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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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
HUNTERDON MEDICAL CENTER
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
2100 WESCOTT DRIVE
Room/suite
City or town, state or country, and ZIP + 4
FLEMINGTON, NJ 08822

D Employer identification number
22-1537688

E Telephone number
(908) 788-6153

G Gross receipts \$ 237,828,138

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

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

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

J Website: WWW.HUNTERDONHEALTHCARE.ORG

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

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses/Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue breakdown, and expenses.

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.

Sign Here
Signature of officer: DANIEL J DEETS, TREASURER/CFO
Date: 2011-11-04

Paid Preparer Use Only
Print/Type preparer's name: Scott Mariani
Preparer's signature: Scott Mariani
Date:
Check if self-employed:
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

PLEASE REFER TO SCHEDULE O FOR A DETAILED MISSION AND COMMUNITY BENEFIT STATEMENT

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 \$ 100,123,050 including grants of \$ 0) (Revenue \$ 164,870,169)

EXPENSES INCURRED IN PROVIDING ANCILLARY SERVICES THE ANCILLARY SERVICES PROVIDED AT THE MEDICAL CENTER INCLUDE THE BASIC SERVICES OF THE LABORATORY AND DIAGNOSTIC IMAGING AS WELL AS THE MORE SPECIALIZED SERVICES OF CT SCANNING, NUCLEAR MEDICINE, CARDIAC TESTING, CARDIAC CATH, SLEEP LAB UTILIZING STATE OF THE ART EQUIPMENT FOR THE CONVENIENCE OF OUR PATIENTS AND THEIR FAMILIES ALSO PROVIDED ARE THERAPEUTIC SERVICES OF PHYSICAL, OCCUPATIONAL AND SPEECH SERVICES, AND ALL EMERGENCY SERVICES AND OPERATING ROOM PROCEDURES

4b (Code) (Expenses \$ 39,283,663 including grants of \$ 0) (Revenue \$ 21,943,682)

EXPENSES INCURRED IN PROVIDING INPATIENT NURSING SERVICES THE MEDICAL/SURGICAL UNITS ENSURE THAT QUALITY HEALTHCARE SERVICES ARE PROVIDED TO ALL PATIENTS DURING THEIR STAY AT THE MEDICAL CENTER DURING THE YEAR THE MEDICAL CENTER ADMITTED 8,385 PATIENTS AND PROVIDED 37,091 DAYS OF CARE

4c (Code) (Expenses \$ 10,495,250 including grants of \$ 0) (Revenue \$ 6,601,886)

EXPENSES INCURRED IN PROVIDING BEHAVIORAL HEALTH SERVICES HUNTERDON BEHAVIORAL HEALTH OFFERS A BROAD SPECTRUM OF COUNSELING AND THERAPY PROGRAMS, AND IS THE PRINCIPAL PROVIDER OF MENTAL HEALTH SERVICES IN THE COMMUNITY

4d Other program services (Describe in Schedule O)
(Expenses \$ 48,274,149 including grants of \$ 0) (Revenue \$ 36,166,378)

4e Total program service expenses \$ 198,176,112

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	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)		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> DANIEL J DEETS 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 (908) 788-6153

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)							7,128,538	0	1,824,116	

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 **178**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HUNTERDON CARDIOVASCULAR 1100 WESTCOTT DRIVE SUITE G3 FLEMINGTON, NJ 08822	MEDICAL	1,599,916
PRINCETON RADIOLOGY ASSOCIATES 3674 ROUTE 27 DEPT A KENDALL PARK, NJ 08824	MEDICAL	615,453
HUNTERDON IMAGING PA C/O HUNTERDON RADIOLOGICAL PO BOX CLINTON, NJ 08809	MEDICAL	344,072
GRANT FACILITY MANAGEMENT 188 FRIES MILL ROAD SUITE F-2 TURNERSVILLE, NJ 08012	FACILITY MAINTENANCE	311,477
MCCARTER ENGLISH LLP FOUR GATEWAY CENTER 100 MULBERRY S NEWARK, NJ 07101	LEGAL	205,208

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 **16**

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	839,381				
	e Government grants (contributions) 1e	4,572,104				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	131,276				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	5,542,761				
	Program Service Revenue	2a NET PATIENT SERVICE REVENUE	541900	223,258,328	223,258,328	
b STATE OF NJ CHARITY SUBSIDY		541900	1,629,575	1,629,575		
c HEALTH AND WELLNESS		713940	3,356,154	3,320,074	36,080	
d OTHER HEALTHCARE RELATED REVENUE		541900	1,060,026	1,060,026		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			229,304,083			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		1,107,283		1,107,283
	4 Income from investment of tax-exempt bond proceeds		17,994		17,994	
	5 Royalties		0			
	6a Gross Rents	(i) Real	799,943			
		(ii) Personal				
		b Less rental expenses	102,479			
		c Rental income or (loss)	697,464			
	d Net rental income or (loss)		697,464		697,464	
	7a Gross amount from sales of assets other than inventory	(i) Securities			0	
		(ii) Other				
		b Less cost or other basis and sales expenses			201,371	
		c Gain or (loss)			-201,371	
	d Net gain or (loss)		-201,371		-201,371	
	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 CHILD CARE		624410	649,584	278,032	371,552	
	b CAFETERIA	722320	378,588		378,588	
	c VENDING MACHINE	722320	27,902		27,902	
	d All other revenue					
e Total. Add lines 11a-11d		1,056,074				
12 Total revenue. See Instructions		237,524,288	229,268,003	314,112	2,399,412	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,760,834	5,016,541	744,293	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	103,478,801	90,109,443	13,369,358	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,934,256	7,779,959	1,154,297	
9	Other employee benefits	11,723,378	10,208,729	1,514,649	
10	Payroll taxes	8,488,882	7,392,127	1,096,755	
a	Fees for services (non-employees)				
	Management	1,268,025		1,268,025	
b	Legal	531,693		531,693	
c	Accounting	156,050		156,050	
d	Lobbying	47,786		47,786	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,175,281		1,175,281	
12	Advertising and promotion	786,480	684,868	101,612	
13	Office expenses	30,292,290	26,378,461	3,913,829	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,820,625	3,327,004	493,621	
17	Travel	27,403	23,863	3,540	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	306,702	267,076	39,626	
20	Interest	2,519,692	2,519,692		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,797,331	10,797,331		
23	Insurance	4,565,215	3,975,394	589,821	
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	PROVISION FOR BAD DEBTS	8,418,370	8,418,370	0	0
b	MAINTENANCE/SERVICE CONTRACT	7,768,477	6,759,739	1,008,738	0
c	UTILITIES	4,211,332	3,664,105	547,227	0
d	PHYSICIAN FEES	2,993,361	2,993,361	0	0
e	CENTRAL BUSINESS OFFICE	2,495,523	2,495,523	0	0
f	All other expenses	6,141,209	5,364,526	776,683	0
25	Total functional expenses. Add lines 1 through 24f	226,708,996	198,176,112	28,532,884	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,068	1	8,372
	2 Savings and temporary cash investments	27,276,470	2	38,721,768
	3 Pledges and grants receivable, net	695,521	3	1,309,675
	4 Accounts receivable, net	25,953,617	4	26,008,747
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	94,332	5	59,104
	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	2,987,533	7	2,859,676
	8 Inventories for sale or use	919,267	8	809,642
	9 Prepaid expenses and deferred charges	2,631,881	9	2,720,537
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	231,430,942		
	b Less accumulated depreciation	128,469,380	105,054,305	10c 102,961,562
	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	80,601,450	13	85,646,404
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,375,819	15	6,005,182
16 Total assets. Add lines 1 through 15 (must equal line 34)	252,599,263	16	267,110,669	
Liabilities	17 Accounts payable and accrued expenses	16,856,533	17	19,805,036
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	52,605,787	20	51,213,301
	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	1,237,293	23	701,194
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	41,638,859	25	47,736,603
	26 Total liabilities. Add lines 17 through 25	112,338,472	26	119,456,134
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	119,830,407	27	127,405,906
	28 Temporarily restricted net assets	6,920,650	28	5,890,579
	29 Permanently restricted net assets	13,509,734	29	14,358,050
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	140,260,791	33	147,654,535	
34 Total liabilities and net assets/fund balances	252,599,263	34	267,110,669	

