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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
HOLY NAME MEDICAL CENTER

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
TEANECK, NJ 07666

D Employer identification number
22-1487322

E Telephone number
(201) 833-7016

G Gross receipts $ 361,360,511

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HOLYNAME ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1958

M State of legal domicile NJ

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,694
6	Total number of volunteers (estimate if necessary)	**6**	750
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,859,782	1,138,611
9	Program service revenue (Part VIII, line 2g)	285,652,026	300,095,758
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,496,940	8,591,050
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,308,958	3,313,150
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,317,706	313,138,569

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	124,748	182,588
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	150,362,042	154,034,098
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	124,985,908	130,967,577
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	275,472,698	285,184,263
19	Revenue less expenses Subtract line 18 from line 12	29,845,008	27,954,306

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	313,499,209	324,392,964
21	Total liabilities (Part X, line 26)	182,023,998	181,313,932
22	Net assets or fund balances Subtract line 21 from line 20	131,475,211	143,079,032

Part II Signature Block

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

Sign Here

****** | 2014-11-11
Signature of officer | Date

RYAN KENNEDY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott Mariani				P00642486

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 129,610,022 including grants of $ 0) (Revenue $ 130,073,891)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED INPATIENT SERVICES TO 15,579 PATIENTS PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

4b (Code) (Expenses $ 114,000,526 including grants of $ 0) (Revenue $ 140,099,929)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED OUTPATIENT SERVICES TO 136,353 PATIENTS PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

4c (Code) (Expenses $ 12,890,959 including grants of $ 0) (Revenue $ 20,502,171)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY DEPARTMENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION PROVIDED EMERGENCY DEPARTMENT SERVICES TO 39,529 PATIENTS PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 182,588 including grants of $ 182,588) (Revenue $ 9,419,767)

4e **Total program service expenses** ▶ 256,684,095

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	173		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,694		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶RYAN KENNEDY CPA 718 TEANECK ROAD
TEANECK, NJ 07666 (201) 833-7016

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								7,729,358	0	1,426,083

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 234

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALOYSIUS BUTLER CLARK, PO BOX 672 WILMINGTON DE 198990672	ADVERTISING	3,691,047
CLAUDIO BOZZO SON INC, 503 FARLEY ROAD WHITEHOUSE STATION NJ 08889	CONSTRUCTION	3,047,531
MAYOS COLLABORATIVE SERVICES INC, PO BOX 9146 MINNEAPOLIS MN 554809146	LABORATORY	1,179,881
JL MEDIA, 1600 ROUTE 22 UNION NJ 07083	ADVERTISING	1,161,410
GE HEALTHCARE OEC, PO BOX 96483 CHICAGO IL 60693	MAINTENANCE/SERVICE	1,090,873

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 85

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	534,242			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	604,369			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,138,611			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	290,677,421	290,677,421		
	b	OTHER HEALTHCARE RELATED REVENUE	541900	7,199,904	7,199,904		
	c	SCHOOL OF NURSING	900099	2,218,433	2,218,433		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		300,095,758			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,128,827			1,128,827
	4	Income from investment of tax-exempt bond proceeds . . ▶		1,260,243			1,260,243
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	392,429				
	b	Less rental expenses	211,911				
	c	Rental income or (loss)	180,518	0			
	d	Net rental income or (loss) . . . . . ▶			180,518		180,518
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	54,077,341	134,670			
	b	Less cost or other basis and sales expenses	47,825,375	184,656			
	c	Gain or (loss)	6,251,966	-49,986			
	d	Net gain or (loss) . . . . . ▶			6,201,980		6,201,980
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶			0		
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶			0		
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	900099	1,779,968			1,779,968
	b	TELEVISION & TELEPHONE	517000	1,013,288			1,013,288
	c	DAY CARE	624410	339,376			339,376
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶			3,132,632		
	12	**Total revenue.** See Instructions . . . . . ▶			313,138,569	300,095,758		11,904,200

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	182,588	182,588		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	7,373,744	6,636,370	737,374	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	122,866,958	110,580,262	12,286,696	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,942,364	2,648,128	294,236	
9 Other employee benefits	11,745,204	10,570,684	1,174,520	
10 Payroll taxes	9,105,828	8,195,245	910,583	
11 Fees for services (non-employees)				
a Management	25,000	22,500	2,500	
b Legal	655,596	590,036	65,560	
c Accounting	228,246	205,421	22,825	
d Lobbying	130,912	117,821	13,091	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	345,302	310,771	34,531	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,256,607	4,730,946	525,661	
12 Advertising and promotion	5,785,758	5,207,182	578,576	
13 Office expenses	19,431,597	17,488,437	1,943,160	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	1,273,397	1,146,057	127,340	
17 Travel	343,018	308,716	34,302	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	195,323	175,791	19,532	
20 Interest	5,220,759	4,698,683	522,076	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,764,468	14,188,022	1,576,446	
23 Insurance	23,133	20,820	2,313	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	48,318,373	43,486,536	4,831,837	0
b REPAIRS	8,009,456	7,208,510	800,946	
c PURCHASED SERVICES	7,308,516	6,577,664	730,852	
d PHYSICIAN FEES	6,621,802	5,959,622	662,180	
e All other expenses	6,030,314	5,427,283	603,031	
25 **Total functional expenses.** Add lines 1 through 24e	285,184,263	256,684,095	28,500,168	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,590	1	297,269
	2	Savings and temporary cash investments		33,214,716	2	30,365,167
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		30,359,543	4	31,182,657
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		8,038,624	7	14,490,004
	8	Inventories for sale or use		4,279,702	8	4,819,713
	9	Prepaid expenses and deferred charges		2,770,913	9	3,850,373
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 356,179,072			
	b	Less accumulated depreciation	10b 219,980,795	137,636,134	10c	136,198,277
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		81,139,577	13	87,076,130
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		16,058,410	15	16,113,374
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		313,499,209	16	324,392,964
Liabilities	17	Accounts payable and accrued expenses		37,016,112	17	39,925,933
	18	Grants payable		0	18	0
	19	Deferred revenue		318,487	19	311,804
	20	Tax-exempt bond liabilities		117,088,675	20	113,663,777
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,817,070	23	3,173,593
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23,783,654	25	24,238,825
	26	**Total liabilities.** Add lines 17 through 25		182,023,998	26	181,313,932
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		122,040,859	27	132,139,565
	28	Temporarily restricted net assets		8,424,352	28	9,929,467
	29	Permanently restricted net assets		1,010,000	29	1,010,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		131,475,211	33	143,079,032
	34	Total liabilities and net assets/fund balances		313,499,209	34	324,392,964

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	313,138,569
2	Total expenses (must equal Part IX, column (A), line 25)	2	285,184,263
3	Revenue less expenses Subtract line 2 from line 1	3	27,954,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,475,211
5	Net unrealized gains (losses) on investments	5	-845,941
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	21,602
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,526,146
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,079,032

