LIMITS WILL BE ELIGIBLE FOR HNMC COMPASSIONATE CARE FEE SCHEDULE AS STATED ABOVE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, QUESTION 4	LOCATED IN TEANECK, IN THE SOUTHERN PORTION OF BERGEN COUNTY AND APPROXIMATELY FIVE MILES TO THE NORTHWEST OF NEW YORK CITY, HNMC'S PRIMARY SERVICE AREA ("PSA") COMPRISES 31 MUNICIPALITIES IN BERGEN COUNTY AND FOUR MUNICIPALITIES IN HUDSON COUNTY, NEW JERSEY HNMC 'S SECONDARY SERVICE AREA ("SSA") INCLUDES 17 MUNICIPALITIES IN BERGEN COUNTY AND TWO MUNICIPALITIES IN HUDSON COUNTY HNMC DRAWS 60% OF ITS ADMISSIONS FROM ITS PSA, AND 18% FROM ITS SSA AS THE SOLE CATHOLIC HOSPITAL IN AN AREA THAT IS ESTIMATED AT MORE THAN 50% ROMAN CATHOLIC, HNMC ALSO DRAWS FROM TOWNS WELL BEYOND BOTH THE PSA AND SSA THE POPULATION IN THE PSA IS PROJECTED TO INCREASE FROM 424,802 IN 2010 TO 428,824 IN 2015, AN INCREASE OF ALMOST ONE PERCENT BY FAR, THE LARGEST AREA OF GROWTH IS PROJECTED TO BE IN THE 45-64 AGE CATEGORY, WITH JUST UNDER TEN PERCENT GROWTH PROJECTED, FOLLOWED BY THE AGE 65+ GROUP, WITH 5 5% GROWTH PROJECTED FOR THE FIVE YEAR PERIOD SMALLER NET GROWTH IS PROJECTED IN THE SSA, WHERE TOTAL POPULATION IS PROJECTED TO INCREASE BY 0 7%, FROM 332,539 IN 2010 TO 334,889 IN 2015 AGAIN, THE GREATEST INCREASE (8 3%) IS PROJECTED TO BE IN THE 45-64 AGE CATEGORY, FOLLOWED BY ALMOST FIVE PERCENT GROWTH PROJECTED IN PERSONS AGED 65 OR MORE THE PSA HAD A MEDIAN HOUSEHOLD INCOME OF $58,490 AND THE SSA HAD A MEDIAN HOUSEHOLD INCOME OF $71,839, FOR THE YEAR 2010 THE UNEMPLOYMENT RATE AVERAGED 8 1% IN 2010 FOR BERGEN COUNTY, AND 10 8% IN 2010 FOR HUDSON COUNTY THE MEDICAL CENTER'S SERVICE AREA IS PRIMARILY SUBURBAN, WITH MANY RESIDENTS WORKING OUTSIDE BERGEN COUNTY IN PLACES SUCH AS NEW YORK CITY HOWEVER, THERE ARE LARGE EMPLOYERS IN THE SERVICE AREA, E G , THE HOSPITALS PREVIOUSLY MENTIONED, A LARGE SPORTS CHAIN, A LARGE COMMUNICATIONS FIRM, A LARGE PHARMACEUTICAL FIRM, AND A LARGE COMMERCIAL LABORATORY RESIDENTS OF HNMC 'S SERVICE AREA ARE ALSO SERVED BY ANOTHER COMMUNITY HOSPITAL AND A TERTIARY CARE FACILITY WITH TRAUMA SERVICES HNMC 'S PSA COVERS A MAJORITY OF THE TOWNS SERVICED BY THE OTHER COMMUNITY HOSPITAL, WHEREAS THE TERTIARY CARE FACILITY'S PRIMARY SERVICE AREA ALSO INCLUDES MANY TOWNS TO THE WEST THAT ARE NOT PART OF HNMC'S SERVICE AREA GIVEN THE NUMBER OF SERVICE AREA RESIDENTS WHO WORK IN NEARBY NEW YORK CITY, IT IS NOT SURPRISING THAT A SMALL PORTION OF THESE RESIDENTS ALSO RECEIVE THEIR HEALTHCARE IN MANHATTAN WHILE THE SERVICE AREA IS PREDOMINANTLY NON-HISPANIC CAUCASIAN, BOTH HISPANICS (OF ANY RACE) AND ASIAN POPULATIONS (PRINCIPALLY KOREAN) ARE THE FASTING GROWING GROUPS IN RESPONSE, THE MEDICAL CENTER HAS PROGRAMS ADDRESSING THESE GROUPS' NEEDS, AND PHYSICIANS AND NURSES FLUENT IN THE APPLICABLE LANGUAGES