Part XI Reconciliation 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	237,524,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	226,708,996
3	Revenue less expenses Subtract line 2 from line 1	3	10,815,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,260,791
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,421,548
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	147,654,535

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

- 1 A church, convention of churches, or association of churches 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in 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 section 501(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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Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM ATWATER CHAIRMAN - TRUSTEE	3 0	X		X			0	0	0	
ELLEN LOCKER VICE CHAIR - TRUSTEE	3 0	X		X			0	0	0	
CAROL HARDING SECRETARY - TRUSTEE	3 0	X		X			0	0	0	
ROBERT J CODY MD TRUSTEE	3 0	X					0	0	0	
JAMES COLEMAN III TRUSTEE	3 0	X					0	0	0	
PATRICK COLLALTO MD TRUSTEE	3 0	X					0	0	0	
JERROLD S GERTZMAN MD TRUSTEE	3 0	X					192,973	0	80,545	
BARRY GOODMAN ESQ TRUSTEE	3 0	X					0	0	0	
LAWRENCE N GRAND TRUSTEE - EXECUTIVE VP/COO	37 0	X		X			363,199	0	62,934	
JAMES H GRIFFITH TRUSTEE	3 0	X					0	0	0	
JAMES LYNCH TRUSTEE	3 0	X					0	0	0	
RENEE SELMAN TRUSTEE	3 0	X					0	0	0	
GLENN TONNESSEN MD TRUSTEE	3 0	X					0	0	0	
GREGORY C WATTS ESQ TRUSTEE	3 0	X					0	0	0	
ROBERT P WISE TRUSTEE, EX-OFFICIO - PRES/CEO	10 0	X		X			647,295	0	369,043	
DANIEL J DEETS TREASURER/CFO	8 0			X			385,144	0	69,771	
ROBERT PICKOFF MD CMO (TERMED 6/26/10)	9 0			X			270,323	0	62,731	
ROBERT COATES MD VPMA (10/4/10-12/31/10)	37 0			X			213,763	0	82,809	
DEBORAH L HOSKINS DIRECTOR OF FINANCE	40 0			X			228,515	0	71,920	
GLEN A MAMARY VP, CHIEF INFORMATION OFFICER	40 0				X		176,973	0	80,014	
GEORGE ROKSVAAG MD VP MEDICAL MANAGEMENT	3 0				X		339,430	0	56,030	
NEIL HUDES VP PROFESSIONAL SERVICES	34 0				X		280,285	0	97,467	
DONALD PINNER VP MANAGED CARE	9 0				X		224,866	0	56,966	
PATRICIA STEINGALL VP PATIENT CARE	40 0				X		195,891	0	58,115	
VIOLET T KOCSIS VP HUMAN RESOURCES	40 0				X		183,410	0	93,643	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEREDITH G BETZ VP FOUNDATION	0 0				X			166,237	0	47,672
STANLEY KOZAKOWSKI MD DIR FAMILY MED RESIDENCY PROG	40 0				X			284,693	0	96,214
DARLENE MITCHELL DIRECTOR CORPORATE COMPLIANCE	40 0				X			183,926	0	38,036
JEFFREY HARTFORD MD PHYSICIAN	40 0					X		804,135	0	79,969
KEITH GOLDSTEIN MD PHYSICIAN	40 0					X		617,702	0	77,807
ANTHONY A GRANATO MD PHYSICIAN	40 0					X		481,701	0	79,242
JOSEPH GUGLIOTTA MD PHYSICIAN	40 0					X		446,027	0	83,840
SOHAIL HADDAD MD PHYSICIAN	40 0					X		442,050	0	79,348

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

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

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

Table with 2 columns: Name of the organization (HUNTERDON MEDICAL CENTER) and Employer identification number (22-1537688)

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 function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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													
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-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		47,786
j Total lines 1c through 1i			47,786
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, LINE 1I	DURING 2010, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM \$25,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTH CARE LEGISLATIVE MATTERS. IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE NEW JERSEY HOSPITAL ASSOCIATION WHICH BOTH 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 \$22,786 DURING THE YEAR ENDED DECEMBER 31, 2010.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	15,223,818	13,551,717	17,327,673		
b Contributions					
c Investment earnings or losses	1,011,759	1,814,442	-3,224,603		
d Grants or scholarships					
e Other expenditures for facilities and programs	185,499	142,341	551,353		
f Administrative expenses					
g End of year balance	16,050,078	15,223,818	13,551,717		

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

- a** Board designated or quasi-endowment
- b** Permanent endowment 89.460 %
- c** Term endowment 10.540 %

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		6,796,849		6,796,849
b Buildings		90,090,478	31,925,573	58,164,905
c Leasehold improvements		2,774,336	2,048,006	726,330
d Equipment		120,878,298	91,065,786	29,812,512
e Other		10,890,981	3,430,015	7,460,966
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				102,961,562

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	237,524,288
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	226,708,996
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,815,292
4	Net unrealized gains (losses) on investments	4	2,106,099
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,527,647
9	Total adjustments (net) Add lines 4 - 8	9	-3,421,548
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,393,744

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	239,732,866
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,106,099
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	102,479
e	Add lines 2a through 2d	2e	2,208,578
3	Subtract line 2e from line 1	3	237,524,288
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	237,524,288

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

1	Total expenses and losses per audited financial statements	1	226,811,475
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	102,479
e	Add lines 2a through 2d	2e	102,479
3	Subtract line 2e from line 1	3	226,708,996
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	226,708,996

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	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009, INCLUDING THIS ORGANIZATION, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2010 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 THE MEDICAL CENTER IS A TAX-EXEMPT NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOE TAXES IS REQUIRED THE MEDICAL CENTER RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED
REC OF CHANGE IN NET ASSETS FROM 990 TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN FUND BALANCE INCLUDE -PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, (\$6,360,932), -NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS, \$1,015,040, -NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS, (\$1,030,071) AND -NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS, \$848,316
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - RENTAL EXPENSES - \$102,479
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - RENTAL EXPENSES - \$102,479

Additional Data

Software ID:
Software Version:
EIN: 22-1537688
Name: HUNTERDON 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
SHORT-TERM INVESTMENTS	13,405,848	F
ASSETS WHOSE USE IS LIMITED	1,035,314	F
FUNDS HELD BY TRUSTEE	8,842,558	F
AGENCY FUNDS	4,514,814	F
BOARD DESIGNATED FUNDS	36,823,402	F
DONOR RESTRICTED ASSETS	14,245,581	F
BENEFICIAL INTEREST IN TRUSTS	2,016,553	F
INVESTMENTS - LAND	213,099	F
ASSETS OF HMC FOUNDATION	4,549,235	F

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 HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," is it a written policy? 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. 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. 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Did 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. 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Does the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public? 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

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

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	1	0	472,290	60,690	411,600	0.190 %
2 Economic development		0	0	0	0	0 %
3 Community support	1	0	635	0	635	0 %
4 Environmental improvements	1	2,000	120,692	10,978	109,714	0.050 %
5 Leadership development and training for community members		0	0	0	0	0 %
6 Coalition building		0	0	0	0	0 %
7 Community health improvement advocacy		0	0	0	0	0 %
8 Workforce development		0	0	0	0	0 %
9 Other		0	0	0	0	0 %
10 Total	3	2,000	593,617	71,668	521,949	0.240 %

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	3,449,859	
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	862,465	
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	53,359,177
6 Enter Medicare allowable costs of care relating to payments on line 5	6	57,826,228
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-4,467,051
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes
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	HUNTERDON MEDICAL CENTER 2100 WESCOT DRIVE FLEMINGTON, NJ 08822	X	X		X			X		

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? 18

Name and address

Type of Facility (Describe)