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JOSEPH FRASCINO MD CHAIRMAN - TRUSTEE	1.0	X		X				0	0	0
DALE A CREAMER VICE CHAIRMAN - TRUSTEE	1.0	X		X				0	0	0
SISTER BARBARA MORAN CSJP SECRETARY - TRUSTEE	1.0	X		X				0	0	0
EDWIN H RUZINSKY CPA TREASURER - TRUSTEE	1.0	X		X				0	0	0
JOSEPH M LEMAIRE ASST SEC/ASST TREAS - TRUSTEE	55.0	X		X				1,048,747	0	304,296
ARNOLD BALSAM TRUSTEE	1.0	X						0	0	0
THOMAS BIRCH MD TRUSTEE - PRESIDENT MED STAFF	55.0	X		X				144,863	0	21,791
FRANK BRUNETTI TRUSTEE	1.0	X						0	0	0
ROBERT BRITZ TRUSTEE	1.0	X						0	0	0
DAVID BUTLER MD TRUSTEE	1.0	X						0	0	0
TED A CARNEVALE CPA TRUSTEE	1.0	X						0	0	0
ARTHUR W CONWAY TRUSTEE	1.0	X						0	0	0
JOHN M GERAGHTY TRUSTEE	1.0	X						0	0	0
SISTER ANNE HAYES TRUSTEE	1.0	X						0	0	0
DAVID E LANDERS MD TRUSTEE	1.0	X						0	0	0
SALVATORE LARAIA MD TRUSTEE	1.0	X						0	0	0
DANIEL LEBER TRUSTEE	1.0	X						0	0	0
MICHAEL MARON TRUSTEE - PRESIDENT/CEO	55.0	X		X				1,505,331	0	476,702
SISTER ANTOINETTE MOORE CSJP TRUSTEE	1.0	X						0	0	0
JOSEPH PARISI JR TRUSTEE	1.0	X						0	0	0
SISTER ANN RUTAN CSJP TRUSTEE	1.0	X						0	0	0
SISTER ANN TAYLOR CSJP TRUSTEE	1.0	X						0	0	0
LEON TEMIZ TRUSTEE	1.0	X						0	0	0
SHERYL SLONIM SENIOR VP, PATIENT CARE SVCS	55.0				X			537,893	0	151,025
ADAM JARRETT MD CHIEF MEDICAL OFFICER	55.0				X			686,949	0	137,234

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
STEVEN MOSSER VP, FACILITIES	55 0				X			272,120	0	33,732
JOHN GRANGEIA VP, PROFESSIONAL SERVICES	55 0				X			259,691	0	25,743
JANE FIELDING ELLIS VP, MARKETING & PR	55 0				X			249,014	0	16,296
CATHERINE YAXLEY SCHMIDT VP, PLANNING & GOVT AFFAIRS	55 0				X			233,353	0	32,707
CYNTHIA KAUFHOLD VP, REVENUE CYCLE MANAGEMENT	55 0				X			232,146	0	35,723
KYUNG HEE CHOI VP, KOREAN MED PROG (EFF 6/13)	55 0				X			229,738	0	8,101
APRIL RODGERS VP, HUMAN RESOURCES	55 0				X			216,137	0	23,102
DEBORAH ZAYAS VP, NURSING SERVICES	55 0				X			214,802	0	15,040
EDWARD GERITY VP, OPERATIONS	55 0				X			198,186	0	6,870
CELESTE ORANCHAK VP, DEVELOPMENT (EFF 9/2013)	55 0				X			54,008	0	2,405
SHARAD WAGLE MD MEDICAL DIRECTOR	55 0					X		354,508	0	24,631
MICHAEL SKVARENINA AVP, INFORMATION SYSTEMS	55 0					X		296,016	0	24,525
RAVIT BARKAMA EXEC DIR CLINICAL RESEARCH	55 0					X		295,521	0	36,057
HENRY FERNANDEZ COS MD DIR , HISPANIC COMM OUTREACH	55 0					X		232,073	0	19,281
ALLAN CAGGIANO PHYSICIST	55 0					X		223,152	0	30,822
ANTHONY PELLICANO FORMER OFFICER	0 0						X	245,110	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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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 35c (Proxy Tax), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		72,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		58,912
j	Total Add lines 1c through 1i			130,912
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1G AND 1H	DURING 2013, HOLY NAME MEDICAL CENTER PAID AN OUTSIDE INDEPENDENT LOBBYING FIRM $72,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF TOTAL 2013 COMPENSATION PAID TO THE VICE PRESIDENT OF PLANNING AND GOVERNMENT AFFAIRS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO $14,100 THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $44,812

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	9,434,352	7,897,777	8,479,363	12,058,693	10,237,251
b	Contributions	2,874,632	3,782,260	442,431	501,730	1,220,780
c	Net investment earnings, gains, and losses	233,966	193,148	-46,614	193,750	667,920
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,603,483	2,438,833	977,403	4,274,810	67,258
f	Administrative expenses					
g	End of year balance	10,939,467	9,434,352	7,897,777	8,479,363	12,058,693

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 90 770 %
- b Permanent endowment ▶ 9 230 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,471,294		3,471,294
b Buildings		184,204,454	91,402,625	92,801,829
c Leasehold improvements		0	0	
d Equipment		157,827,662	126,480,740	31,346,922
e Other		10,675,662	2,097,430	8,578,232
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				136,198,277

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	87,076,130	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO THIRD-PARTY PAYORS	393,013
OTHER LIABILITIES	5,368,758
ASSET RETIREMENT OBLIGATION	103,538
DUE TO AFFILLIATES	18,373,516
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,238,825

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
(1) GOVERNMENT SECURITIES	35,478,962	F
(2) MORGAN STANLEY SWEEP ACCOUNT	10,384,785	F
(3) TD WEALTH MGMT US GOVT	1,094,366	F
(4) NORTH JERSEY COMMUNITY BANK	2,802,907	F
(5) DEPOSIT	988,946	F
(6) GEM REALTY SECURITIES, LTD	1,181,918	F
(7) MS CAPITAL PARTNERS V	1,918,899	F
(8) CARLSON CAPITAL DOUBLE BLACK	1,212,550	F
(9) CERBERUS INTERNATIONAL, LTD	501,062	F
(10) YORK CREDIT OPPORTUNITIES FUND	1,492,331	F
(11) ASPECT US INST LTD DIVERSIFIED	0	F
(12) BREVAN HOWARD FUND LTD CLASS B	1,241,813	F
(13) INTEREST IN FOUNDATION	3,497,168	F
(14) CASH & CASH EQUIVALENTS	16,228,172	F
(15) QUALCARE ALLIANCE NETWORKS INC	443,402	F
(16) ACCRUED INTEREST	249,857	F
(17) CERTIFICATES OF DEPOSIT	2,096,126	F
(18) MILLENIUM INTERNATIONAL LTD	0	F
(19) EQUITY SECURITIES	3,409,873	F
(20) TACONIC OPPORTUNITIES UNIT TR	1,196,799	F
(21) MS OPPORTUNISTIC MORTGAGE INC	1,656,194	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	1	1	Investments	INVESTMENTS	122,019
(2) Central America and the Caribbean	1	1	Investments	INVESTMENTS	65,298
(3)					
(4)					
(5)					
3a Sub-total	2	2			187,317
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	2	2			187,317