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, QUESTION 5	HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS ALL MEMBERS OF THE BOARD OF TRUSTEES LIVE IN BERGEN COUNTY, NEW JERSEY, WHERE HNMC IS LOCATED, AND A MAJORITY LIVE IN THE MUNICIPALITIES OF THE MEDICAL CENTER'S DEFINED SERVICE AREA THE TRUSTEES' UNDERST ANDING OF THE SERVICE AREA IS THUS ENHANCED, AS IS THEIR UNDERSTANDING OF THE NEED TO REIN VEST FUNDS IN IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH AS PART OF ITS CHARITABLE PURPOSE, HNMC PROVIDES A WIDE ARRAY OF SERVICES TO THE COMMUNITY, TARGETED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY THE MAJORITY OF SUCH SERVICES ARE FREE A SMALL SAMPLING OF SUCH ACTIVITIES IS PROVIDED BELOW - FREQUENT HEALTH FAIRS THROUGHOUT THE REG ION ARE GIVEN AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MA NY IN SPANISH AND KOREAN, AS WELL AS ENGLISH) - IMMUNIZATIONS ARE PROVIDED - FREE AND/OR VERY LOW FEE TRANSPORTATION (E G , FOR CANCER TREATMENT, DIALYSIS) IS AVAILABLE - COMMUN ITY HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED - STAFF FROM VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER VISIT LOCAL SCHOOLS TO PROVIDE HEALTH CLASSES - SCREENINGS, E G , BLOOD PRESSURE, CANCER, STROKE, DIABETES, PROSTATE CANCER, BREAST CANCER, OSTEOPORO SIS, PERIPHERAL ARTERY DISEASE, SKIN CANCER, COLON CANCER, AND OTHER CLINICAL SCREENING AN D EDUCATION ARE PROVIDED, OFTEN AS PART OF COMMUNITY PROGRAMS SPECIFIC TO THE PARTICULAR D ISEASE GROUP - SENIOR CENTERS ARE SUPPORTED WITH FREE EXERCISE CLASSES, LECTURES AND SCRE ENINGS - SUPPORT GROUPS ARE PROVIDED, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAV EMENT, NEW MOTHERS, DIABETES, SMOKING, AND CARDIAC DISEASE - HNMC'S ALS BIKE TEAM, ALS VE HICLES AND/OR SPECIAL OPERATIONS VEHICLES ARE PRESENT AT EVENTS OCCURRING IN MUNICIPALITIE S IN HNMC'S SERVICE AREA WITHOUT CHARGE - COURSES (PROVIDED EITHER FREE OR FOR A LOW FEE) ARE PROVIDED THROUGHOUT THE YEAR EXAMPLES INCLUDE CPR CERTIFICATION, DEFENSIVE DRIVING, GENERAL AND SPECIALTY (E G , OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, STRESS MA NAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENTING - CLASSES TO PROMOTE BETTER HEALTH ARE ABUNDANT YOGA, WEIGHT REDUCTION, OSTEOPOROSIS, PROPE R HAND-WASHING, TAI CHI, COOKING FOR CARDIAC PATIENTS - LECTURES, OFTEN INVOLVING HNMC'S MEDICAL STAFF AS PRESENTERS, ARE PROVIDED, THE MAJORITY OF WHICH ARE FREE MEN'S HEALTH, W OMEN'S HEALTH, A MID-LIFE AND MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES, DEPRES SION, ASTHMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL WELLNESS, CARDIAC ISSUE S, ALTZHEIMERS, JOINT REPLACEMENT, SLEEP APNEA, CANCERS, CHILDREN'S HEALTH, DISASTER PREPA REDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS PRESENTED - HNMC'S WEBSIT E (WWW HOLYNAME ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION THE SITE INCLU DES AN ON-LINE MEDICAL LIBRARY HOUSING INFORMATION ON DISEASES AND CONDITIONS, SURGERIES A ND PROCEDURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WELLNESS, AND A DRUG REFERENCE ON-LIN E RISK ASSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS IS THE ABILITY TO SET UP A PERSONAL HEALTH PAGE INFORMATION IS ALSO PRESENTED IN SPANISH - HNMC'S "ASK-A-NURSE" PROGRAM, WHI CH PROVIDES 24/7 PHONE ACCESS TO REGISTERED NURSES, IS PROVIDED FREE OF CHARGE - BLOOD DR IVES ARE HOSTED REGULARLY AT HNMC MANY HEALTH SERVICES ARE SUBSIDIZED BY HNMC, SUCH AS IT S CLINICS, HOSPICE AND HEMODIALYSIS PROGRAMS EACH YEAR THE MEDICAL CENTER CONTRIBUTES TO AIRFARE, SUPPLIES AND OTHER SUPPORT FOR HNMC NURSES AND DOCTORS TO TRAVEL TO THIRD WORLD C OUNTRIES TO PROVIDE MEDICAL CARE, INCLUDING SURGERY, TO PERSONS WHO OTHERWISE WOULD NEVER RECEIVE ADEQUATE TREATMENT DUE TO POVERTY AND LACK OF ACCESS HNMC OPERATES CLINICS WHERE SERVICES ARE PROVIDED FOR CHILDREN WITH SUBSTANCE ABUSE PROBLEMS, OR WHOSE FAMILY MEMBERS ARE SUBSTANCE ABUSERS THIS GROWING POPULATION IS OFFERED UNLIMITED COUNSELING AND THERAPY AT MINIMAL OR NO FEE HNMC OPERATES A FREE STANDING CLINIC WHICH PROVIDES SERVICES TO WOM EN AND CHILDREN WHO ARE HOMELESS, HOUSED IN COMMUNITY SHELTERS AS VICTIMS OF DOMESTIC ABUS E, OR HOUSED IN COMMUNITY TRANSITIONAL RESIDENCES HNMC ALSO PARTICIPATES IN THE WOMEN, IN FANTS AND CHILDREN AND HEALTH START PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, A NCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS INEXPENSIVE MEDICALLY SUPERVISED DAY CARE FOR ILL CHILDREN IS AVAILABLE TO WORKING PARENTS IN THE COMMUNITY AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK SENIOR OR DISABLED PERSONS REQUIRING MEDICAL D AY CARE ARE TRANSPORTED FREE OF CHARGE TO HNMC'S ADULT DAY CARE PROGRAM, REDUCING THE BURD EN ON FAMILY CARETAKERS HNMC'S EMERGENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR ALTHOUGH THE ED GENERALLY IS ABLE TO COVER ITS COSTS, IT PROVIDES A SIGNI FICANT AMOUNT OF UNCOMPENSATED CARE AND IS A WELL-USED RESOURCE FOR MANY WITHOUT INSURANCE WHO RELY ON IT FOR CARE OTHER SERVICES, SUCH AS

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, QUESTION 5	CLINICS, DO NOT COVER THEIR COSTS, AND HNMC ABSORBS THE ADDITIONAL EXPENSE LANGUAGE INTER PRETATION IS AVAILABLE FOR APPROXIMATELY 220 LANGUAGES AT THE MEDICAL CENTER THROUGH USE O F A COMMERCIAL SERVICE THAT PROVIDES A LIVE TRANSLATOR 24/7 HNMC HAS AN OPEN MEDICAL STAF F WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA HNMC HAS INTENTIONALL Y SOUGHT OUT PHYSICIANS FLUENT IN SPANISH AND WHO CARE FOR HISPANIC POPULATIONS, AND PROVI DES FREE TRANSPORTATION FOR SUCH POPULATIONS (AS WELL AS OTHERS) UNABLE TO ACCESS CARE EAS ILY ON THEIR OWN HNMC HAS ALSO ADDED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROV IDES A KOREAN CLINIC WEEKLY, WITH KOREAN SPEAKING PHYSICIANS (AND NURSES), AS THE ASIAN CO MMUNITY IS ONE OF THE FASTEST GROWING SECTORS IN THE COUNTY THE INSTITUTE FOR CLINICAL RE SEARCH AT HNMC PROVIDES EXCEPTIONAL INVESTIGATORS, FACILITIES, AND SERVICES FOR SPONSORING AGENCIES THAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESEARCH THE INSTIT UTE IS DEDICATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS TO TEST NEW MEDIC ATIONS, DEVICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS AS A DYNAMIC HEALTHCARE IN STITUTION THAT HAS RECEIVED MANY HONORS OF DISTINCTION FOR ITS CLINICAL EXCELLENCE AND COM PASSIONATE PATIENT CARE, HNMC IS WELL-SUITED TO PARTICIPATE IN THE QUEST FOR SCIENTIFIC BR EAKTHROUGHS HNMC'S STATE-OF-THE-ART FACILITIES EXCEED THE HIGHEST STANDARDS FOR CARRYING OUT TODAY'S MOST PROMISING CLINICAL RESEARCH THE INSTITUTE PROVIDES SPONSORS WITH RESEARC H SUPPORT THROUGHOUT ALL THE STAGES OF THEIR CLINICAL TRIALS SINCE ITS INCEPTION, HNMC HA S BEEN ACTIVELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUCATING AND MENTORIN G HEALTHCARE PROFESSIONALS THE HOLY NAME SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DE DICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SICK OR WELL THE REG ISTERED NURSE PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM, AND IS ACC REDITED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITI NG COMMISSION IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE PROGRAM AS WELL, W HICH IS A 12-MONTH PRACTICAL NURSE DIPLOMA PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOA RD OF NURSING BOTH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES OF M ANY ETHNICITIES AND AGE GROUPS IN ADDITION TO ITS OWN NURSING SCHOOL, HNMC PROVIDES, FREE OF CHARGE, BOTH A TRAINING GROUND AND MENTORING FOR STUDENTS FROM VARIOUS HEALTH ACADEMIC PROGRAMS OF SEVERAL COLLEGES AND UNIVERSITIES A VARIETY OF "EXTERNSHIPS" ARE ALSO OFFERE D WITHOUT CHARGE CAREER DAYS ARE ALSO HELD ON CAMPUS, AND THE MEDICAL CENTER PARTICIPATES IN HEALTH CAREER DAYS THROUGHOUT THE VARIOUS SCHOOLS AND COMMUNITIES HNMC HAS A NUMBER O F ACADEMIC RELATIONSHIPS THROUGH WHICH IT SERVES AS AN EDUCATIONAL ENVIRONMENT FOR STUDENT S AFFILIATION AGREEMENTS ARE MAINTAINED WITH SEVERAL COLLEGES AND UNIVERSITIES FOR NURSIN G STUDENTS, AND FOR RADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, RESPIRATORY, AND SURGICAL TEC HNICIANS TRAINEES FROM A UNIVERSITY ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS WHO ARE COMPLETING ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AN D ADMINISTRATION COMMUNITY HEALTH STUDENTS ROTATE THROUGH THE MEDICAL CENTER AS WELL PHY SICAL AND/OR OCCUPATIONAL THERAPY STUDENTS FROM WITH TEN COLLEGES IN NEW JERSEY AND OTHER STATES COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER, HNMC EMPLOYEES SERVE AS SUPERVIS ORS AND CLINICAL INSTRUCTORS FOR THESE STUDENTS UNDERGRADUATE, NURSE PRACTITIONER AND NUR SING DOCTORAL STUDENTS FROM YET ANOTHER UNIVERSITY COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION EACH YEAR, HNMC ACCEPTS A SMALL NUMBER OF RESIDENT S IN HEALTH POLICY, HEALTH FINANCE, AND HEALTH MANAGEMENT FROM UNIVERSITIES IN NEW YORK AN D MARYLAND THE STUDENTS COMPLETE THEIR RESIDENCIES UNDER THE DIRECTION OF THE CEO AND MEM BERS OF SENIOR MANAGEMENT