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

Additional Data

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

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

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? <u>18</u>	Type of Facility (Describe)
Name and address	
HUNTERDON H & W CENTER AT CLINTON 1742 ROUTE 31 NORTH CLINTON, NJ 08809	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
SANDHILL MEDICAL OFFICE BUILDING 6 SAND HILL ROAD FLEMINGTON, NJ 08822	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PEDIATRICS AND LAB
HMC PAVILION 190 HIGHWAY 31 SUITE 100 FLEMINGTON, NJ 08822	BEHAVIORAL HEALTH, FAMILY MEDICINE, PHYSICAL THERAPY, PSYCHIATRY
HMC HOME HEALTH SERVICES 315 ROUTE 31 FLEMINGTON, NJ 08822	HOME HEALTH SERVICES
WESCOTT MEDICAL ARTS BUILDING 9100 WESCOTT DRIVE FLEMINGTON, NJ 08822	NUTRITION & DIABETES MGMT , WOUND HEALING CENTER, ENDOCRINOLOGY
HUNTERDON DOCTORS OFFICE BUILDING 1100 WESCOTT DRIVE FLEMINGTON, NJ 08822	DERMATOLOGY, INFECTIOUS DISEASE, GASTROENTEROLOGY & NUTRITION
HUNTERDON H & W CENTER AT WHITEHOUSE 537 ROUTE 22 EAST WHITEHOUSE STATION, NJ 08889	HEALTH & WELLNESS, CARDIAC REHAB, PHYSICAL THERAPY, PEDIATRICS
PHILLIPS BARBER FAMILY HEALTH CENTER 73 ALEXANDER AVENUE LAMBERTVILLE, NJ 08530	FAMILY HEALTH CENTER, MICU, EMS
DEL VAL FAMILY HEALTH CENTER 200 FRENCHTOWN ROAD MILFORD, NJ 08848	FAMILY HEALTH CENTER
HMC AT WASHINGTON 140 BOULEVARD WASHINGTON, NJ 07882	PHYSICAL & OCCUPATIONAL THERAPY, FAMILY HEALTH CENTER
HUNTERDON PEDIATRIC ASSOCIATES 8 READING ROAD FLEMINGTON, NJ 08822	PEDIATRICS
HMC MOBILE INTENSIVE CARE SERVICES 130 BELVIDERE ROAD PHILLIPSBURG, NJ 08865	MICU
MOBILE INTENSIVE CARE SVCS AT GLEN GARDNER 2168 ROUTE 31 GLEN GARDNER, NJ 08826	MICU, EMS
SSB BUILDING 1 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	FAMILY PRACTICE
HIGHLANDS FAMILY HEALTH CENTER 60 FRONTAGE ROAD HAMPTON, NJ 08827	FAMILY HEALTH CENTER
BRANCBURG FAMILY HEALTH CENTER 2143 SOUTH BRANCH ROAD SOMERVILLE, NJ 08876	FAMILY HEALTH CENTER
HOPEWELL FAMILY PRACTICE 84 ROUTE 31 SUITE 103 PENNINGTON, NJ 08534	FAMILY PRACTICE
HOPEWELL FAMILY PRACTICE 84 EAST BORAD STREET HOPEWELL, NJ 08525	FAMILY PRACTICE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>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?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>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.</p>	Yes									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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 1B	THE ORGANIZATION PAID ROTARY CLUB DUES FOR ROBERT P WISE, PRESIDENT/CEO OF THE ORGANIZATION. UTILIZATION OF THIS MEMBERSHIP WAS PRIMARILY FOR THE BENEFIT OF HUNTERDON MEDICAL CENTER.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. MEREDITH G BETZ, \$17,910. 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 EACH INDIVIDUAL'S 2010 FORM W-2, AS TAXABLE WAGES. LAWRENCE N GRAND, \$33,369, ROBERT PICKOFF, M D, \$10,319, PATRICIA STEINGALL, \$24,170, ROBERT P WISE, \$210,806, DANIEL J DEETS, \$23,836, ROBERT COATES, M D, \$3,375, DEBORAH L HOSKINS, \$16,522, GLEN A MAMARY, \$12,507, GEORGE ROKSVAAG, M D, \$24,601, NEIL HUDES, \$20,025, DONALD PINNER, \$15,239, VIOLET T KOCSIS, \$16,211, MEREDITH G BETZ, \$7,016, STANLEY KOZAKOWSKI, M D, \$22,960.
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. LAWRENCE N GRAND, \$69,240, ROBERT PICKOFF, M D, \$80,812, PATRICIA STEINGALL, \$13,822, ROBERT P WISE, \$159,750, DANIEL J DEETS, \$73,646, ROBERT COATES, M D, \$26,262, DEBORAH L HOSKINS, \$32,992, GLEN A MAMARY, \$23,748, GEORGE ROKSVAAG, M D, \$44,206, NEIL HUDES, \$53,219, DONALD PINNER, \$30,978, VIOLET T KOCSIS, \$19,915, MEREDITH G BETZ, \$14,823, DARLENE MITCHELL, \$21,400, JEFFREY HARTFORD, M D, \$141,605, KEITH GOLDSTEIN, M D, \$403,165, ANTHONY A GRANATO, M D, \$338,783 AND SOHAIL HADDAD, M D, \$241,987.
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F REPRESENTS AN AMOUNT THAT WAS RECEIVED IN 2010 AND REPORTED ON PRIOR FORMS 990 AS NOT CURRENTLY TAXABLE DEFERRED COMPENSATION BECAUSE THE AMOUNT WAS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2010 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES AS FOLLOWS: MEREDITH G BETZ, \$17,910.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JERROLD S GERTZMAN MD	(i)	192,973	0	0	27,707	52,838	273,518	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE N GRAND	(i)	269,441	69,240	24,518	58,010	4,924	426,133	0
	(ii)	0	0	0	0	0	0	0
ROBERT P WISE	(i)	448,056	159,750	39,489	235,447	133,596	1,016,338	0
	(ii)	0	0	0	0	0	0	0
DANIEL J DEETS	(i)	281,847	73,646	29,651	48,477	21,294	454,915	0
	(ii)	0	0	0	0	0	0	0
ROBERT PICKOFF MD	(i)	174,803	80,812	14,708	34,960	27,771	333,054	0
	(ii)	0	0	0	0	0	0	0
ROBERT COATES MD	(i)	187,501	26,262	0	25,901	56,908	296,572	0
	(ii)	0	0	0	0	0	0	0
DEBORAH L HOSKINS	(i)	194,695	32,992	828	39,893	32,027	300,435	0
	(ii)	0	0	0	0	0	0	0
GLEN A MAMARY	(i)	152,737	23,748	488	31,285	48,729	256,987	0
	(ii)	0	0	0	0	0	0	0
GEORGE ROKSVAAG MD	(i)	287,144	44,206	8,080	49,242	6,788	395,460	0
	(ii)	0	0	0	0	0	0	0
NEIL HUDES	(i)	217,179	53,219	9,887	44,666	52,801	377,752	0
	(ii)	0	0	0	0	0	0	0
DONALD PINNER	(i)	188,015	30,978	5,873	38,057	18,909	281,832	0
	(ii)	0	0	0	0	0	0	0
PATRICIA STEINGALL	(i)	176,005	13,822	6,064	44,106	14,009	254,006	0
	(ii)	0	0	0	0	0	0	0
VIOLET T KOCSIS	(i)	156,826	19,915	6,669	35,716	57,927	277,053	0
	(ii)	0	0	0	0	0	0	0
MEREDITH G BETZ	(i)	132,857	14,823	18,557	7,016	40,656	213,909	17,910
	(ii)	0	0	0	0	0	0	0
STANLEY KOZAKOWSKI MD	(i)	266,645	0	18,048	47,601	48,613	380,907	0
	(ii)	0	0	0	0	0	0	0
DARLENE MITCHELL	(i)	162,353	21,400	173	18,747	19,289	221,962	0
	(ii)	0	0	0	0	0	0	0
JEFFREY HARTFORD MD	(i)	662,530	141,605	0	24,641	55,328	884,104	0
	(ii)	0	0	0	0	0	0	0
KEITH GOLDSTEIN MD	(i)	214,537	403,165	0	24,641	53,166	695,509	0
	(ii)	0	0	0	0	0	0	0
ANTHONY A GRANATO MD	(i)	142,918	338,783	0	24,641	54,601	560,943	0
	(ii)	0	0	0	0	0	0	0
JOSEPH GUGLIOTTA MD	(i)	446,027	0	0	41,141	42,699	529,867	0
	(ii)	0	0	0	0	0	0	0
SOHAIL HADDAD MD	(i)	200,063	241,987	0	24,641	54,707	521,398	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