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Additional Data

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,149,596	1,393,000	7,756,596	2 720 %
b Medicaid (from Worksheet 3, column a)			23,677,631	15,908,533	7,769,098	2 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			32,827,227	17,301,533	15,525,694	5 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,624,619	0	3,624,619	1 270 %
f Health professions education (from Worksheet 5)			436,487	0	436,487	0 150 %
g Subsidized health services (from Worksheet 6)			24,083,948	16,316,874	7,767,074	2 720 %
h Research (from Worksheet 7)			424,668	0	424,668	0 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			179,319	0	179,319	0 060 %
j **Total.** Other Benefits			28,749,041	16,316,874	12,432,167	4 350 %
k **Total.** Add lines 7d and 7j			61,576,268	33,618,407	27,957,861	9 800 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			2,840	0	2,840	0 %
3 Community support			48,464	0	18,464	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members			55,030	0	55,030	0 020 %
6 Coalition building			4,330	0	4,330	0 %
7 Community health improvement advocacy			34,019	0	34,019	0 010 %
8 Workforce development			21,991	0	21,991	0 010 %
9 Other						
10 **Total**			166,674	0	136,674	0 050 %

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 Heathcare Financial Management Association Statement No 15?	1		Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	14,275,608		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	6,210,463		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	120,606,561
6	Enter Medicare allowable costs of care relating to payments on line 5	6	127,988,308
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-7,381,747
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(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 from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group HOLY NAME MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.HOLYNAME.ORG			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 1J	DETAILED DATA TABLES (VS SIMPLE DESCRIPTIONS) ARE INCLUDED IN THE CHNA TO ENHANCE UNDERSTANDING
SCHEDULE H, PART V, SECTION B, QUESTION 3	OVER 80 INTERVIEWS WERE CONDUCTED INCLUDING PRIMARY CARE PROVIDERS, BEHAVIORAL HEALTH PROVIDERS, ELDER SERVICES PROVIDER, SOCIAL SERVICES, HOSPITAL CLINICAL PROVIDERS AND ADMINISTRATIVE STAFF, PUBLIC HEALTH OFFICIALS, PUBLIC HOUSING STAFF, ADVOCACY ORGANIZATIONS, FAITH-BASED ORGANIZATIONS AND PUBLIC OFFICIALS
SCHEDULE H, PART V, SECTION B, QUESTION 4	HOLY NAME MEDICAL CENTER, HACKENSACK UNIVERSITY MEDICAL CENTER, ENGLEWOOD HOSPITAL AND MEDICAL CENTER, THE VALLEY HOSPITAL AND CHRISTIAN HELATH CARE CENTER COLLABORATED ON A COUNTY-WIDE CHNA HOLY NAME CREATED AN ACCOMPANYING CHNA ADDRESSING ITS SPECIFIC SERVICE AREAS THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP ("CHIP") OF BERGEN COUNTY WAS ALSO A PARTNERING ORGANIZATION IN THE CREATION OF THE CHNA
SCHEDULE H, PART V, SECTION B, QUESTION 5D	THE CHNA WAS ALSO DISCUSSED AT THE ANNUAL OPEN PUBLIC MEETING OF THE BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN
SCHEDULE H, PART V, SECTION B, QUESTION 6I	NOT APPLICABLE
SCHEDULE H, PART V, SECTION B, QUESTION 7	THE CHNA WAS APPROVED IN NOVEMBER 2013 AND IMPLEMENTATION WAS NOT STARTED UNTIL 2014
SCHEDULE H, PART V,SECTION B,QS 10,11,12I,14G,16E,17E,18E,19D,21&22	NOT APPLICABLE
SCHEDULE H, PART V, SECTION B, QUESTION 20D	THE FACILITY USES 33% OF GROSS CHARGES TO APPROXIMATE THE AVERAGE CHARGED MANAGED CARE RATE AS THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	ORADELL REHAB 514 KINDERKAMACK ROAD ORADELL,NJ 07649	OUTPATIENT CENTER
2	VILLA MARIE CLAIRE 12 WEST SADDLE RIVER ROAD SADDLE RIVER,NJ 07458	HOSPICE
3	HNH FITNESS LLC 514 KINDERKAMACK ROAD ORADELL,NJ 07649	MEDICALLY BASED FITNESS CENTER
4	UNION CITY LAB 408 37TH STREET UNION CITY,NJ 07087	OFF-SITE LAB
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	INCOME-BASED CRITERIA USED TO DETERMINE ELIGIBILITY ARE IN ACCORDANCE WITH THE NJ ADMINISTRATIVE CODE 10 52 SUB-CHAPTERS 11, 12 AND 13 FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO COSTS RELATING TO SUBSIDIZED HEALTH CARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS
SCHEDULE H, PART I, QUESTION 7	THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED