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM	SCHEDULE H, PART VI, QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE HOLY NAME MEDICAL CENTER, I NC AND SUBSIDIARIES NOT FOR-PROFIT ENTITIES HOLY NAME HEALTH CARE FOUNDATION HOLY NAME HEALTH CARE FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) HOLY NAME HEALTH CARE FOUNDATION, INC RAISE S FUNDS TO SUPPORT THE CHARITABLE PURPOSES OF HNMC, A RELATED INTERNAL REVENUE CODE SECTIO N 501(C)(3) TAX-EXEMPT ORGANIZATION HOLY NAME HEALTH CARE FOUNDATION, INC RELIES ON THE GENEROSITY OF INDEPENDENT SUPPORTERS TO SUSTAIN HNMC'S AWARD-WINNING PATIENT CARE AND OUTS TANDING HEALTHCARE SERVICES THROUGHOUT THE COMMUNITY HOLY NAME REAL ESTATE CORPORATION HO LY NAME REAL ESTATE CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERV ICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2) HOLY NAME REAL ESTATE CORPO RATION HOLDS TITLE TO REAL PROPERTY FOR THE PURPOSE OF SUPPORTING THE CHARITABLE PURPOSES OF HNMC HNMC IS A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING T HE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENT IOUS STEWARDSHIP HNMC HELPS THE COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMENT SISTERS OF ST JOSEPH OF PEACE SISTERS OF ST JOSEPH OF PEACE IS AN ORGANIZATION AFFILIATED WITH THE CATHOLIC CHURCH AND THE ARCHDIOCES E OF NEWARK, NEW JERSEY MS COMPREHENSIVE CARE CENTER MS COMPREHENSIVE CARE CENTER IS AN O RGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 5 09(A)(2) MS COMPREHENSIVE CARE CENTER SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERV ICES OF HNMC THIS ORGANIZATION FOCUSES UPON PROVIDING COMPREHENSIVE AND HUMANE CARE TO PA TIENTS WITH MULTIPLE SCLEROSIS AND THEIR FAMILIES THE OVERALL GOAL OF CARE IS MAINTENANCE OF THE PATIENT'S HIGHEST LEVEL OF INDEPENDENCE IN THEIR HOME AND WORK ENVIRONMENT WHILE M AINTAINING SAFETY AND COMFORT HOLY NAME EMS, INC HOLY NAME EMS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) HO LY NAME MEDICAL CENTER ("HNMC") EMERGENCY MEDICAL SERVICES ("EMS") AS PART OF THE LOCAL, C OUNTY, AND STATE EMERGENCY RESPONSE SYSTEM RESPONDS TO MANY INCIDENTS THAT HAVE OCCURRED T HROUGHOUT THE REGION AS PART OF THAT RESPONSE HNMC HAS BEEN DESIGNATED AS A NEW JERSEY (N J) STATE MEDICAL COORDINATION CENTER ("MCC") AND WORKS CLOSELY WITH EMS TO ENSURE A RESPON SE WHETHER LOCAL OR DISTANT HNH FITNESS, L L C HNH FITNESS, L L C IS A SINGLE MEMBER LI MITED LIABILITY COMPANY OF HNMC WHICH PROVIDES WELLNESS EDUCATION AND SERVICES TO THE COMM UNITY FOR-PROFIT ENTITIES HEALTH PARTNER SERVICES, INC HEALTH PARTNER SERVICES, INC IS A MANAGEMENT SERVICES COMPANY WHICH SERVICES PHYSICIAN PRACTICES WHO ARE AFFILIATED WITH HNMC PEACE HEALTH PARTNERS PEACE HEALTH PARTNERS IS A PHYSICIAN PRACTICE COMPANY WHICH CO ORDINATES PATIENT CARE AND SERVICES WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTE R PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS HOUSE PHYSICIAN PARTNERS HOUSE PHY SICIAN PARTNERS IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICE S WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTER PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS HEMATOLOGY/ONCOLOGY PHYSICIANS HEMATOLOGY/ONCOLOGY PHYSICIANS IS A P HYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICES WITH HNMC AND ITS AF FILIATES IN THE COMMUNITY TO BETTER PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS RIVERSIDE FAMILY CARE RIVERSIDE FAMILY CARE IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINA TES PATIENT CARE AND SERVICES WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTER PROM OTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS RADIATION ONCOLOGY PARTNERS RADIATION ON COLOGY PARTNERS IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICE S WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTER PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS EXCELCARE MEDICAL ASSOCIATES EXCELCARE MEDICAL ASSOCIATES IS A PHYSI CIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICES WITH HNMC AND ITS AFFILI ATES IN THE COMMUNITY TO BETTER PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS BREA ST IMAGING PARTNERS BREAST IMAGING PARTNERS IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINA TES PATIENT CARE AND SERVICES WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTER PROM OTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS IMA OF BERGEN COUNTY IMA OF BERGEN COUNT Y IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICES WITH HNMC AN D ITS AFFILIATES IN THE COMMUNITY TO BETTER PROMOT

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM	SCHEDULE H, PART VI, QUESTION 6	E AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS BREAST CARE PARTNERS BREAST CARE PARTNERS IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICES WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTER PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVID UALS WOMEN'S HEALTH PARTNERS, P C WOMEN'S HEALTH PARTNERS, P C IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CARE AND SERVICES WITH HNMC AND ITS AFFILIATES IN THE CO MMUNITY TO BETTER PROMOTE AND PROVIDE CONTINUUM OF CARE TO INDIVIDUALS WOMEN'S CLINIC PAR TNERS WOMEN'S CLINIC PARTNERS IS A PHYSICIAN PRACTICE COMPANY WHICH COORDINATES PATIENT CA RE AND SERVICES WITH HNMC AND ITS AFFILIATES IN THE COMMUNITY TO BETTER PROMOTE AND PROVID E CONTINUUM OF CARE TO INDIVIDUALS