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

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

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FZG1	12-01-2009	12,765,000	REPAY 1990 BOND SERIES & PURCHASE		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FLL5	12-12-2006	17,915,132	CONSTRUCTION OF CLINTON CAMPUS		X		X		X
C NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FHC0	01-05-2006	23,002,609	IS EQUIPMENT & CONST PARKING GAR		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	0	0	0	
2 Amount of bonds legally defeased	0	0	0	
3 Total proceeds of issue	12,765,000	17,915,132	23,002,609	
4 Gross proceeds in reserve funds	7,521,312	2,166,849	2,450,115	
5 Capitalized interest from proceeds	0	0	0	
6 Proceeds in refunding escrow	0	0	0	
7 Issuance costs from proceeds	255,300	358,303	562,217	
8 Credit enhancement from proceeds	0	0	0	
9 Working capital expenditures from proceeds	0	0	0	
10 Capital expenditures from proceeds	112,104	14,716,271	19,745,159	
11 Other spent proceeds	0	0	0	
12 Other unspent proceeds	4,876,284	673,709	245,118	
13 Year of substantial completion	2008	2008	2007	
	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 %		0 %		0 %			
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 %		0 %		0 %			
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		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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (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) MERCK SHARP DOHM	TRUSTEE - OFFICER OF CO	351,945	PURCHASE MEDICAL SUPPLIES		No
(2) REBECCA WISE	TRUSTEE - FAMILY MEMBER	22,728	EMPLOYEE		No
(3) HUNTERDON CARDIOVASCULAR	TRUSTEE - OFFICER OF CO	1,559,916	MEDICAL		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)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**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.**