Form and Line Reference	Explanation
SCHEDULE H, PART II	ACTIVITIES CLASSIFIED AS COMMUNITY BUILDING INCLUDE USE OF HNMC'S FACILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT PROMOTE THE POSITIVE GROWTH OF THE COMMUNITY, ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENEFIT, AND SEEK TO PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE HEALTH AND WELL-BEING OF THE COMMUNITY HNMC ALSO ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY AID IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME AMONG THE ORGANIZATIONS SO AIDED ARE NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, BATTERED WOMEN'S SHELTERS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS, SCHOOLS, AND NURSING HOMES HNMC ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS CONFERENCE CENTER FOR EVENTS CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS ALTHOUGH HNMC'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED DURING 2013, HNMC WAS ONE OF NINE HOSPITALS IN NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("NJDOH") AS A REGIONAL MEDICAL COORDINATION CENTER ("MCC") THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC WAS ABLE TO BE ACTIVATED IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND/OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE, OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION THE MCC ALSO MONITORED, ON A DAILY BASIS, SITUATIONAL AWARENESS OF LOCAL ACTIVITY TO DATE, THE MCC HAS BEEN ACTIVATED FOR SEVERAL STATE EMERGENCIES THE STATE OF NEW JERSEY FUNDED A COORDINATOR FOR THE MCC, BUT ALL OTHER EMERGENCY PREPAREDNESS ACTIVITIES, WHICH ARE DESIGNED TO PROTECT THE PUBLIC AND TO RESPOND IN THE EVENT OF ANY PUBLIC HEALTH EMERGENCY, ARE CARRIED OUT BY HNMC WITHOUT FINANCIAL ASSISTANCE GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I E , FIVE MILES NORTH OF THE GEORGE WASHINGTON BRIDGE), EMERGENCY PREPAREDNESS IS NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY, REGARDLESS OF THE MCC DESIGNATION CENTRAL TO THIS COMMITMENT IS A HNMC-FUNDED VICE PRESIDENT WHOSE JOB FUNCTION INCLUDES SUBSTANTIAL INVOLVEMENT IN PREPAREDNESS BOTH ON-CAMPUS AND IN THE COMMUNITY HNMC IS RECOGNIZED BY STATE AND FEDERAL SECTORS FOR ITS EXPERTISE IN EMERGENCY PREPAREDNESS AND RESPONSE A FREQUENT PARTICIPANT IN LOCAL AND NEW YORK CITY DISASTER DRILLS, HNMC HAS PARTICIPATED IN SEVERAL LARGE SCALE DISASTER DRILLS, AS WELL AS DRILLS CONDUCTED BY THE CENTERS FOR DISEASE CONTROL INVOLVING LOCAL, COUNTY, STATE, AND FEDERAL AGENCIES' EMERGENCY RESPONSE TO THREATS OF PUBLIC HEALTH SIGNIFICANCE HNMC MAINTAINS ITS DESIGNATION BY THE FEDERAL DIVISION OF GLOBAL MIGRATION AND QUARANTINE TO DEAL WITH POSSIBLE COMMUNICABLE DISEASES AND ACTS OF BIOTERRORISM OCCURRING ON PUBLIC HEALTH CONVEYANCES HNMC IS ALSO ACTIVE IN THE NORTHERN NEW JERSEY URBAN AREA SECURITY INITIATIVE MEMBERS OF HOLY NAME EMS SERVE ON THE STATEWIDE NJ EMS TASK FORCE THE MEDICAL CENTER MAINTAINS A SPECIAL OPERATIONS TEAM COMPRISED OF PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DAY, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES HNMC AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE ATTACHED TEXTS WERE OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF HNMC AND SUBSIDIARIES PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE FROM THIRD-PARTY PROGRAMS FOR WHICH THE COMPANY RECEIVES PAYMENT UNDER VARIOUS REIMBURSEMENT FORMULAE OR NEGOTIATED RATES ARE STATED AT THE ESTIMATED NET AMOUNTS REALIZABLE AND RECEIVABLE FROM SUCH PAYERS, WHICH ARE GENERALLY LESS THAN THE COMPANY'S ESTABLISHED BILLING RATES THE AMOUNT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS RESULT FROM THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR DOUBTFUL ACCOUNTS NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES RETROACTIVE REVENUE ADJUSTMENTS DUE TO ONGOING AND FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS CHARITY CARE FOR PATIENTS THAT DO NOT RECEIVE FREE CARE AND WHO ARE DEEMED ELIGIBLE FOR CHARITY CARE, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE MANAGEMENT BELIEVES THAT, BECAUSE OF THE DIFFICULTIES INVOLVED WITH OBTAINING PATIENT COOPERATION, THE PRESENT CHARITY CARE GUIDELINES UNDERSTATE THE MEDICAL CENTER'S CHARITY CARE AMOUNTS AND OVERSTATE THE LEVEL OF BAD DEBTS REPORTED THE COST OF CHARITY CARE IS ESTIMATED BY UTILIZING A COST ACCOUNTING SYSTEM, AND INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING CHARITY CARE SERVICES