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY SUBMIT A COMMUNITY BENEFIT REPORT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MS COMPREHENSIVE CARE CENTER718 TEANECK ROAD TEANECK,NJ 07666	22-2402959	501(C)(3)	105,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 1A	THE ORGANIZATION PAID FOR A HOUSING ALLOWANCE FOR KEVIN P MCCARTHY, VICE PRESIDENT OF DEVELOPMENT, IN THE AMOUNT OF $2,000 DURING 2010 THIS AMOUNT WAS FULLY INCLUDED IN TAXABLE INCOME AND REPORTED ON HIS 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING 2010 THE AMOUNTS OUTLINED HEREIN WAS INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES CAROL DINSMORE, $43,365, GREGORY M ADAMS, $184,063 AND PAUL C MENDELOWITZ, M D , $342,004
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES AN AMOUNT RELATING TO PARTICIPATION IN A DEFERRED COMPENSATION PLAN THIS AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES GREGORY M ADAMS, $569,694 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THESE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOSEPH M LEMAIRE, $236,429, MICHAEL MARON, $389,699 AND SHERYL SLONIM, $110,789
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	THE FOLLOWING INDIVIDUALS RECEIVED A BONUS DURING CALENDAR YEAR 2010 WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MICHAEL MARON, $300,000, SHERYL SLONIM, $100,000, ADAM JARRETT, $10,500, WAYNE KINDER, $50,000, JANE FIELDING-ELLIS, $10,000, CATHERINE YAXLEY-SCHMIDT, $220, MARCELLO GUARNERI, $10,000, MARGARET GALVIN, $150, CRAIG HERSH, M D , $500, HENRY FERNANDEZ-COS, $500, MICHAEL SKVARENINA, $50,500 AND KYUNG HEE CHOI, $20,500
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES GREGORY M ADAMS, $60,000

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-1487322
Name: HOLY NAME 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				
JOSEPH M LEMAIRE	(I)	742,140	0	27,564	239,891	10,320	1,019,915	0
	(II)	0	0	0	0	0	0	0
MICHAEL MARON	(I)	997,140	300,000	25,733	399,499	5,320	1,727,692	0
	(II)	0	0	0	0	0	0	0
SHERYL SLONIM	(I)	398,128	100,000	28,338	120,589	5,320	652,375	0
	(II)	0	0	0	0	0	0	0
WAYNE KINDER	(I)	258,050	50,000	12,620	9,800	5,320	335,790	0
	(II)	0	0	0	0	0	0	0
KEVIN P MCCARTHY	(I)	243,440	0	10,626	2,450	9,020	265,536	0
	(II)	0	0	0	0	0	0	0
JANE FIELDING ELLIS	(I)	220,178	10,000	9,089	8,842	5,320	253,429	0
	(II)	0	0	0	0	0	0	0
CATHERINE YAXLEY SCHMIDT	(I)	195,393	220	7,894	8,050	8,320	219,877	0
	(II)	0	0	0	0	0	0	0
MARCELLO GUARNERI	(I)	169,652	10,000	1,216	7,071	9,720	197,659	0
	(II)	0	0	0	0	0	0	0
CYNTHIA KAUFHOLD	(I)	95,394	0	80,214	0	10,820	186,428	0
	(II)	0	0	0	0	0	0	0
DEBORAH ZAYAS	(I)	173,495	0	635	6,993	5,320	186,443	0
	(II)	0	0	0	0	0	0	0
SHARAD WAGLE MD	(I)	348,050	0	2,376	9,800	5,320	365,546	0
	(II)	0	0	0	0	0	0	0
CRAIG HERSH MD	(I)	259,946	500	1,532	9,800	10,320	282,098	0
	(II)	0	0	0	0	0	0	0
HENRY FERNANDEZ COS MD	(I)	233,050	500	1,465	1,455	5,320	241,790	0
	(II)	0	0	0	0	0	0	0
MICHAEL SKVARENINA	(I)	169,845	50,500	1,154	4,355	6,820	232,674	0
	(II)	0	0	0	0	0	0	0
KYUNG HEE CHOI	(I)	192,556	20,500	3,080	7,702	5,320	229,158	0
	(II)	0	0	0	0	0	0	0
GREGORY M ADAMS	(I)	0	0	753,757	0	887	754,644	60,000
	(II)	0	0	0	0	0	0	0
PAUL C MENDELOWITZ MD	(I)	0	0	358,504	0	0	358,504	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

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HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FHK2	06-15-2006	60,816,719	CONSTRUCTION/RENOVATION/EQUIP		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FH89	09-02-2010	55,971,065	BOND REFUNDING/CAPITAL EXPENDITURE		X		X		X
C	NJ HEALTHCARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FJT1	11-22-2006	7,000,000	HNH FITNESS ACQUISITION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,025,558	47,290,816	7,039,950	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	64,931,252	55,971,106	416,077	
4	Gross proceeds in reserve funds	5,739,766			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,014,001	1,031,900	103,703	
8	Credit enhancement from proceeds	43,900		43,900	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	42,313,332	7,560,834	6,476,266	
11	Other spent proceeds	25,852,512	47,290,816	5	
12	Other unspent proceeds	37,200	87,557		
13	Year of substantial completion	2009	2010	2006	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X	X			
17	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	
		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 that may result in private business use of bond-financed property?	X		X			X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X			X		
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 600 %		0 600 %		0 600 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 600 %		0 600 %		0 600 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		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 entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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				
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) J FLETCHER CREAMER SON INC	TRUSTEE - CREAMER	220,596	CONSTRUCTION		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Additional Data

Software ID:
Software Version:
EIN: 22-1487322
Name: HOLY NAME MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD BALSAM CHAIRMAN - TRUSTEE	30	X		X				0	0	0
JOSEPH FRASCINO MD VICE CHAIRMAN - TRUSTEE	30	X		X				0	0	0
SISTER BARBARA MORAN CSJP SECRETARY - TRUSTEE	30	X		X				0	0	0
EDWIN H RUZINSKY CPA TREASURER - TRUSTEE	30	X		X				0	0	0
JOSEPH M LEMAIRE TRUSTEE - ASST SEC/ASST TREAS	430	X		X				769,704	0	250,211
PETER BAKER TRUSTEE	30	X						0	0	0
THOMAS BIRCH MD TRUSTEE	30	X						144,561	0	5,320
PATRICIA BURKE MD TRUSTEE	30	X						0	0	0
DAVID BUTLER MD TRUSTEE	30	X						0	0	0
TED A CARNEVALE CPA TRUSTEE	30	X						0	0	0
DALE A CREAMER TRUSTEE	30	X						0	0	0
JOHN M GERAGHTY TRUSTEE	30	X						0	0	0
LAWRENCE LAIKIN TRUSTEE	30	X						0	0	0
SALVATORE LARAIA MD TRUSTEE	30	X						0	0	0
DANIEL LEBER TRUSTEE	30	X						0	0	0
MICHAEL MARON TRUSTEE - PRESIDENT/CEO	430	X		X				1,322,873	0	404,819
SISTER ANTOINETTE MOORE CJSP TRUSTEE	30	X						0	0	0
JOSEPH PARISI JR TRUSTEE	30	X						0	0	0
ROBERT S RIGOLOSI MD TRUSTEE	30	X						95,765	0	0
MYRON ROSNER ESQ TRUSTEE	30	X						0	0	0
SISTER ANN RUTAN CSJP TRUSTEE	30	X						0	0	0
SISTER ANN TAYLOR CSJP TRUSTEE	30	X						0	0	0
LEON TEMIZ TRUSTEE	30	X						0	0	0
SHERYL SLONIM SENIOR VP, PATIENT CARE SVCS	550				X			526,466	0	125,909
ADAM JARRETT CHIEF MED OFFICER (7/30-12/31)	550				X			133,833	0	5,320