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HUNTERDON MEDICAL CENTER ("HMC") IS A GENERAL MEDICAL AND SURGICAL TEACHING HOSPITAL. HMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, HMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. HMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. HMC MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL OF HMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF HMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF HMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. HMC'S SOLE CORPORATE MEMBER IS HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS"). HHS IS THE TAX-EXEMPT PARENT OF HUNTERDON MEDICAL CENTER. THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTH CARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS. MISSION ===== HUNTERDON MEDICAL CENTER STRIVES TO PROVIDE TO THE MAXIMUM EXTENT POSSIBLE COMPREHENSIVE QUALITY HEALTHCARE SERVICES WHICH ARE REQUIRED BY THE PEOPLE OF HUNTERDON COUNTY AND SURROUNDING AREAS AND APPROPRIATE TO THE MEDICAL CENTER ORGANIZATION. HMC WILL ASSUME AN APPROPRIATE ROLE IN THE EDUCATION OF PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS. CARE AND TREATMENT WILL BE EQUALLY ACCESSIBLE TO ALL PERSONS. HMC IS A 178-BED NON-PROFIT COMMUNITY HOSPITAL, PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC AND THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL AND COMMUNITY HEALTH SERVICES. VISION ===== HUNTERDON HEALTHCARE SYSTEM IS RECOGNIZED AS A NATIONAL MODEL FOR PROVIDING COMMUNITY FOCUSED HEALTHCARE THAT IS PATIENT-CENTERED AND DRIVEN BY A PASSION FOR CLINICAL EXCELLENCE. HUNTERDON MEDICAL CENTER ===== HUNTERDON MEDICAL CENTER WAS CREATED IN 1953 WITH THE VISION OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM IN MIND. NAMELY, THAT PRIMARY CARE WOULD BE DELIVERED BY FAMILY PHYSICIANS IN THE COMMUNITY, THAT CONSULTATIVE AND SPECIALTY CARE WOULD BE HOSPITAL-BASED WITH PATIENTS RETURNED TO THEIR PERSONAL PHYSICIANS AND FINALLY, THAT THE HOSPITAL WOULD BE A TRAINING CENTER FOR FAMILY PHYSICIANS. THIS SYSTEM HAS WORKED REMARKABLY WELL WITH HUNTERDON MEDICAL CENTER CURRENTLY ENJOYING ONE OF THE BEST QUALITY CARE OUTCOMES IN THE COUNTRY, AS WELL AS HAVING ONE OF THE LOWEST PER CAPITA COSTS FOR HOSPITALIZATION IN THE NATION. FAMILY MEDICINE IS REAL IN HUNTERDON COUNTY. THE CENTERPIECE OF THE HUNTERDON HEALTHCARE SYSTEM IS HUNTERDON MEDICAL CENTER. THE MEDICAL CENTER HAS 178 BEDS, INCLUDING ADVANCED MEDICAL AND SURGICAL UNITS, A 12-BED INTENSIVE CARE/CORONARY CARE UNIT, A 20-BED SAME DAY SURGERY CENTER, A 20-BED MATERNITY AND NEWBORN CARE CENTER WHICH WAS ONE OF THE FIRST SINGLE-ROOM MATERNITY CENTERS IN NEW JERSEY, A 10-BED PEDIATRIC UNIT AND A 14-BED BEHAVIORAL HEALTH WING. HUNTERDON LED THE NATION BY IMPLEMENTING THE FIRST, YEAR-ROUND NIGHT FLOAT SYSTEM FOR FAMILY MEDICINE RESIDENCY PROGRAMS. THIS SYSTEM ALLEVIATES RESIDENT FATIGUE AND ELIMINATES THE EXHAUSTION WHICH CAN BE DETRIMENTAL TO THE RESIDENTS, THEIR FAMILIES AND PATIENT CARE. A SECOND OR THIRD YEAR RESIDENT COVERS THE HOSPITAL FROM 10:00 P.M. UNTIL 8:00 A.M. IN A DESIGNED NIGHT FLOAT ROTATION. THIS ALLOWS A FIRST YEAR RESIDENT TO REST FROM 10:00 P.M. UNTIL 8:00 A.M. AND ALLOWS THE SECOND YEAR RESIDENT TO SLEEP IN THE COMFORT OF HIS/HER OWN HOME FROM MIDNIGHT UNTIL THE NEXT MORNING. FIRST YEAR RESIDENTS ARE SCHEDULED TO BE ON CALL ONE NIGHT IN FOUR, THE SECOND YEAR CALL SCHEDULE IS ONE NIGHT IN FIVE. THIS GUARANTEES AN ADEQUATE VOLUME AND EXPERIENCE TO DEVELOP MASTERY IN COMMON PROBLEM MANAGEMENT. THIRD YEAR RESIDENTS COVER OUTPATIENT CALL AND ADMISSIONS FOR THE FAMILY HEALTH CENTERS ON AVERAGE ONE NIGHT IN SIX. THE COMBINATION OF NIGHT FLOAT AND THE APPROPRIATE FREQUENCY OF NIGHT CALL COMBINES TO CREATE THE BEST POSSIBLE CA</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>LL SCHEDULE RADIOLOGY AND LAB SERVICES ARE STATE-OF-THE-ART HUNTERDON HAS RECEIVED THE P RESTIGIOUS 100 MOST WIRED HOSPITAL AND HEALTH NETWORKS AWARD IN NINE OF THE LAST ELEVEN YE ARS SPECIALTY STAFF MOST OF THE MEMBERS OF THE SPECIALTY MEDICAL STAFF HAVE OFFICES IN T HE HUNTERDON DOCTORS' OFFICE BUILDING ADJACENT TO THE MEDICAL CENTER COMMUNITY HEALTH SER VICES HUNTERDON MEDICAL CENTER HAS ACHIEVED WIDESPREAD RECOGNITION FOR ITS ROLE AS A PROV IDER OF COMMUNITY HEALTH SERVICES BEYOND THOSE NORMALLY ASSOCIATED WITH A HOSPITAL PATIEN T AND COMMUNITY HEALTH EDUCATION PROGRAMS, PUBLIC HEALTH SCREENING AND DETECTION SERVICES, A CERTIFIED HOME HEALTH AGENCY , BEHAVIORAL HEALTH SERVICES, AND END OF LIFE SERVICES COMP LEMENT THE MEDICAL CENTER'S COMPREHENSIVE IN-HOSPITAL SERVICES CHILD CARE FACILITY ON TH E GROUNDS OF THE MEDICAL CENTER IS A CHILD CARE FACILITY AVAILABLE TO CHILDREN OF EMPLOYEE S AND STAFF AS WELL AS TO OTHER MEMBERS OF THE COMMUNITY GERIATRICS GERIATRICS IS ONE OF ITS MAJOR INITIATIVES OF THE HUNTERDON MEDICAL CENTER, WITH A FULL TIME DIRECTOR, COMPREH ENSIVE HOSPITAL AND AMBULATORY SERVICES, AND LEADERSHIP IN THE DEVELOPMENT OF PLANNED ADUL T COMMUNITIES THREE OF OUR FACULTY PHYSICIANS HOLD THE CERTIFICATE OF ADDED QUALIFICA TION S IN GERIATRICS AND ONE HAS COMPLETED A FELLOWSHIP SPECIALTY SERVICES ===== HEART AND VASCULAR CARE -----</p> <p>HEART AND VASCULAR CARE AT HUNTERDON MEDIC AL CENTER COMBINES A KNOWLEDGEABLE STAFF OF PHYSICIANS AND SPECIALISTS WITH STATE-OF-THE-A RT TECHNOLOGY TO BRING THE PATIENT THE BEST CARDIOVASCULAR CARE IN HUNTERDON AND ITS SURRO UNding COUNTIES OUR SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLES US TO DIAGNOSE HEART AND VASCULAR DISEASE AND PERFORM INTERVENTIONAL PROCEDURES ON PATIENTS SUSPECTED OF HEART AND/OR VASCULAR DISEASE CANCER CARE ----- HUNTERDON REGIONAL CANCER CENTER IS ACCR EDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER AS A COMMUNITY HOSPITAL C ANCER PROGRAM THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS HAS RECOGNIZED THE CANCER PROGRAM AT HUNTERDON MEDICAL CENTER AS OFFERING HIGH QUALITY CANCER CARE ONLY ONE IN FOUR HOSPITALS THAT TREAT CANCER RECEIVE THIS SPECIAL APPROVAL THE RECOGNITION OF THIS QUALITY AND COMMITMENT ALLOWS THE PATIENT ACCESS TO THE EXPERT MEDICAL SPECIALISTS W HO ARE INVOLVED IN DIAGNOSING AND TREATING CANCER APPROVAL BY THE COMMISSION ON CANCER IS GIVEN ONLY TO THOSE FACILITIES THAT HAVE VOLUNTARILY COMMITTED TO PROVIDE THE BEST IN DIA GNOSIS AND TREATMENT OF CANCER TO MEET THE STANDARDS NECESSARY FOR COMMISSION APPROVAL, E ACH CANCER PROGRAM, AND THE ORGANIZATION THAT CONTROLS IT, MUST UNDERGO A RIGOROUS EVALUAT ION PROCESS AND A REVIEW OF ITS PERFORMANCE IN ORDER TO MAINTAIN APPROVAL, FACILITIES WIT H APPROVED CANCER PROGRAMS MUST UNDERGO AN ON-SITE REVIEW EVERY THREE YEARS RECEIVING CAR E AT A COMMISSION ON CANCER APPROVED CANCER PROGRAM ENSURES THAT THE PATIENT WILL RECEIVE - QUALITY CARE CLOSE TO HOME - COMPREHENSIVE CARE OFFERING A RANGE OF STATE-OF-THE ART SE RVICES AND EQUIPMENT - A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS A VAILABLE - ACCESS TO CANCER-RELATED INFORMATION, EDUCATION, AND SUPPORT - A CANCER REGISTRY THAT COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS, AND OFFE RS LIFELONG PATIENT FOLLOW-UP - ONGOING MONITORING AND IMPROVEMENT OF CARE - INFORMATION A BOUT ONGOING CANCER CLINICAL RESEARCH STUDIES AND NEW TREATMENT OPTIONS</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SURGICAL CARE ----- HUNTERDON MEDICAL CENTER PROVIDES THE PATIENT ACCESS TO THE MOST ADVANCED TECHNOLOGY, EXPERT SURGEONS AND PERSONALIZED PATIENT CARE IN A COMFORTING ENVIRONMENT DISTINGUISHED NURSES, SPECIALLY TRAINED IN SURGERY AND POST-ANESTHESIA CARE, HAVE ACHIEVED MAGNET STATUS, WHICH RECOGNIZES EXCELLENCE IN NURSING AND QUALITY PATIENT CARE ONLY 4 PERCENT OF ALL HEALTHCARE FACILITIES IN THE U.S. HAVE ATTAINED THIS NATIONAL HONOR SKILLED PROFESSIONAL STAFF WORK AS A TEAM WITH THE PHYSICIAN TO INDIVIDUALIZE PATIENT CARE AND RECOVERY WITH THE GOAL TO IMPROVE BODILY FUNCTION AND RETURN THE PATIENT TO DAILY ACTIVITIES AS SAFELY AND QUICKLY AS POSSIBLE HUNTERDON MEDICAL CENTER'S SURGERY DEPARTMENT PERFORMS NEARLY 6,000 SURGERIES PER YEAR TYPES OF SURGERY INCLUDE, AMONG OTHERS - ABDOMINAL SURGERY - APPENDECTOMY - ARTHROSCOPY - BARIATRIC SURGERY - BREAST SURGERY - CATARACT SURGERY - DILATION & CURETTAGE (D&C) - GALLBLADDER SURGERY - HERNIA SURGERY - HIP REPLACEMENT SURGERY - HYSTERECTOMY - KNEE REPLACEMENT SURGERY - LAMINECTOMY - NEUROSURGERY - PLASTIC SURGERY - SPINE SURGERY - VASCULAR SURGERY - UROLOGIC SURGERY PAIN IN THE BONES AND JOINTS CAN INTERFERE WITH ALMOST ALL ASPECTS OF LIFE MOBILITY IS CRITICAL TO ENJOYING FAMILY, STAYING ACTIVE AND PERFORMING DAY-TO-DAY TASKS THE CENTER FOR BONE AND JOINT HEALTH IS COMMITTED TO ALL ASPECTS OF BONE AND JOINT CARE WITH THE GOAL OF RESTORING QUALITY OF LIFE AS QUICKLY THE CIRCLE OF CARE REFERS TO THE COORDINATED, COMPREHENSIVE SERVICES THAT THE CENTER FOR BONE AND JOINT HEALTH OFFERS TO PATIENTS THE PROGRAM COORDINATOR CAN GUIDE PATIENTS THROUGH ALL OF THEIR OPTIONS AND HELP COORDINATE THESE SERVICES THE CENTER FOR BONE AND JOINT HEALTH OFFERS A COMPREHENSIVE APPROACH THAT REVOLVES AROUND HEALTH AND WELLNESS THE CENTER OFFERS PREVENTIVE THERAPIES, NUTRITION COUNSELING AND A FULL SPECTRUM OF NON-INVASIVE TREATMENTS THAT MAY COMPLETELY ELIMINATE THE NEED FOR SURGICAL OPTIONS BUT IF SURGERY IS ULTIMATELY NEEDED, THE CENTER'S WELLNESS APPROACH GETS YOU BACK TO A NORMAL QUALITY OF LIFE WEEKS SOONER THAN WITH TRADITIONAL OPTIONS THE NEUROSCIENCES CLINICAL SERVICE LINE'S MAIN FOCUS IS TO EVALUATE AND STAGE STRATEGIC INITIATIVES RELATED TO STROKE CARE, SLEEP MEDICINE, SPINE CARE, NEUROLOGICAL DISORDERS, AND BEHAVIORAL HEALTH THE SERVICE LINE'S STROKE SUBCOMMITTEE HAS FULLY IMPLEMENTED THE PRIMARY STROKE CENTER DESIGNATION, INCLUDING STAFF AND COMMUNITY EDUCATION PROGRAMS A SPINE CARE PROGRAM IS BEGINNING TO BE DEVELOPED STEPS NEEDED FOR INCEPTION OF A CONCUSSION CARE PROGRAM ARE BEING ADDRESSED THEY WILL CONTINUE TO IDENTIFY PROGRAMS AND SERVICES WHICH ARE MOST IN ALIGNMENT WITH THE SYSTEM'S OVERALL MISSION AND IN ESSENCE MOST MEET THE NEEDS OF OUR PATIENTS, ADDRESS PATIENT CARE EFFICIENCIES AND ENHANCE THE PATIENT CARE EXPERIENCE SERVICES =====</p> <p>BEHAVIORAL HEALTH ----- HUNTERDON BEHAVIORAL HEALTH ("HBH") PROVIDES HIGH-QUALITY, COMPREHENSIVE MENTAL HEALTH AND ADDICTION SERVICES HBH DIAGNOSES, TREATS AND CARES FOR ADOLESCENTS AND ADULTS WITH MENTAL ILLNESS, EMOTIONAL DIFFICULTIES OR ADDICTION EXPERT CLINICAL STAFF IS HIGHLY TRAINED IN TREATING INDIVIDUALS IN NEED OF PSYCHIATRIC AND PSYCHOLOGICAL SUPPORT OR ADDICTION