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	MEDICARE COSTS WERE DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM MEDICARE UNDERPAYMENTS AND BAD DEBT ARE CONSIDERED TO BE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE MEDICAL CENTER IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE," A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREASURY REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") HOLDS THE POSITION THAT MEDICARE UNDERPAYMENTS (OR, "SHORTFALLS") AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE MEDICAL CENTER AGREES WITH THE AHA'S POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA STATED THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT PROVIDED BY HOSPITALS BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE PROVISION OF CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT FUND THE FULL COST OF CARE MEDICARE'S REIMBURSEMENT TO HOSPITALS EQUATES TO ONLY 92 CENTS FOR EVERY DOLLAR SPENT BY THE HOSPITALS ON CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL WORSEN - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID, THE SO CALLED "DUAL ELIGIBLES " THERE IS A VERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THE MEDICAL CENTER ALSO REGARD PATIENT BAD DEBT AS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I SIMILAR TO MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS NOTED BELOW - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NON-PROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS ACTUALLY PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENTS, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, IN SHARP CONTRAST TO OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE (BAD DEBT AND CHARITY CARE) AS A MEASURE OF COMMUNITY BENEFITS," ASSUM
SCHEDULE H, PART III, SECTION B, LINE 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE BUT, RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF HNMC AND SUBSIDIARIES' BUSINESS OFFICE TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES THE SENDING OF THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, AND TELEPHONE CONTACT FOR ANY ACCOUNT OVER $5,000, OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR THE MEDICAL CENTER ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE AS DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE ARE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND ARE INFORMED OF DOCUMENTATION REQUIRED TO COMPLETE A CHARITY CARE APPLICATION PATIENTS NOT ELIGIBLE FOR CHARITY CARE RECEIVE FINANCIAL COUNSELING FOR ALL OTHER OPTIONS QUALIFIED PATIENTS ARE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS AT THE TIME OF THE PATIENT VISIT, AND AS PART OF THE REGISTRATION PROCESS AT THE MEDICAL CENTER, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE, INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM, AND - FINANCIAL ARRANGEMENTS INCLUDING 1 CASH/CHECKS/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), 2 FLEXIBLE PAYMENT PLANS IN ADDITION TO THE ABOVE OPTIONS, THE MEDICAL CENTER HAS ESTABLISHED A SELF-PAY ASSISTANCE PROGRAM FOR ITS UNINSURED PATIENTS THAT DO NOT QUALIFY FOR EITHER MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM PATIENTS WHOSE INCOME FALLS BETWEEN 300% AND 500% OF THE FEDERAL POVERTY GUIDELINE ARE ELIGIBLE FOR RATES THAT ARE REFLECTIVE OF MEDICARE REIMBURSEMENT, AS REFERRED BY THE STATE OF NEW JERSEY FOR PATIENTS WHOSE INCOME IS ABOVE 500% OF THE FEDERAL POVERTY GUIDELINES, THE MEDICAL CENTER UTILIZES A COMPASSIONATE CARE FEE SCHEDULE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	HNMC UTILIZES A VARIETY OF MEANS BY WHICH IT IDENTIFIES AND ANALYZES PATIENT CARE NEEDS AMONG THEM ARE PATIENT SATISFACTION DATA, ANALYSIS OF DEMOGRAPHICS, ANALYSIS OF UTILIZATION AND MARKET TRENDS, REVIEW OF EXTERNALLY PUBLISHED DATA AND INFORMATION, ACUITY LEVELS (DAILY PLANNING OF STAFFING), AND INDIVIDUAL PROJECTS/EVALUATION/REVIEWS HNMC ALSO COMMISSIONS EXTERNAL SPECIALISTS TO CONDUCT SURVEYS AND FOCUS GROUPS OF INDIVIDUALS, HOUSEHOLDS, PHYSICIANS, AND OTHERS HNMC ALSO IS A MEMBER OF THE BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAM ("CHIP"), WHOSE MISSION IS TO EVALUATE AND ADDRESS THE HEALTH NEEDS OF THE COUNTY THE CHIP PRODUCES AN EXTENSIVE, VERY USEFUL, DATABASE DEMONSTRATING THE NEEDS OF THE COUNTY'S RESIDENTS HNMC IS A FOUNDING MEMBER OF THE NORTHERN NEW JERSEY MATERNAL-CHILD HEALTH CONSORTIUM (NOW THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY), WHOSE MISSION IS TO EDUCATE AND PROMOTE APPROPRIATE HEALTH CARE TO WOMAN AND INFANTS IN THE AREA AGAIN, A COMPLETE NEEDS ASSESSMENT IS PERFORMED EVERY THREE YEARS AND IS PROVIDED TO MEMBERS FOR THEIR USE IN ADDITION, US CENSUS BUREAU DATA IS UTILIZED, AS IS PURCHASED MARKET DATA, AND DATABASES OF ALL ACUTE AND SAME-DAY CARE THROUGHOUT BOTH NEW JERSEY AND NEW YORK, THE SOURCE OF WHICH IS BILLING DATA PROVIDED TO THE RESPECTIVE STATE DEPARTMENTS OF HEALTH SUCH DATABASES PROVIDE PERHAPS THE GREATEST WEALTH OF CLINICAL, DEMOGRAPHIC, FINANCIAL AND OTHER INFORMATION, AND ARE EXTREMELY VALUABLE IN UNDERSTANDING AND ADDRESSING THE NEEDS OF THE COMMUNITIES SERVED BY HNMC DATA FROM THE COUNTY AND STATE HEALTH DEPARTMENTS, AND FROM THE NEW JERSEY HOSPITAL ASSOCIATION, ARE ALSO USED IN ACCORDANCE WITH PROVISIONS OF THE AFFORDABLE CARE ACT, ENACTED MARCH 23, 2010, THE MEDICAL CENTER BEGAN A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IN LATE 2011 IN COOPERATION WITH THE BERGEN COUNTY "CHIP" AND FOUR OTHER HOSPITALS WHOSE SERVICE AREAS ALSO INCLUDE MUNICIPALITIES IN BERGEN COUNTY THIS CHNA WAS COMPLETED IN 2013 THE MEDICAL CENTER ALSO CREATED A HNMC-SPECIFIC CHNA THAT ADDRESSES ITS SERVICE AREAS IN NORTHERN HUDSON COUNTY, INCORPORATES THE BERGEN COUNTY CHNA, AND PROVIDES AN IMPLEMENTATION PLAN FOR ALL AREAS THE TWO DOCUMENTS PROVIDE A WEALTH OF INFORMATION WITH RESPECT TO THE NEEDS OF THE COMMUNITY SERVED AND ARE POSTED ON THE MEDICAL CENTER'S WEBSITE
SCHEDULE H, PART VI, QUESTION 3	PRIOR TO OR DURING AN ADMISSION, ALL PATIENTS WITHOUT INSURANCE ARE SCREENED FOR POSSIBLE ASSISTANCE FROM OTHER SOURCES (E G , MEDICAID, VETERAN ADMINISTRATION, S S I , OR MUNICIPAL WELFARE) IF THE PATIENT IS FOUND TO BE INELIGIBLE FOR ANY OR ALL OF THE AFOREMENTIONED, THE PATIENT WILL BE SCREENED FOR CHARITY CARE THE EDUCATION OF PATIENTS AT HNMC IS PROVIDED IN-PERSON BY KNOWLEDGEABLE MEDICAL CENTER PERSONNEL AT THE TIME OF THE INITIAL SCREENING, AND ACCOMPANIED BY A PACKET OF INFORMATION THAT INCLUDES ALL CONTACT INFORMATION AS WELL ARRANGEMENTS FOR FOLLOW UP ARE TYPICALLY MADE IMMEDIATELY IF THE PATIENT QUALIFIES FOR CHARITY CARE, THE PATIENT IS NOT BILLED FOR SERVICES THE MEDICAL CENTER'S BILLING AND COLLECTION POLICY INCLUDES SPECIFIC LANGUAGE STATING THAT CHARITY CARE PATIENTS ARE NOT BILLED THROUGH ITS COMPASSIONATE CARE PROGRAM, HNMC FURTHER ASSISTS UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE AND WHO ARE INELIGIBLE FOR MEDICARE, MEDICAID OR OTHER FEDERAL AND STATE INSURANCE PROGRAMS THE PURPOSE OF THE PROGRAM IS TO DECREASE THE FINANCIAL BURDEN OF PATIENTS IN THE COMMUNITY SERVED BY HNMC IF THE PATIENT MEETS CERTAIN ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE AS DESCRIBED BELOW, FURTHER DISCOUNTS WILL BE APPLIED TO THE PATIENT'S BILL - SELF-PAY PATIENTS ARE ELIGIBLE FOR THE COMPASSIONATE CARE FEE SCHEDULE REGARDLESS OF INCOME - PATIENTS WHOSE INCOME LEVELS FALL WITHIN THE