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			
WAYNE KINDER VP, FACILITIES	52 0				X			320,670	0	15,120
KEVIN P MCCARTHY VP, DEVELOPMENT	25 0				X			254,066	0	11,470
JANE FIELDING ELLIS VP, MARKETING & PR	55 0				X			239,267	0	14,162
CATHERINE YAXLEY SCHMIDT VP, PLANNING & GOVT AFFAIRS	55 0				X			203,507	0	16,370
MARCELLO GUARNERI VP, FINANCIAL SERVICES	55 0				X			180,868	0	16,791
CYNTHIA KAUFHOLD VP, REVENUE CYCLE	55 0				X			175,608	0	10,820
DEBORAH ZAYAS VP, NURSING SERVICES	55 0				X			174,130	0	12,313
LAURA ATKINS VP, HUMAN RESOURCES(2/9-12/31)	55 0				X			148,841	0	0
JOHN GRANGEIA VP, PROF SVCS (4/26-12/31)	55 0				X			140,843	0	7,920
CAROL DINSMORE VP, QUALITY IMPROV (1/1-4/1)	55 0				X			114,878	0	7,528
MARGARET GALVIN VP, LEGAL	55 0				X			113,767	0	9,831
SHARAD WAGLE MD MEDICAL DIRECTOR	55 0					X		350,426	0	15,120
CRAIG HERSH MD ASST VP, MEDICAL MANAGEMENT	55 0					X		261,978	0	20,120
HENRY FERNANDEZ COS MD MEDICAL DIRECTOR	55 0					X		235,015	0	6,775
MICHAEL SKVARENINA ASST VP, IS	55 0					X		221,499	0	11,175
KYUNG HEE CHOI DIRECTOR, KOREAN MEDICAL	55 0					X		216,136	0	13,022
GREGORY M ADAMS FORMER ASST SEC /ASST TREAS	0 0						X	753,757	0	887
PAUL C MENDELOWITZ MD FORMER SR VP, MEDICAL STAFF	0 0						X	358,504	0	0

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III	HOLY NAME MEDICAL CENTER (HNMC) IS A GENERAL MEDICAL AND SURGICAL TEACHING HOSPITAL HNMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZA TION PURSUANT TO ITS CHARITABLE PURPOSES, HNMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SE RVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, HNMC OPERATES CONSISTENTLY WITH THE FOL LOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 HNMC PROVIDES MEDICALLY NECESSAR Y HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY C ARE, SELF- PAY, MEDICARE AND MEDICAID PATIENTS, 2 HNMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS-A-DAY, 7-DAYS-A-WEEK, 365 DAYS-PER-YEAR, 3 HNMC M AINTAINS A MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTRO L OF HNMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE SISTERS OF ST JOSEPH OF PEACE BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINE NT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIE NT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF HNMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT HNMC PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AN D THAT THE USE AND CONTROL OF HNMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF TH E INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDU AL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY HNMC'S SOLE CORPORAT E MEMBER IS SISTERS OF ST JOSEPH OF PEACE (SSJP) SSJP IS THE TAX-EXEMPT PARENT OF HNMC A ND ITS AFFILIATES ("SYSTEM") THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSIS TS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EA CH ENTITY IS EITHER SSJP OR HNMC MISSION ====== HNMC IS A COMMUNITY OF CAREGIVERS COMMITT ED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT O F PROFESSIONAL EXCELLENCE AND CONSCIENTIOUS STEWARDSHIP HNMC HELPS THEIR COMMUNITY ACHIEV E THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH PREVENTION, EDUCATION, AND TREATMENT HIS TORY ======= IT WAS THE DEDICATION OF TWO TEANECK SURGEONS AND THE LEADERSHIP OF A CATHOLI C SISTER THAT MADE HNMC A REALITY IN 1925 RECOGNIZING THE NEED TO SERVE THE SICK AND INDI GENT OF THE COMMUNITY, DRS FRANK MCCORMACK AND GEORGE PITKIN APPEALED TO MOTHER GENERAL A GATHA BROWN OF THE SISTERS OF ST JOSEPH OF PEACE FOR HELP IN FINDING A SUITABLE MEDICAL C ENTER SITE AND IN PROVIDING ADMINISTRATIVE AND NURSING STAFFS THE SISTERS OF ST JOSEPH O F PEACE HAD BEEN A PRESENCE IN NEW JERSEY SINCE 1885, ONE YEAR AFTER THE ORDER WAS FOUNDED IN ENGLAND WITH THE GOAL OF FOSTERING PEACE AND JUSTICE IN THE WORLD THE SISTERS PURCHAS ED THE ESTATE OF THE LATE WILLIAM WALTER PHELPS AND ERECTED THE MEDICAL CENTER THERE, STAF FING IT WITH SISTERS AT ITS OPENING IN 1925, HNMC BOASTED 115 BEDS FIVE YEARS LATER, A 9 0-BED CLINIC BUILDING WAS BUILT TO MEET THE NEEDS OF AREA RESIDENTS WHO HAD BEEN IMPOVERIS HED BY THE GREAT DEPRESSION TEANECK WAS LITTLE MORE THAN A RURAL VILLAGE THEN, IN ALL OF BERGEN COUNTY THERE WERE SOME 250,000 INHABITANTS WITH THE COMPLETION OF THE GEORGE WASHI NGTON BRIDGE IN 1931, THE FAMILIAR CORNFIELDS AND APPLE ORCHARDS BEGAN TO DISAPPEAR A SUR GE OF DEVELOPMENT FOLLOWED WORLD WAR II, AND THE AREA SOON BECAME A THRIVING RESIDENTIAL A ND BUSINESS COMMUNITY HNMC THRIVED AS WELL IN 1955 A SECOND ADDITION WAS COMPLETED THE FOUR-STORY, 110-BED MARIAN PAVILION FEWER THAN 10 YEARS LATER, TWO MORE STORIES WERE ADDE D TO THE PAVILION DURING THE 1960S, THE WEST WING OF THE MARIAN BUILDING WAS ENLARGED BY THREE MORE UNITS FACED AGAIN WITH THE THREAT OF OVERCROWDING IN THE 1980S, THE MEDICAL CE NTER COMPLEX WAS ONCE MORE ENLARGED WITH CONSTRUCTION OF THE BRESLIN/KENNEDY BUILDING WIT H EACH ADVANCEMENT, THE MEDICAL CENTER HAS GROWN, NOT ONLY IN SIZE BUT IN REPUTATION AS H NMC CELEBRATES 86 YEARS OF CARING, IT CONTINUES TO TAKE STEPS TO BECOME A NATIONAL MODEL B Y IMPLEMENTING NEW, ADVANCED TECHNOLOGIES AND MEDICAL/SURGICAL TECHNIQUES, AS WELL AS BEST PRACTICES IN PROCESSES SUCH AS MEDICATION ADMINISTRATION, HEALTHCARE INFORMATION SYSTEMS, DISASTER PREPAREDNESS, AND BUILDING CONSTRUCTION AND DESIGN IMPROVEMENTS SUCH AS THESE A LLOW HNMC TO PROVIDE EVERY PATIENT WITH A SUPERIOR EXPERIENCE CHARACTERIZED BY SAFE, HIGH QUALITY CARE LEADING-EDGE CARE ========== HNMC IS A COMPREHENSIVE, 361-BED ACUTE C ARE FACILITY PROVIDING LEADING-EDGE MEDICAL PRACTICE AND TECHNOLOGY ADMINISTERED IN AN ENV IRONMENT ROOTED IN A TRADITION OF COMPASSION AND RESPECT FOR EVERY PATIENT HNMC OFFERS HI GH QUALITY HEALTHCARE ACROSS A CONTINUUM THAT ENCOMPASSES EDUCATION, PREVENTION, EARLY INT ERVENTION, COMPREHENSIVE TREATMENT OPTIONS, REHABI