TREATMENT HUNTERDON BEHAVIORAL HEALTH OFFERS - EVALUATION, MEDICATION MONITORING AND THERAPY FOR INDIVIDUALS WITH MENTAL HEALTH ISSUES - COUNSELING FOR FAMILIES IN CRISIS TO HELP PROVIDE A STABLE HOME ENVIRONMENT - SUPPORT FOR ADOLESCENTS AND ADULTS STRUGGLING WITH ALCOHOL OR DRUG ADDICTION - EMPLOYEE ASSISTANCE TO WORK WITH EMPLOYERS TO RESOLVE PERSONAL ISSUES HUNTERDON BEHAVIORAL HEALTH PROVIDES TREATMENT FOR CHILDREN, ADOLESCENTS AND ADULTS WHO EXPERIENCE - MENTAL ILLNESS - DRUG OR ALCOHOL ADDICTION - FAMILY CRISES - DIFFICULTIES IN THEIR WORK OR SCHOOL ENVIRONMENT - DEPRESSION - ANXIETY DISORDERS - ATTENTION DISORDERS - SLEEP DISORDERS - EATING DISORDERS - EMOTIONAL AND BEHAVIORAL ISSUES - PEER PRESSURE CARDIOPULMONARY REHABILITATION -----</p> <p>-- CARDIOPULMONARY REHABILITATION IS A MEDICALLY SUPERVISED PROGRAM OF HEALTH EDUCATION AND PHYSICAL ACTIVITY FOR WOMEN AND MEN OF ANY AGE THEIR MISSION IS TO TREAT THE BODY, MIND, AND SPIRIT OF PEOPLE WITH HEART OR LUNG DISEASE SO THEY MAY LEAD SATISFYING, PRODUCTIVE, AND HEALTHY LIVES THEIR PROFESSIONAL TEAM INCLUDES PHYSICIANS, RESPIRATORY THERAPISTS, REGISTERED NURSES, AND EXERCISE PHYSIOLOGISTS SPECIALLY TRAINED IN EXERCISE THERAPY AND DISEASE MANAGEMENT NATIONAL RECOGNITION BOTH THE CARDIAC AND PULMONARY REHABILITATION PROGRAM ARE NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION THIS CERTIFICATION PROCESS IS DESIGNED TO REVIEW AND MONITOR ADHERENCE TO THE HIGH STANDARDS AND GUIDELINES DEVELOPED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND OTHER PROFESSIONAL SOCIETIES TO BEST SERVE THE PATIENTS PROGRAMS - PHASE I CARDIAC REHABILITATION - PHASE II PULMONARY REHA</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BILITATION - PHASE III CARDIOPULMONARY REHABILITATION SLEEP DISORDERS ----- SLEEP DISORDERS ARE ASSOCIATED WITH A LONG LIST OF MEDICAL PROBLEMS, INCLUDING - HEART ATTACK - STROKE - IRREGULAR HEARTBEAT - HIGH BLOOD PRESSURE - HEART FAILURE - OBESITY - DIABETES THE SLEEP DISORDERS CENTER AT HUNTERDON MEDICAL CENTER TREATS MANY TYPES OF SLEEP DISORDERS, INCLUDING - SLEEP APNEA IS A MEDICAL DISORDER IN WHICH A PERSON, USUALLY A LOUD SNORER, EXPERIENCES AN OBSTRUCTION IN THE THROAT DURING SLEEP LACK OF SUFFICIENT AIR CAUSES THE INDIVIDUAL TO AWAKEN, USUALLY WITH A COUGH OR A GASP THAT OPENS THE AIRWAY AIRFLOW IS RE-ESTABLISHED AND BREATHING RESUMES DURING THE NEXT EPISODE PEOPLE WITH SLEEP APNEA HAVE TO WAKE UP BRIEFLY TO BREATHE, SOMETIMES HUNDREDS OF TIMES DURING THE NIGHT, ALTHOUGH THERE IS NO MEMORY OF THESE BRIEF AWAKENINGS - PERIODIC LIMB MOVEMENT SYNDROME MAY COEXIST WITH OBSTRUCTIVE SLEEP APNEA MULTIPLE JERKING MOVEMENTS, TYPICALLY OF THE LEGS, AWAKEN THOSE WITH THE DISORDER REPEATEDLY THROUGH THE NIGHT - RESTLESS LEGS SYNDROME IS A CONDITION INVOLVING SENSATIONS IN THE LEGS, AND SOMETIMES ARMS, WHILE THE INDIVIDUAL IS AWAKE THE SENSATIONS USUALLY OCCUR WHEN THE INDIVIDUAL IS LYING DOWN AND THE ONLY RELIEF IS TO MOVE THE LIMBS, KEEPING THE INDIVIDUAL AWAKE - NARCOLEPSY IS A NEUROLOGICAL DISORDER CHARACTERIZED BY EXCESSIVE DAYTIME SLEEPINESS INDIVIDUALS WITH NARCOLEPSY FALL ASLEEP AT INAPPROPRIATE, AND OCCASIONALLY, DANGEROUS TIMES - INSOMNIA REFERS TO A CHRONIC INABILITY TO INITIATE OR SUSTAIN SLEEP, RESULTING IN SLEEP DEPRIVATION AND DAYTIME FATIGUE THERE ARE NUMEROUS CAUSES FOR INSOMNIA, INCLUDING STRESS, ANXIETY, DEPRESSION, CHRONIC ILLNESS, MEDICATIONS, POOR SLEEP HABITS AND CIRCADIAN RHYTHM DISORDERS OCCASIONALLY, A SLEEP STUDY MAY BE PART OF THE EVALUATION, ESPECIALLY IF OBSTRUCTIVE SLEEP APNEA IS CONTRIBUTING HOSPITAL OWNED PHYSICIAN SPECIALTY SERVICES ===== - ENDOCRINOLOGY - GASTROENTEROLOGY - INFECTIOUS DISEASE - DERMATOLOGY - PSYCHIATRY - SENIOR SERVICES COMMUNITY CARE SERVICES ===== THE HUNTERDON HEALTH AND WELLNESS CENTER -----</p> <p>----- THE HUNTERDON HEALTH AND WELLNESS CENTER HAS TWO PREMIER FITNESS FACILITIES LOCATED IN WHITEHOUSE STATION AND CLINTON, NEW JERSEY IN HUNTERDON COUNTY MEMBERS BENEFIT FROM ACCESS TO HUNTERDON HEALTHCARE STAFF FOR GUIDANCE IN ATTAINING THEIR OPTIMAL HEALTH YOU'LL ALSO ENJOY ACCESS TO OUR HEALTH EDUCATION STAFF AND WELLNESS CLASSROOM FOR PROGRAMS WHICH FOCUS ON A VARIETY OF TOPICS DESIGNED TO IMPROVE YOUR LIFESTYLE</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BRIGHT TOMORROWS CHILD CARE CENTER ----- THE QUALITY OF THE S TAFF AT BRIGHT TOMORROWS CHILDCARE CENTER IS AN IMPORTANT ELEMENT IN THE QUALITY OF THE PR OGRAM THAT OUR CENTER OFFERS BRIGHT TOMORROWS PROVIDES - A DEVELOPMENTALLY APPROPRIATE CU RRICULUM - DAILY NUTRITIOUS LUNCH AND SNACKS - MONTHLY THEMES, CLASS TRIPS AND SPECIAL GUE STS - DIAPERS AND WIPES PROVIDED FOR INFANTS AND TODDLERS - AN ANNUAL BACK TO SCHOOL NIGHT BRIGHT TOMORROWS STRIVES TO MAINTAIN SUPERIOR STAFFING BY PROVIDING COMPETITIVE WAGES WIT HIN OUR INDUSTRY AND BY ENSURING THAT EACH STAFF MEMBER IS ACTIVELY ENGAGED IN ONGOING PRO FESSIOAL DEVELOPMENT ALL STAFF MEMBERS ARE REQUIRED TO HAVE TRAINING IN CPR AND FIRST AI D AND MUST PARTICIPATE IN A MINIMUM OF EIGHT HOURS OF ONGOING EDUCATION IN THE AREAS OF CH ILD DEVELOPMENT, CLASSROOM MANAGEMENT AND HEALTH AND SAFETY EACH YEAR EACH LEAD TEACHER I N OUR PRESCHOOL AND PRE-K CLASSROOMS HAVE THEIR BACHELOR'S DEGREE AND/OR A STATE CERTIFICA TION IN EITHER EARLY CHILDHOOD/ELEMENTARY EDUCATION A SECURE FRONT DOOR "CARD-SLIDE' SYST EM IS UTILIZED CARDS ARE SUPPLIED TO FAMILIES UPON ENROLLMENT ONLY AUTHORIZED PERSONNEL WILL BE ISSUED A CARD, ALL OTHERS MUST RING THE BELL AND BE LET IN BY A STAFF MEMBER EACH JUNE A FULL GRADUATION CEREMONY IS PERFORMED A PREVENTATIVE APPROACH TO DISCIPLINE TEACH ES POSITIVE BEHA VIORS, RATHER THAN PUNISHING FOR MISBEHAVIORS OUR GOAL IS TO PROVIDE CHIL DREN WITH MOTIVATION AND AN OPPORTUNITY TO MAKE CHOICES LEARNING SOCIAL SKILLS THROUGH GE NTLE, ENCOURAGING GUIDANCE, THE CHILDREN LEARN TO RESPECT THE NEEDS OF OTHERS, TO ADAPT TO ROUTINES AND SIMPLE RULES, AND THEY BECOME RESPONSIBLE GROUP MEMBERS PARENT INVOLVEMENT IS A VERY IMPORTANT PART OF OUR PROGRAM THE CENTER MAINTAINS AN "OPEN DOOR" POLICY AT ALL TIMES ALLOWING PARENTS TO COME AND OBSERVE THEIR CHILD AT ANY TIME PARENTS ARE ALSO WARM LY INVITED TO JOIN US AS A CHAPERONE ON A FIELD TRIP AT BRIGHT TOMORROWS, COMMUNICATION W ITH THE FAMILIES IS ONE OF THE MOST IMPORTANT ASPECTS OF OUR JOB HOME HEALTH SERVICES --- ----- HOME HEALTH SERVICES IS A NON-PROFIT HOME HEALTH AGENCY CERTIFIED BY THE FEDERAL GOVERNMENT, LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH, AND ACCREDITED BY TH E JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS AT HOME HEALTH SERVICES, EACH PATIENT'S PROGRAM IS CAREFULLY GUIDED AND PLANNED SO THAT ALL CARE IS INTEGRATED FOR MAXIMUM BENEFIT THE TEAM INCLUDES - HOME CARE NURSES - PHY SICAL THERAPISTS - OCCUPATIONA L THERAPISTS - SPEECH PATHOLOGISTS - MEDICAL SOCIAL WORKER - HOME HEALTH AIDES PHY SICIAN P ATIENT EDUCATOR IN ORDER TO BE ELIGIBLE FOR ADMISSION TO HOME HEALTH SERVICES, PATIENTS - MUST BE HOMEBOUND (UNABLE TO LEAVE HOME WITHOUT ASSISTANCE) - HAVE ONGOING MEDICAL SUPERV I SION AND ORDERS FROM A PHY SICIAN - REQUIRE PERIODIC VISITS FROM AT LEAST ONE OF FOUR PRIMA RY SERVICES 1 SKILLED NURSING 2 PHYSICAL THERAPY 3 OCCUPATIONAL THERAPY 4 SPEECH LANGU AGE THERAPY IF HOME HEALTH CARE IS NOT INDICATED, A REFERRAL MAY BE MADE TO ANOTHER COMMUN ITY AGENCY OR SERVICE - HOME HEALTH AIDES - HOME INFUSION - HOSPICE - RESPITE CARE - COMP ANION SERVICE - LIFELINE PERSONAL EMERGENCY RESPONSE SERVICE HUNTERDON FAMILY MEDICINE RES IDENCY ===== THE PRIMARY MISSION OF THE HUNTERDON MEDICAL CE NTER FAMILY MEDICINE RESIDENCY PROGRAM IS TO EDUCATE RESIDENTS UTILIZING THE VALUES AND PR ECEPTS WHICH ARE FUNDAMENTAL TO THE WA Y MEDICINE IS PRACTICED BY FAMILY PHY SICIANS IN HUNT ERDON COUNTY, NEW JERSEY, SO THAT THEY THEMSELVES MAY GRADUATE AS FAMILY PHY SICIANS WHO CA N PROVIDE THIS MODEL OF EXEMPLARY PRIMARY CARE TO THEIR PATIENTS, THEIR PATIENTS' FAMILIES AND THE COMMUNITIES WHICH THEY SERVE BECAUSE OF THE RESPECT THAT FAMILY MEDICINE ENJOYS IN HUNTERDON COUNTY, RESIDENTS HAVE A UNIQUE OPPORTUNITY TO SEE HOW EFFECTIVE A FAMILY PHY SICIAN CAN BE EVERY FACET OF HUNTERDON'S INTEGRATED DELIVERY SYST EM IS UTILIZED TO ENHANC E THE RESIDENT'S UNDERSTANDING OF THE FULL IMPACT OF FAMILY PRACTICE IN THIS COUNTRY OUR MISSION ALLOWS US TO MOVE TOWARD OUR ULTIMATE VISION IN FAMILY MEDICINE EDUCATION THIS VI SION IS TO CREATE A HUMANISTIC AND COMPASSIONATE FORM OF EDUCATION WHICH MODELS COMPLETELY THE HUMANISM AND COMPASSION THAT WE TEACH IN THE DOCTOR-PATIENT RELATIONSHIP OUR COMPETE NCY-BASED CURRICULUM IS CENTRAL TO BOTH OUR MISSION AND OUR VISION IT IS RECOGNIZED THAT EVERY RESIDENT HAS UNIQUE EDUCATIONAL STYLES AND NEEDS OUR EDUCATIONAL SYST EM IS DESIGNED TO CREATE A "CORE' CURRICULUM FOR EVERY RESIDENT AND A UNIQUE EDUCATIONAL EXPERIENCE BA SE D ON THEIR PASSIONS AND INTERESTS RESIDENTS CAN DEVELOP AN AREA OF CONCENTRATION AND FOCU S DURING THEIR THIRD YEAR WITH A RANGE OF OPPORTUNITIES INCLUDING SPORTS MEDICINE, GLOBAL HEALTH, GERIATRICS, PALLIATIVE CARE, AND OTHERS UNIVERSITY AFFILIATION ----- HUNTERDON MEDICAL CENTER HAS ENJOYED A MAJOR TEACHING AFFILIATION WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY -ROBERT WO</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OD JOHNSON MEDICAL SCHOOL SINCE 1972 AND HAS BEEN INVOLVED WITH THE TEACHING OF MEDICAL STUDENTS IN PHYSICAL DIAGNOSIS, OFFICE PRECEPTORSHIPS, THIRD-YEAR CLINICAL ROTATIONS AND FOURTH-YEAR ELECTIVES AND SUB-INTERNSHIPS THIS AFFILIATION ALLOWS EXTENDED LEARNING BEYOND HUNTERDON, INCLUDING A VARIETY OF EXCEPTIONAL PROGRAMS SUCH AS ADVANCED LIFE SAVING IN OBSTETRICS, CONFERENCES ON PROFESSIONALISM, CAREER DEVELOPMENT, MEDICAL-LEGAL ISSUES, CONTRACTING AND NEGOTIATIONS, RESEARCH AND OTHER SCHOLARLY ACTIVITIES COMMUNITY SUPPORT AND EDUCATION</p> <p>===== - ALCOHOLICS ANONYMOUS MEETINGS - ALZHEIMERS SUPPORT GROUP - ARTHRITIS & OSTEOPOROSIS SUPPORT GROUP - BEREAVEMENT SUPPORT GROUP - BONE MARROW DONOR RECRUITMENT DRIVE - BRAIN INJURY SUPPORT GROUP - BREAST CANCER SUPPORT GROUP - BREAST FEEDING SUPPORT GROUP - CAREGIVER SUPPORT GROUPS - CELIAC DISEASE SUPPORT GROUP - CHILDREN OF DIVORCE - DEPRESSION SUPPORT GROUP - DIABETES SUPPORT GROUP - FAMILY CANCER RISK ASSESSMENT PROGRAM - FAMILY SUPPORT GROUP - LOOK GOOD FEEL BETTER EDUCATIONAL GROUP - MENTAL ILLNESS FAMILY SUPPORT GROUPS - NARCOTICS ANONYMOUS MEETINGS - PERINATAL BEREAVEMENT SUPPORT GROUP - "SMART" RECOVERY DISCUSSION GROUP - SOCIAL SKILLS GROUP - MOM TIME SUPPORT GROUP (POSTPARTUM ADJUSTMENT/DEPRESSION SUPPORT)</p>