PUBLISHED HHS POVERTY GUIDELINES AND DO NOT QUALIFY FOR BENEFITS UNDER THE FEDERAL UNDOCUMENTED ALIEN PROGRAM, NJ STATE MEDICAID PROGRAM, OR CHARITY CARE PROGRAM, WILL BE CONSIDERED FOR ADDITIONAL DISCOUNTS THESE DISCOUNTS WILL BE PROVIDED TO PATIENTS WHO MEET THE REQUIRED GUIDELINES - PATIENTS WHO QUALIFY FOR THE N J MEDICAL CARE ASSISTANCE PROGRAM AND WHOSE INCOME FALLS WITHIN 200%-300% OF THE FEDERAL POVERTY LIMITS WILL BE ELIGIBLE FOR DISCOUNTS RANGING FROM 20%-100% OFF OF GROSS BILLED CHARGES PATIENTS WHO QUALIFY FOR THIS PROGRAM, BUT WHO HAVE A BALANCE AFTER THE DISCOUNT, WILL BE RESPONSIBLE FOR BETWEEN 20%-80% OF THE N J MEDICAID RATE - PATIENTS WHO DO NOT QUALIFY FOR THE N J MEDICAL CARE ASSISTANCE PROGRAM AND WHOSE INCOME FALL WITHIN 300%-500% OF THE FEDERAL POVERTY LIMITS WILL BE ELIGIBLE FOR A DISCOUNT BASED UPON MEDICARE RATES - PATIENTS WHOSE INCOME IS ABOVE 500% OF THE FEDERAL POVERTY LIMITS WILL BE ELIGIBLE FOR HNMC COMPASSIONATE CARE FEE SCHEDULE AS STATED ABOVE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	LOCATED IN TEANECK, IN THE SOUTHERN PORTION OF BERGEN COUNTY AND APPROXIMATELY FIVE MILES TO THE NORTHWEST OF NEW YORK CITY, HNMC'S PRIMARY SERVICE AREA ("PSA") COMPRISES 15 MUNICIPALITIES IN BERGEN COUNTY AND 3 MUNICIPALITIES IN HUDSON COUNTY, NEW JERSEY HNMC'S SECONDARY SERVICE AREA ("SSA") INCLUDES 17 MUNICIPALITIES IN BERGEN COUNTY AND 2 MUNICIPALITIES IN HUDSON COUNTY TOGETHER, THE PSA AND SSA ACCOUNT FOR APPROXIMATELY 80 PERCENT OF THE MEDICAL CENTER'S ADMISSION VOLUME AS THE SOLE CATHOLIC HOSPITAL IN AN AREA THAT IS ESTIMATED AT MORE THAN 50% ROMAN CATHOLIC, HNMC ALSO DRAWS FROM TOWNS WELL BEYOND BOTH THE PSA AND SSA THE MAJORITY OF PSA TOWNS HAVE AN AVERAGE POPULATION OF 27,500, AND ARE LOCATED IN THE SOUTHERN HALF OF BERGEN COUNTY OVERALL, THE SERVICE AREA IS 44% HISPANIC, ALTHOUGH THE PROPORTIONS DIFFER MARKEDLY BETWEEN BERGEN AND HUDSON 76% OF THE RESIDENTS OF BERGEN PSA TOWNS ARE NOT HISPANIC, WHILE THE FOUR HUDSON COUNTY TOWNS TOGETHER COUNT 76% OF THEIR RESIDENTS AS HISPANIC THE RACIAL MIX OF THE PSA IS APPROXIMATELY 60% WHITE, 22% ASIAN, 10% BLACK, AND 8% OTHER, INCLUDING MULTI-RACIAL PERSONS CERTAIN TOWNS IN THE REGION ARE HEAVILY KOREAN, KOREAN/ASIAN PRESENCE IS MUCH LESS PRONOUNCED IN THE FOUR HUDSON COUNTY TOWNS THE BROAD AGE MAKE-UP OF THE PRIMARY SERVICE AREA INCLUDES 23% AGED UP TO 19, 50% AGED 20-54, AND 27% AGED 55 AND OLDER THE LAST CATEGORY IS PROJECTED TO SEE THE MOST SIGNIFICANT GROWTH DURING THE NEXT FIFTEEN YEARS WITH THE EXCEPTION OF TWO HUDSON COUNTY TOWNS, ALL SSA ZIP CODES ARE LOCATED THROUGHOUT BERGEN COUNTY THE TOWNS IN THIS SERVICE AREA ARE MUCH SMALLER THAN THOSE OF THE PSA, AVERAGING ONLY 14,000 RESIDENTS EACH IN STARK CONTRAST TO THE LARGELY HISPANIC HUDSON COUNTY PSA TOWNS, THE TWO HUDSON SSA TOWNS ARE ONLY 20% HISPANIC THE OVERALL RACIAL MIX OF THE SERVICE AREA IS 76% WHITE, 13% ASIAN, 4% BLACK, AND 7% OTHER, INCLUDING MULTI-RACIAL PERSONS THE OVERALL KOREAN PRESENCE IS SIGNIFICANT, BUT ONLY HALF THAT SEEN IN THE PRIMARY SERVICE AREA THE AREA'S AGE MIX IS SIMILAR TO THE PSA, WITH 23% AGED UP TO 19, 51% AGED 20-54, AND 26% AGED 55 AND OLDER THE MEDICAL CENTER'S SERVICE AREA IS PRIMARILY SUBURBAN, WITH MANY RESIDENTS WORKING OUTSIDE BERGEN COUNTY IN PLACES SUCH AS NEW YORK CITY HOWEVER, THERE ARE LARGE EMPLOYERS IN THE SERVICE AREA, E G , OTHER HOSPITALS, A LARGE SPORTS CHAIN, A LARGE COMMUNICATIONS FIRM, A LARGE PHARMACEUTICAL FIRM, AND A LARGE COMMERCIAL LABORATORY RESIDENTS OF HNMC'S SERVICE AREA ARE ALSO SERVED BY ANOTHER COMMUNITY HOSPITAL AND A TERTIARY CARE FACILITY WITH TRAUMA SERVICES HNMC'S PSA COVERS A MAJORITY OF THE TOWNS SERVICED BY THE OTHER COMMUNITY HOSPITAL, WHEREAS THE TERTIARY CARE FACILITY'S PRIMARY SERVICE AREA ALSO INCLUDES MANY TOWNS TO THE WEST THAT ARE NOT PART OF HNMC'S SERVICE AREA GIVEN THE NUMBER OF SERVICE AREA RESIDENTS WHO WORK IN NEARBY NEW YORK CITY, IT IS NOT SURPRISING THAT A SMALL PORTION OF THESE RESIDENTS ALSO RECEIVE THEIR HEALTH CARE IN MANHATTAN WHILE THE SERVICE AREA IS PREDOMINANTLY NON-HISPANIC CAUCASIAN, BOTH HISPANICS (OF ANY RACE) AND ASIAN POPULATIONS (PRINCIPALLY KOREAN) ARE THE FASTING GROWING GROUPS IN RESPONSE, THE MEDICAL CENTER HAS PROGRAMS ADDRESSING THESE GROUPS' NEEDS, AND PHYSICIANS AND NURSES FLUENT IN THE APPLICABLE LANGUAGES IN 2008, APPROXIMATELY 75 KOREAN PHYSICIANS JOINED THE MEDICAL STAFF, ADDING TO THE NEED FOR STAFF AND SERVICES TO MEET THIS GROWING SEGMENT OF THE COMMUNITY
SCHEDULE H, PART VI, QUESTION 5	HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS THE MAJORITY OF THE BOARD OF TRUSTEES LIVE IN BERGEN COUNTY, NEW JERSEY, WHERE HNMC IS LOCATED, WITH MOST LIVING IN THE MUNICIPALITIES OF THE MEDICAL CENTER'S DEFINED SERVICE AREA THE TRUSTEES' UNDERSTANDING OF THE SERVICE AREA IS THUS ENHANCED, AS IS THEIR UNDERSTANDING OF THE NEED TO REINVEST FUNDS IN IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH AS PART OF ITS CHARITABLE PURPOSE, HNMC PROVIDES A WIDE ARRAY OF SERVICES TO THE COMMUNITY, TARGETED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY THE MAJORITY OF SUCH SERVICES ARE FREE A SMALL SAMPLING OF SUCH ACTIVITIES IS PROVIDED BELOW - FREQUENT HEALTH FAIRS THROUGHOUT THE REGION ARE GIVEN AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MANY IN SPANISH AND KOREAN, AS WELL AS ENGLISH) - IMMUNIZATIONS ARE PROVIDED - FREE AND/OR VERY LOW FEE TRANSPORTATION (E G , FOR CANCER TREATMENT, DIALYSIS) IS AVAILABLE - COMMUNITY HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED - STAFF FROM VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER VISIT LOCAL SCHOOLS TO PROVIDE HEALTH CLASSES - SCREENINGS, E G , BLOOD PRESSURE, CANCER, STROKE, DIABETES, PROSTATE CANCER, BREAST CANCER, OSTEOPOROSIS, PERIPHERAL ARTERY DISEASE, SKIN CANCER, COLON CANCER, AND OTHER CLINICAL SCREENING AND EDUCATION ARE PROVIDED, OFTEN AS PART OF COMMUNITY PROGRAMS SPECIFIC TO THE PARTICULAR DISEASE GROUP - SENIOR CENTERS ARE SUPPORTED WITH FREE EXERCISE CLASSES, LECTURES AND SCREENINGS - SUPPORT GROUPS ARE PROVIDED, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAVEMENT, NEW MOTHERS, DIABETES, SMOKING, AND CARDIAC DISEASE - HNMC'S ALS BIKE TEAM, ALS AND BLS VEHICLES AND/OR SPECIAL OPERATIONS VEHICLES ARE PRESENT AT EVENTS OCCURRING IN MUNICIPALITIES IN HNMC'S SERVICE AREA WITHOUT CHARGE - COURSES (PROVIDED EITHER FREE OR FOR A LOW FEE) ARE PROVIDED THROUGHOUT THE YEAR EXAMPLES INCLUDE CPR CERTIFICATION, DEFENSIVE DRIVING, GENERAL AND SPECIALTY (E G , OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, STRESS MANAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENTING - CLASSES TO PROMOTE BETTER HEALTH ARE ABUNDANT YOGA, WEIGHT REDUCTION, OSTEOPOROSIS, PROPER HAND-WASHING, TAI CHI, COOKING FOR CARDIAC PATIENTS - LECTURES, OFTEN INVOLVING HNMC'S MEDICAL STAFF AS PRESENTERS, ARE PROVIDED, THE MAJORITY OF WHICH ARE FREE MEN'S HEALTH, WOMEN'S HEALTH, A MID-LIFE AND MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES, DEPRESSION, ASTHMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL WELLNESS, CARDIAC ISSUES, ALZHEIMER'S, JOINT REPLACEMENT, SLEEP APNEA, CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS PRESENTED - HNMC'S WEBSITE (WWW HOLYNAME ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION THE SITE INCLUDES AN ON-LINE MEDICAL LIBRARY HOUSING INFORMATION ON DISEASES AND CONDITIONS, SURGERIES AND PROCEDURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WELLNESS, AND A DRUG REFERENCE ON-LINE RISK ASSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS IS THE ABILITY TO SET UP A PERSONAL HEALTH PAGE INFORMATION IS ALSO PRESENTED IN SPANISH - HNMC'S "ASK-A-NURSE" PROGRAM, WHICH PROVIDES 24/7 PHONE ACCESS TO REGISTERED NURSES, IS PROVIDED FREE OF CHARGE - BLOOD DRIVES ARE HOSTED REGULARLY AT HNMC MANY HEALTH SERVICES ARE SUBSIDIZED BY HNMC, SUCH AS ITS CLINICS, HOSPICE AND HEMODIALYSIS PROGRAMS EACH YEAR THE MEDICAL CENTER CONTRIBUTES TO AIRFARE, SUPPLIES AND OTHER SUPPORT FOR HNMC NURSES AND DOCTORS TO TRAVEL TO THIRD WORLD COUNTRIES (E G , HAITI) TO PROVIDE MEDICAL CARE, INCLUDING SURGERY, TO PERSONS WHO OTHERWISE WOULD NEVER RECEIVE ADEQUATE TREATMENT DUE TO POVERTY AND LACK OF ACCESS HNMC ALSO PARTICIPATES IN THE WOMEN, INFANTS AND CHILDREN ("WIC") AND HEALTH START PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS INEXPENSIVE MEDICALLY SUPERVISED DAY CARE FOR ILL CHILDREN IS AVAILABLE ON CAMPUS TO WORKING PARENTS IN THE COMMUNITY AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK SENIOR OR DISABLED PERSONS REQUIRING MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARGE TO HNMC'S ADULT DAY CARE PROGRAM, REDUCING THE BURDEN ON FAMILY CARETAKERS HNMC'S EMERGENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR ALTHOUGH THE ED GENERALLY IS ABLE TO COVER ITS COSTS, IT PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE AND IS A WELL-USED RESOURCE FOR MANY WITHOUT INSURANCE WHO RELY ON IT FOR CARE OTHER SERVICES, SUCH AS CLINICS, DO NOT COVER THEIR COSTS, AND HNMC ABSORBS THE ADDITIONAL EXPENSE LANGUAGE INTERPRETATION IS AVAILABLE FOR APPROXIMATELY 220 LANGUAGES AT THE MEDICAL CENTER THROUGH USE OF A COMMERCIAL SERVICE THAT PROVIDES A LIVE TRANSLATOR 24/7 HNMC HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA HNMC HAS INTENTIONALLY SOUGHT OUT PHYSICIANS FLUENT IN SPANISH AND WHO CARE FOR HISPANIC POPULATIONS, AND PROVIDES FREE TRANSPORTATION FOR SUCH POPULATIONS (AS WELL AS OTHERS) UNABLE TO ACCESS CARE ON THEIR OWN HNMC HAS ALSO ADDED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROVIDES A KOREAN CLINIC WEEKLY, WITH KOREAN SPEAKING PHYSICIANS AND NURSES, AS THE ASIAN COMMUNITY IS ONE OF THE FASTEST GROWING SECTORS IN THE COUNTY CARE IS PROVIDED IN A CULTURALLY SENSITIVE MANNER THE INSTITUTE FOR CLINICAL RESEARCH AT HNMC PROVIDES EXCEPTIONAL INVESTIGATORS, FACILITIES, AND SERVICES FOR SPONSORING AGENCIES THAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESEARCH THE INSTITUTE IS DEDICATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS TO TEST NEW MEDICATIONS, DEVICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS AS A DYNAMIC HEALTH CARE INSTITUTION THAT HAS RECEIVED MANY HONORS OF DISTINCTION FOR ITS CLINICAL EXCELLENCE AND COMPASSIONATE PATIENT CARE, HNMC IS WELL-SUITED TO PARTICIPATE IN THE QUEST FOR SCIENTIFIC BREAKTHROUGHS HNMC'S STATE-OF-THE-ART FACILITIES MATCH THE HIGHEST STANDARDS FOR CARRYING OUT TODAY'S MOST PROMISING CLINICAL RESEARCH THE INSTITUTE PROVIDES SPONSORS WITH RESEARCH SUPPORT THROUGHOUT ALL THE STAGES OF THEIR CLINICAL TRIALS SINCE ITS INCEPTION, HNMC HAS BEEN ACTIVELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUCATING AND MENTORING HEALTH CARE PROFESSIONALS THE HOLY NAME SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DEDICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SICK OR WELL THE REGISTERED NURSE ("RN") PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM, AND IS ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE ("LPN") PROGRAM AS WELL, WHICH IS A 12-MONTH PRACTICAL NURSE DIPLOMA PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING BOTH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES OF MANY ETHNICITIES AND AGE GROUPS IN ADDITION TO ITS OWN NURSING SCHOOL, HNMC PROVIDES, FREE OF CHARGE, BOTH A TRAINING GROUND AND MENTORING FOR STUDENTS FROM VARIOUS HEALTH ACADEMIC PROGRAMS OF SEVERAL COLLEGES AND UNIVERSITIES A VARIETY OF "EXTERNSHIPS" ARE ALSO OFFERED WITHOUT CHARGE CAREER DAYS ARE ALSO HELD ON CAMPUS, AND THE MEDICAL CENTER PARTICIPATES IN HEALTH CAREER DAYS THROUGHOUT VARIOUS SCHOOLS AND COMMUNITIES HNMC HAS A NUMBER OF ACADEMIC RELATIONSHIPS THROUGH WHICH IT SERVES AS AN EDUCATIONAL ENVIRONMENT FOR STUDENTS AFFILIATION AGREEMENTS ARE MAINTAINED WITH SEVERAL COLLEGES AND UNIVERSITIES FOR NURSING STUDENTS, AND FOR RADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS TRAINEES FROM A UNIVERSITY WHO ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS COMPLETE ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION COMMUNITY HEALTH STUDENTS ROTATE THROUGH THE MEDICAL CENTER AS WELL PHYSICAL AND/OR OCCUPATIONAL THERAPY STUDENTS FROM WITH TEN COLLEGES IN NEW JERSEY AND OTHER STATES COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER, HNMC EMPLOYEES SERVE AS SUPERVISORS AND CLINICAL INSTRUCTORS FOR THESE STUDENTS UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM YET ANOTHER UNIVERSITY COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION EACH YEAR, HNMC ACCEPTS A SMALL NUMBER OF RESIDENTS IN HEALTH POLICY, HEALTH FINANCE, AND HEALTH MANAGEMENT FROM A UNIVERSITY IN NEW YORK AND MARYLAND THE STUDENTS COMPLETE THEIR RESIDENCIES UNDER THE DIRECTION OF MEMBERS OF SENIOR MANAGEMENT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	THE MEDICAL CENTER IS THE SOLE MEMBER OF SEVEN ENTITIES (I) HOLY NAME HEALTH CARE FOUNDATION, INC , A NON-PROFIT CORPORATION WHICH SEEKS VOLUNTARY DONATIONS TO SUPPORT THE HEALTH CARE SERVICES PROVIDED BY THE MEDICAL CENTER, (II) HOLY NAME REAL ESTATE CORP , A NON-PROFIT CORPORATION WHICH MANAGES, AND IN SOME CASES POSSESSES TITLE TO AND ENGAGES IN LEASING ARRANGEMENTS WITH RESPECT TO, REAL ESTATE HOLDINGS OF THE MEDICAL CENTER AND ITS RELATED ENTITIES, (III) HEALTH PARTNER SERVICES, INC , A FOR-PROFIT CORPORATION ENGAGED IN PROVIDING MANAGEMENT SERVICES FOR HEALTH CARE PROVIDERS, (IV) HOLY NAME EMS, INC , A NON-PROFIT CORPORATION WHICH OWNS AND OPERATES THE MEDICAL CENTER'S BASIC LIFE SUPPORT ("BLS") AND ADVANCED LIFE SUPPORT ("ALS") VEHICLES AND SERVICES, (V) MSCCC, A NON-PROFIT AMBULATORY CARE PROGRAM FOR MS PATIENTS, (VI) HNMC HOSPITAL/PHYSICIAN ACO, L L C , A NON-PROFIT LIMITED LIABILITY COMPANY FORMED AS AN ACCOUNTABLE CARE ORGANIZATION, AND (VII) HNH FITNESS, L L C , A FOR-PROFIT LIMITED LIABILITY COMPANY THAT OPERATES A MEDICALLY BASED FITNESS AND WELLNESS CENTER, LOCATED IN THE BOROUGH OF ORADELL, BERGEN COUNTY, NEW JERSEY INCLUDED IN THE FACILITY IS A SATELLITE NON-PROFIT PHYSICAL THERAPY PRACTICE THAT IS OPERATED BY THE MEDICAL CENTER THE MEDICAL CENTER IS ALSO A 40% OWNER OF HOLY NAME RENAL CARE, L L C , A FOR-PROFIT LIMITED LIABILITY COMPANY THAT OPERATES AN AMBULATORY RENAL DIALYSIS SERVICE ON THE MEDICAL CENTER'S CAMPUS
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY SUBMIT A COMMUNITY BENEFIT REPORT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	143	182,588			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ANTHONY PELLICANO, $245,110 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 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOSEPH M LEMAIRE, $269,805, MICHAEL MARON, $444,711, SHERYL SLONIM, $126,429 AND ADAM JARRETT, M D , $105,243
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 THIS AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ANTHONY PELLICANO, $245,110