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III	LITATION AND WELLNESS MAINTENANCE-FROM PRE-CONCEPTION THROUGH END-OF-LIFE WITH ALMOST 900 PHYSICIANS REPRESENTING DOZENS OF MEDICAL SPECIALTIES, HNMC PROVIDES AN EXCEPTIONAL HEALT HCARE EXPERIENCE FOR ITS PATIENTS "CENTERS OF EXCELLENCE" AT HNMC INCLUDE - REGIONAL CAN CER CENTER - THE INTERVENTIONAL INSTITUTE (OFFERING INNOVATIVE, NON-SURGICAL TREATMENT OPT IONS) - CARDIOVASCULAR SERVICES - GEORGE P PITKIN MD EMERGENCY CARE CENTER - WOMEN'S AND CHILDREN'S SERVICES - BONE AND JOINT CENTER OTHER OUTSTANDING SERVICES INCLUDE BUT ARE NOT LIMITED TO - SPECIALTY SURGERY SERVICES WITH EXPERTISE IN MINIMALLY INVASIVE TECHNIQUES, INCLUDING ROBOTICS - ADVANCED RADIOLOGICAL IMAGING, - HOSPICE AND PALLIATIVE SERVICES, IN CLUDING THE ESTABLISHMENT OF VILLA MARIE CLAIRE, A RESIDENTIAL HOSPICE FACILITY IN SADDLE RIVER, NJ - REHABILITATION MEDICINE, ENCOMPASSING HNH FITNESS, HNMC'S MEDICALLY-BASED FITN ESS CENTER IN ORADELL, NJ - BARIATRIC MEDICINE - CENTER FOR SLEEP MEDICINE - MATERNAL-FETA L MEDICINE FOR HIGH-RISK AND COMPLICATED PREGNANCIES - RENAL DIALYSIS - CULTURALLY- AND LI NGUISTICALLY-SENSITIVE HEALTH PROGRAMS KOREAN MEDICAL PROGRAM AND HISPANIC OUTREACH PROGR AM - INSTITUTE FOR CLINICAL RESEARCH

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	AFFILIATIONS AND ACADEMIC RELATIONSHIPS ========== IN 1997, H NMC BEGAN ITS ASSOCIATION WITH THE NEW YORK-PRESBYTERIAN HEALTH SYSTEM THIS AFFILIATION R ESULTED IN THE EXPANSION OF VITAL HEALTH SERVICES FOR OUR COMMUNITY INCLUDING - AN UPGRAD ED NEONATAL SPECIAL CARE NURSERY WITH ASSISTANCE FROM NEW YORK PRESBYTERIAN MEDICAL CENTER /COLUMBIA UNIVERSITY MEDICAL CENTER - INCREASED ACCESS TO CLINICAL TRIALS - EXPANDED EDU CATIONAL OPPORTUNITIES FOR HNMC PHYSICIANS HNMC IS ALSO AN ACADEMIC AFFILIATE OF COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS THE HNMC COMMUNITY ALSO ENJOYS OTHER ACADE MIC RELATIONSHIPS, WHICH PROVIDE AN EDUCATIONAL ENVIRONMENT FOR STUDENTS FROM A VARIETY OF HEALTHCARE PROFESSIONS - IN JULY 2010, HNMC BEGAN ACCEPTING THIRD AND FOURTH YEAR STUDEN TS FROM THE TOURO COLLEGE OF OSTEOPATHIC MEDICINE (NEW YORK, NY), TO COMPLETE CLINICAL ROT ATIONS IN FULFILLMENT OF THEIR CURRICULUM - AFFILIATION AGREEMENTS ARE MAINTAINED WITH BE RGEN COMMUNITY COLLEGE (PARAMUS, NJ) FOR NURSING STUDENTS, AND FOR RADIOLOGY, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS TRAINEES FROM RUTGERS UNIVERSITY (NEW BRUNSWICK, NJ) ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS WHO ARE COMPLETING ROTATIONS IN ACUTE CRIT ICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION THE TRAINEES ARE SUPERVISED BY A CLINICAL CARE COORDINATOR FROM THE UNIVERSITY ONE COMMUNITY HEALTH STUDEN T ROTATES THROUGH HNMC AS WELL - THE MEDICAL CENTER MAINTAINS A COLLABORATIVE AGREEMENT W ITH ST PETER'S COLLEGE (JERSEY CITY, NJ) TO PROVIDE THE OPTION FOR SCHOOL OF NURSING STUD ENTS TO TAKE ADDITIONAL COLLEGE CREDITS TO EARN AN ASSOCIATES OF APPLIED SCIENCE (AAS) DEG REE IN HEALTH SCIENCES THE AAS COMPLEMENTS THE DIPLOMA AWARDED FROM THE HOLY NAME SCHOOL OF NURSING EMPLOYEES OF HNMC ARE ALSO ABLE TO CONTINUE THEIR STUDIES BY PURSUING BACHELOR 'S, MASTER'S, AND ADVANCED PRACTICE NURSING DEGREES AT ST PETER'S COLLEGE IN THIS PROCES S, STUDENT EMPLOYEES WORK WITH VARIOUS ADMINISTRATIVE LEADERS WITHIN HNMC TO COMPLETE CLIN ICAL ROTATIONS - UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM FAI RLEIGH DICKINSON UNIVERSITY (TEANECK, NJ) COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DE PARTMENT OF NURSING EDUCATION - OTHER NURSING AFFILIATION AGREEMENTS ALSO EXIST BETWEEN H NMC AND SETON HALL UNIVERSITY (SOUTH ORANGE, NJ), WILLIAM PATERSON UNIVERSITY (WAYNE, NJ), FELICIAN COLLEGE (LODI, NJ), AND THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ) (NEWARK, NJ) IN ADDITION, ULTRASOUND AND NUCLEAR MEDICINE STUDENTS FROM UMDNJ MAY COMPLETE SEMESTER-LONG ROTATIONS IN HNMC'S DEPARTMENT OF RADIOLOGY UNDER THE INSTRUCTION O F SENIOR ULTRASOUND AND NUCLEAR MEDICINE STAFF A SIMILAR AGREEMENT FOR ROTATIONS IN ULTRA SOUND AT HNMC IS WITH NEW YORK UNIVERSITY (NEW YORK, NY) SENIOR ULTRASOUND STAFF MEMBERS FROM HNMC PROVIDE CLINICAL INSTRUCTION - PHYSICAL AND/OR OCCUPATIONAL THERAPY AGREEMENTS TO PERMIT STUDENTS TO COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER ARE WITH NEW YORK MEDICAL COLLEGE (VALHALLA, NY), UNION COUNTY COLLEGE (CRANFORD, NJ), HUNTER COLLEGE (NEW Y ORK, NY), MERCY COLLEGE (DOBBS FERRY, NY), QUINNIPIAC UNIVERSITY (HAMDEN, CT), THE UNIVERS ITY OF SCRANTON (SCRANTON, PA), THE UNIVERSITY OF WISCONSIN (LA CROSSE, WI), MISERICORDIA UNIVERSITY (DALLAS, PA), KEAN UNIVERSITY (UNION, NJ), AND ROCKLAND COMMUNITY COLLEGE (SUFF ERN, NY) IN ALL CASES, INSTRUCTION IS PROVIDED BY HNMC STAFF - EACH YEAR, HNMC ACCEPTS A SMALL NUMBER OF STUDENTS FROM THE COLUMBIA UNIVERSITY MAILMAN SCHOOL OF PUBLIC HEALTH PRO GRAM IN HEALTH POLICY AND MANAGEMENT AS SUMMER INTERNS INTERNS WORK ON SPECIFIC PROJECTS UNDER THE DIRECTION OF A MEMBER OF SENIOR MANAGEMENT IN 2009, HNMC ACCEPTED ITS FIRST STU DENT FROM THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH MASTERS PROGRAM IN HEALTH FI NANCE AND MANAGEMENT THE STUDENT COMPLETES AN 11-MONTH, FULL-TIME RESIDENCY UNDER THE DIR ECTION OF THE CEO AND MEMBERS OF SENIOR MANAGEMENT RECOGNITION ========== - TOP PERFORME R ON KEY QUALITY MEASURES FROM THE JOINT COMMISSION - MAGNET RECOGNITION BY THE AMERICAN N URSES CREDENTIAL CENTER (TOP 5% OF HOSPITAL NATIONWIDE FOR PATIENT CARE) - BEACON AWARD FO R CRITICAL CARE EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES - J D PO WER AND ASSOCIATES DISTINGUISHED HOSPITAL AWARDS - RECOGNIZED FOR EXCELLENCE IN OUTPATIENT SERVICE, EMERGENCY INPATIENT SERVICE AND MATERNITY SERVICE - HEALTHGRADES DISTINGUISHED H OSPITAL AWARDS FOR CLINICAL EXCELLENCE RANKED IN THE TOP 5% OF HOSPITALS IN THE NATION FOR CLINICAL EXCELLENCE AND MATERNITY CARE, 5-STAR RATING FOR GYNECOLOGICAL SERVICES, RANKED TOP 10% NATIONALLY FOR STROKE CARE - BEST IN VALUE AWARD FROM DATA ADVANTAGE, LLC - RECOGN IZED FOR QUALITY, AFFORDABILITY, EFFICIENCY, PATIENT SAFETY AND OVERALL EXPERIENCE - ACCRE DITED CHEST PAIN CENTER - RECOGNIZED FOR EXCELLENCE IN THE ABILITY TO DIAGNOSE AND TREAT C HEST PAIN AND ACUTE CORONARY SYMPTOMS - PRIMARY ST