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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") IS THE SOLE MEMBER OF THIS ORGANIZATION HHS HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11A	THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO AND MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS") AND AFTER PRESENTATION AND REVIEW BY THE ORGANIZATION'S AUDIT COMMITTEE AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTH CARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS 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 FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AFTER THIS REVIEW THE FORM 990 WAS PRESENTED TO THE MEMBERS OF THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

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DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	<p>A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL TRUSTEES, SENIOR STAFF, AND OTHER KEY EMPLOYEES WHO ARE CURRENTLY SERVING THE ORGANIZATION. A REPORT SUMMARIZING THE DISCLOSURE STATEMENT RESPONSES IS PROVIDED TO THE BOARD OF TRUSTEES ANNUALLY. IT IS THE ORGANIZATION'S POLICY THAT IN THE EVENT OF A CONFLICT THEY DO THE FOLLOWING: IF THERE IS A CONFLICT RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF TRUSTEES, AND THE TRUSTEE CONCERNED SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AND SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF, EXCLUDING FROM THE ROOM AND THE VOTE THE PERSON WHOSE SITUATION WILL BE DISCUSSED. WHEN A CONFLICT OF INTEREST ARISES FOR ANY STAFF MEMBER EXCEPT THE PRESIDENT, THAT STAFF MEMBER SHALL REPORT IT TO THE PRESIDENT IN WRITING. A CONFLICT OF INTEREST RELATING TO THE PRESIDENT SHALL BE REPORTED IN WRITING TO THE CHAIRMAN OF THE BOARD.</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE IN 2010, THE EXECUTIVE COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE 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 COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY 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 INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE IN ADDITION, THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE GEOGRAPHIC AREA AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S COMPENSATION ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MINUTES THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE HUNTERDON HEALTHCARE SYSTEM, INC'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT THE ORGANIZATION'S FILED CERTIFICATE 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 THIS ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN FUND BALANCE INCLUDE -CHANGE IN NET UNREALIZED GAINS ON INVESTMENTS, OTHER THAN TRADING SECURITIES, \$2,106,099, -PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, (\$6,360,932), -NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS, \$1,015,040, -NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS, (\$1,030,071) AND -NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS, \$848,316