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	ROKE CARE CERTIFICATION - RECOGNIZED BY THE JOINT COMMISSION FOR EXCELLENCE IN CARE TO STR OKE PATIENTS - MODERN HEALTHCARE MAGAZINE - RANKED AMONG THE TOP 10 IN THE NATION ON THE " 100 BEST PLACES TO WORK IN HEALTHCARE LIST - NJBIZ MAGAZINE - HNMC HAS BEEN RANKED FROM 20 06 THROUGH 2011 AS A "BEST PLACE TO WORK IN NEW JERSEY" - COMPANIES THAT CARE HONOR ROLL - AWARDED FOR EMPLOYEE APPRECIATION, WORK/LIFE BALANCE AND COMMUNITY INVOLVEMENT

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	CORE FORM, PART III, QUESTION 2	IN LATE 2007, THE SISTERS OF ST JOSEPH OF PEACE TRANSFERRED TO HOLY NAME MEDICAL CENTER T ITLE TO A 26-ACRE ESTATE IN SADDLE RIVER, NEW JERSEY THE ESTATE, KNOWN AS VILLA MARIE CLA IRE ("VMC"), INCLUDES A MANSION THAT HAS BEEN UNDER RENOVATION TO ACCOMMODATE A 20-BED HOS PICE FACILITY, FILLING A KNOWN NEED IN BERGEN COUNTY THE HOSPICE WILL BE OPEN TO ALL CLIN ICALLY ELIGIBLE PERSONS, WHETHER PREVIOUSLY ASSOCIATED WITH HOLY NAME MEDICAL CENTER OR NO T THE HOSPICE OPENED IN JANUARY 2011 VMC WILL PROVIDE ALL FOUR LEVELS OF IN-FACILITY HOS PICE CARE, AUGMENTING THE EXISTING HOME HOSPICE PROGRAM THE PRIMARY LEVELS OF CARE AT VMC WILL BE - GENERAL INPATIENT, CARE AVAILABLE WHEN PAIN OR SYMPTOMS ARE TOO DIFFICULT TO M ANAGE AT HOME - ROUTINE HOME CARE, CARE WHICH IS USUALLY PROVIDED AT HOME WILL BE DELIVER ED BY VMC THE OPTION TO LIVE AT THE VMC IS VOLUNTARY THUS, A DAILY ROOM AND BOARD CHARGE WILL BE ASSESSED IN ADDITION TO CLINICAL CARE THAT IS REIMBURSED BY PAYERS - RESPITE CAR E, CARE WHICH IS PROVIDED FOR FAMILY OR CAREGIVER BREAKDOWN OR FATIGUE HOSPICE COVERS UP TO A 5-DAY STAY IN A MEDICARE CERTIFIED CENTER THAT IS CONTRACTED WITH HOSPICE OPERATIONA L EXPENSES OF $708,000 HAVE BEEN INCURRED IN 2010 CAPITAL EXPENDITURES OF $1,529,812 HAVE BEEN INCURRED IN 2010

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	CORE FORM, PART III, LINE 4D	EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, REL IGION OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZAITON'S COMMUNITY BENEFIT STATEMENT IN CLUDED IN SCHEDULE O

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART IV, QUESTION 28 AND PART VII	A MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES, TED A CARNEVALE, CPA, IS A PARTNER IN A PUBLIC ACCOUNTING FIRM, GRAMKOW, CARNEVALE, SEIFERT & CO , L L C THIS FIRM PROVIDED ACCO UNTING, TAX AND CONSULTING SERVICES TO A RELATED ORGANIZATION OF HOLY NAME MEDICAL CENTER DURING 2010 THE RELATED ENTITY PAID GRAMKOW, CARNEVALE, SEIFERT & CO , L L C $155,955 FO R THESE SERVICES DURING 2010

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11A	THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANI ZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 99 0 WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION THE ORGANIZATION'S AUDIT COMMITTE E ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 AS PART OF TH E ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS W ORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL INCLUDING THE CHIEF FINANCIAL OFFI CER, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER INDIV IDUALS TO OBTA IN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FED ERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THO SE INDIV IDUALS OUTLINED ABOVE FOR THEIR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AN D APPROVAL A MEETING WAS ALSO HELD TO REVIEW THE FINAL DRAFT OF THE FEDERAL FORM 990 WITH THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW AND APPROVAL FOLLOWING THIS REVIEW THE FIN AL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNI NG BODY PRIOR TO THE FILING OF THE TAX RETURN WITH THE IRS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERS ONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUEST IONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE ORGANIZATI ON'S CHIEF COMPLIANCE OFFICER FOR REVIEW THEREAFTER THE ORGANIZATION'S CHIEF COMPLIANCE O FFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCL OSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS THEREAFTER, THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER PRESENTS THIS SUMMARY TO THE ORGANIZATION'S GOVERNANCE COMMITTEE FOR ITS REVIEW A ND DISCUSSION

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS W HEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIE F FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEF ERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMIT TEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTE E ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURP OSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTA IN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVI CES THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPT ION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN AD VANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPE NSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATEL Y DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDEN T AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPA RABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEP ENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRA PHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # O F LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS B ASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPEN SATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWE D AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OF FICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FO RM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFOR MANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT RE ASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE F ACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVE S, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJEC TS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW THE ORGANIZATION'S FILED CERTI FICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY SECRETARY OF STATE

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

Identifier	Return Reference	Explanation
BALANCE SHEET RESTATEMENT	CORE FORM, PART X	THE BEGINNING BALANCES ON THE BALANCE SHEET WERE ADJUSTED TO ACCURATELY REFLECT THE AUDITE D FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009 AND TO ALSO INCLUDE THE FINANC IAL ACTIVITY OF HNH FITNESS, L L C , A DISREGARDED ENTITY FOR TAX PURPOSES THESE RECLASSI FICATIONS PROVIDE A MORE ACCURATE COMPARISON BETWEEN THE TWO YEARS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN INTEREST OF HOLY NAME HEALTH CARE FOUNDATION, INC - ($3,350,530) - NET CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENTS - ($2,262,128) - CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS - $3,479,046 - NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL PURPOSES - $2,164,439 - NET TRANSFERS FROM/(TO) AFFILIATES - $632,391 - NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS (NOT INCLUDING DONATIONS OF $501,730) - ($4,081,060) - TEMPORARILY RESTRICTED DONATIONS - $501,730 - LOSS ON EXTINGUISHMENT OF DEBT - ($1,620,175)

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HOLY NAME MEDICAL CENTER, INC AND AFFILIATES, FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINED CONSOLIDATING SCHED ULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS HOLY NAME MEDICAL CENTER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDITED FINANCIAL STATEMENTS AND THE SELECT ION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ARNOLD BALSAM TITLE CHAIRMAN - TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH FRASCINO MD TITLE VICE CHAIRMAN - TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER BARBARA MORAN CSJP TITLE SECRETARY - TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWIN H RUZINSKY CPA TITLE TREASURER - TRUSTEE HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH M LEMAIRE TITLE TRUSTEE - ASST SEC/ASST TREAS HOURS 12

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PETER BAKER TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS BIRCH MD TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICIA BURKE MD TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID BUTLER MD TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TED A CARNEVALE CPA TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DALE A CREAMER TITLE TRUSTEE HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN M GERAGHTY TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAWRENCE LAIKIN TITLE TRUSTEE HOURS 12

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SALVATORE LARAIA MD TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL LEBER TITLE TRUSTEE HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL MARON TITLE TRUSTEE - PRESIDENT/CEO HOURS 12

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER ANTOINETTE MOORE CJSP TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH PARISI JR TITLE TRUSTEE HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT S RIGOLOSI MD TITLE TRUSTEE HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MYRON ROSNER ESQ TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER ANN RUTAN CSJP TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER ANN TAYLOR CSJP TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LEON TEMIZ TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHERYL SLONIM TITLE SENIOR VP, PATIENT CARE SVCS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ADAM JARRETT TITLE CHIEF MED OFFICER (7/30-12/31) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WAYNE KINDER TITLE VP, FACILITIES HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KEVIN P MCCARTHY TITLE VP, DEVELOPMENT HOURS 30

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANE FIELDING ELLIS TITLE VP, MARKETING & PR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CATHERINE YAXLEY SCHMIDT TITLE VP, PLANNING & GOVT AFFAIRS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARCELLO GUARNERI TITLE VP, FINANCIAL SERVICES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CYNTHIA KAUFHOLD TITLE VP, REVENUE CYCLE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEBORAH ZAYAS TITLE VP, NURSING SERVICES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAURA ATKINS TITLE VP, HUMAN RESOURCES(2/9-12/31) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN GRANGEIA TITLE VP, PROF SVCS (4/26-12/31) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROL DINSMORE TITLE VP, QUALITY IMPROV (1/1-4/1) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARGARET GALVIN TITLE VP, LEGAL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHARAD WAGLE MD TITLE MEDICAL DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CRAIG HERSH MD TITLE ASST VP, MEDICAL MANAGEMENT HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HENRY FERNANDEZ COS MD TITLE MEDICAL DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL SKVARENINA TITLE ASST VP, IS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KYUNG HEE CHOI TITLE DIRECTOR, KOREAN MEDICAL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GREGORY M ADAMS TITLE FORMER ASST SEC /ASST TREAS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL C MENDELOWITZ MD TITLE FORMER SR VP, MEDICAL STAFF HOURS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HNH FITNESS LLC 718 TEANECK ROAD TEANECK, NJ 07666 59-3836367	WELLNESS	NJ	1,705,708	6,886,017	HNMC
(2) HNLS LLC 718 TEANECK ROAD TEANECK, NJ 07666 45-3636025	INACTIVE	NJ	0	0	HNMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666 22-2737143	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	HNMC		
(2) HOLY NAME REAL ESTATE CORP 718 TEANECK ROAD TEANECK, NJ 07666 22-3412504	PROPERTY CO	NJ	501(C)(2)	N/A	HNMC		
(3) SISTERS OF ST JOSEPH OF PEACE 718 TEANECK ROAD TEANECK, NJ 07666 22-3412084	RELIGIOUS ORD	NJ	501(C)(3)	170B1AI	NA		
(4) MS COMPREHENSIVE CARE CENTER 718 TEANECK ROAD TEANECK, NJ 07666 22-2402959	HEALTHCARE	NJ	501(C)(3)	509(A)(2)	HNMC		
(5) HOLY NAME EMS INC 718 TEANECK ROAD TEANECK, NJ 07666 27-0294681	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HNMC		

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MS COMPREHENSIVE CARE CENTER	D	346,107	
(2) HNH FITNESS LLC	D	333,775	
(3) HOLY NAME REAL ESTATE CORPORATION	E	1,535,897	
(4) HOLY NAME HEALTH CARE FOUNDATION	R	6,713,392	
(5) MS COMPREHENSIVE CARE CENTER	B	105,000	
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-1487322
Name: HOLY NAME MEDICAL CENTER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
HEALTH PARTNER SERVICES INC 718 TEANECK ROAD TEANECK, NJ07666 22-3618636	MGMT SERVICES	NJ	HNMC	C CORP	0	545,362	100 000 %
PEACE HEALTH PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 22-3618634	HLTHCARE SVCS	NJ	NA	C CORP			
HOUSE PHYSICIAN PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 22-3808427	HLTHCARE SVCS	NJ	NA	C CORP			
HEMATOLOGYONCOLOGY PHYSICIANS 718 TEANECK ROAD TEANECK, NJ07666 22-3808421	HLTHCARE SVCS	NJ	NA	C CORP			
RIVERSIDE FAMILY CARE 718 TEANECK ROAD TEANECK, NJ07666 20-0446233	HLTHCARE SVCS	NJ	NA	C CORP			
RADIATION ONCOLOGY PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 20-1104758	HLTHCARE SVCS	NJ	NA	C CORP			
EXCELCARE MEDICAL ASSOCIATES 718 TEANECK ROAD TEANECK, NJ07666 20-3130405	HLTHCARE SVCS	NJ	NA	C CORP			
BREAST IMAGING PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 75-3226059	HLTHCARE SVCS	NJ	NA	C CORP			
IMA OF BERGEN COUNTY 718 TEANECK ROAD TEANECK, NJ07666 75-3226063	HLTHCARE SVCS	NJ	NA	C CORP			
BREAST CARE PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 11-3787403	HLTHCARE SVCS	NJ	NA	C CORP			
WOMEN'S HEALTH PARTNERS PC 718 TEANECK ROAD TEANECK, NJ07666 83-0511119	HLTHCARE SVCS	NJ	NA	C CORP			
WOMEN'S CLINIC PARTNERS 718 TEANECK ROAD TEANECK, NJ07666 36-4635222	HLTHCARE SVCS	NJ	NA	C CORP			

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2010

Attachment Sequence No **27**

Name(s) shown on return
HOLY NAME MEDICAL CENTER

Identifying number
22-1487322

1 Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						

3	Gain, if any, from Form 4684, line 42	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	**8**	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	**9**	

Part II Ordinary Gains and Losses (see instructions)

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

VARIOUS EQUIPMENT	12-01-1994	03-31-2010	600	1,900	1,900	
CIP WRITEN OFF					847,531	847,531

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 34 and 41a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-846,931
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions.	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	**18b**	

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) . .	20				
21 Cost or other basis plus expense of sale . . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 . .	23				
24 Total gain Subtract line 23 from line 20 . . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . . .	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Sections 291 amount (corporations only) . . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions) . .	29a				
b Enter the **smaller** of line 24 or 29a (see instructions) . .	29b				

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

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 . .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 36 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . .	35		