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XI, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009, INCLUDING THIS ORGANIZATION, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE HUNTERDON MEDICAL CENTER'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION ENGAGED A BIG FOUR INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE AN A- 133 AUDIT

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART V II

NAME WILLIAM ATWATER TITLE CHAIRMAN - TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ELLEN LOCKER TITLE VICE CHAIR - TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROL HARDING TITLE SECRETARY - TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT J CODY MD TITLE TRUSTEE HOURS 3

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME JAMES COLEMAN III TITLE TRUSTEE HOURS

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME PATRICK COLLALTO MD TITLE TRUSTEE HOURS 3

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME JERROLD S GERTZMAN MD TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BARRY GOODMAN ESQ TITLE TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAWRENCE N GRAND TITLE TRUSTEE - EXECUTIVE VP/COO HOURS 3

Identifier**Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME JAMES H GRIFFITH TITLE TRUSTEE HOURS 15

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

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME RENEE SELMAN TITLE TRUSTEE HOURS 3

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

Identifier**Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART V II

NAME GREGORY C WATTS ESQ TITLE TRUSTEE HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT P WISE TITLE TRUSTEE, EX-OFFICIO - PRES/CEO HOURS 30

Identifier**Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART V II

NAME DANIEL J DEETS TITLE TREASURER/CFO HOURS 32

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT PICKOFF MD TITLE CMO (TERMED 6/26/10) HOURS 31

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT COATES MD TITLE VPMA (10/4/10-12/31/10) HOURS 3

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME DEBORAH L HOSKINS TITLE DIRECTOR OF FINANCE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GLEN A MAMARY TITLE VP, CHIEF INFORMATION OFFICER HOURS

Identifier

**Return
Reference**

Explanation

HOURS DEVOTED FOR RELATED
ORGANIZATION

FORM 990 PART
VII

NAME GEORGE ROKSVAAG MD TITLE VP MEDICAL MANAGEMENT
HOURS 37

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART V II	NAME NEIL HUDES TITLE VP PROFESSIONAL SERVICES HOURS 6

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME DONALD PINNER TITLE VP MANAGED CARE HOURS 31

Identifier**Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME PATRICIA STEINGALL TITLE VP PATIENT CARE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VIOLET T KOCSIS TITLE VP HUMAN RESOURCES HOURS

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME MEREDITH G BETZ TITLE VP FOUNDATION HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STANLEY KOZAKOWSKI MD TITLE DIR FAMILY MED RESIDENCY PROG HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DARLENE MITCHELL TITLE DIRECTOR CORPORATE COMPLIANCE HOURS

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME JEFFREY HARTFORD MD TITLE PHYSICIAN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KEITH GOLDSTEIN MD TITLE PHYSICIAN HOURS

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME ANTHONY A GRANATO MD TITLE PHYSICIAN HOURS

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME JOSEPH GUGLIOTTA MD TITLE PHYSICIAN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SOHAIL HADDAD MD TITLE PHYSICIAN HOURS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HUNTERDON HEALTHCARE SYSTEM INC 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2537411	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		
(2) HUNTERDON HOSPICE 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2276083	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		
(3) VISITING HEALTH & SUPPORTIVE SERVICES 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-1636709	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		
(4) HUNTERDON MEDICAL CENTER FOUNDATION 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2526895	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		
(5) HUNTERDON REGIONAL COMMUNITY HEALTH INC 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-3453318	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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
(1) MIDJERSEY HEALTH CORPORATION 2110 WESCOTT DRIVE FLEMINGTON, NJ08822 22-2713664	HEALTHCARE	NJ	HHS	C CORP			
(2) HUNTERDON COMMUNITY CARE INC 2100 WESCOTT DRIVE FLEMINGTON, NJ08822 22-3453281	HEALTHCARE	NJ	HRCH	C CORP			
(3) HUNTERDON REGIONAL PHARMACY INC 2100 WESCOTT DRIVE FLEMINGTON, NJ08822 74-3055633	HEALTHCARE	NJ	HRCH	C CORP			

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

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

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

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

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

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

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k	Yes	
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 22-1537688
Name: HUNTERDON MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HUNT IMAGING ASSOC 2100 WESCOTT DR FLEMINGTON, NJ08822 22-3126699	HEALTHCARE	NJ	MIDJERSEY					No			No	
DELVALLEY OFF ASSOC 2100 WESCOTT DR FLEMINGTON, NJ08822 22-2878037	PROPERTY MGMT	NJ	MIDJERSEY					No			No	
HUNTERDON HEALTHCARE PARTNERS 2100 WESCOTT DR FLEMINGTON, NJ08822 22-3642089	HEALTHCARE	NJ	HHS					No			No	
HC FOR SURGERY LLC 2100 WESCOTT DR FLEMINGTON, NJ08822 22-3401213	HEALTHCARE	NJ	MIDJERSEY					No			No	
HUNT CARDVSC HEALTH 2100 WESCOTT DR FLEMINGTON, NJ08822 22-3665435	HEALTHCARE	NJ	MIDJERSEY					No			No	
N HUNT MED ASSOC 2100 WESCOTT DR FLEMINGTON, NJ08822 56-2539679	PROPERTY MGMT	NJ	MIDJERSEY					No			No	
KINGS COURT IMAGING 2100 WESCOTT DR FLEMINGTON, NJ08822 22-3732440	HEALTHCARE	NJ	MIDJERSEY					No			No	
HUNT MED OFF ASSOC 2100 WESCOTT DR FLEMINGTON, NJ08822 22-2338738	PROPERTY MGMT	NJ	MIDJERSEY					No			No	

Form 4797

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

2010

Attachment Sequence No 27

Attach to your tax return. See separate instructions.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return HUNTERDON MEDICAL CENTER

Identifying number 22-1537688

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)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 2 is empty.

3 Gain, if any, from Form 4684, line 42
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft.
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

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)
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)

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)

Table with 7 columns: Description, 01-01-2008, 12-31-2010, 0, 7,674,191, 7,875,562, 201,371

11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 34 and 41a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

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.

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

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)

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