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH M LEMAIRE ASST SEC/ASST TREAS - TRUSTEE	(I) (II)	766,750 0	250,000 0	31,997 0	280,005 0	24,291 0	1,353,043 0	0 0
THOMAS BIRCH MD TRUSTEE - PRESIDENT MED STAFF	(I) (II)	144,562 0	0 0	301 0	0 0	21,791 0	166,654 0	0 0
MICHAEL MARON TRUSTEE - PRESIDENT/CEO	(I) (II)	923,750 0	550,000 0	31,581 0	454,911 0	21,791 0	1,982,033 0	0 0
SHERYL SLONIM SENIOR VP, PATIENT CARE SVCS	(I) (II)	358,368 0	150,000 0	29,525 0	136,629 0	14,396 0	688,918 0	0 0
ADAM JARRETT MD CHIEF MEDICAL OFFICER	(I) (II)	408,750 0	250,000 0	28,199 0	115,443 0	21,791 0	824,183 0	0 0
STEVEN MOSSER VP, FACILITIES	(I) (II)	230,279 0	40,000 0	1,841 0	9,441 0	24,291 0	305,852 0	0 0
JOHN GRANGEIA VP, PROFESSIONAL SERVICES	(I) (II)	215,583 0	40,000 0	4,108 0	8,812 0	16,931 0	285,434 0	0 0
JANE FIELDING ELLIS VP, MARKETING & PR	(I) (II)	224,470 0	15,000 0	9,544 0	9,019 0	7,277 0	265,310 0	0 0
CATHERINE YAXLEY SCHMIDT VP, PLANNING & GOVT AFFAIRS	(I) (II)	204,648 0	20,000 0	8,705 0	8,416 0	24,291 0	266,060 0	0 0
CYNTHIA KAUFHOLD VP, REVENUE CYCLE MANAGEMENT	(I) (II)	195,558 0	35,000 0	1,588 0	8,182 0	27,541 0	267,869 0	0 0
KYUNG HEE CHOI VP, KOREAN MED PROG (EFF 6/13)	(I) (II)	202,529 0	20,000 0	7,209 0	8,101 0	0 0	237,839 0	0 0
APRIL RODGERS VP, HUMAN RESOURCES	(I) (II)	174,981 0	40,000 0	1,156 0	1,311 0	21,791 0	239,239 0	0 0
DEBORAH ZAYAS VP, NURSING SERVICES	(I) (II)	193,054 0	20,000 0	1,748 0	7,763 0	7,277 0	229,842 0	0 0
EDWARD GERITY VP, OPERATIONS	(I) (II)	171,760 0	25,000 0	1,426 0	6,870 0	0 0	205,056 0	0 0
SHARAD WAGLE MD MEDICAL DIRECTOR	(I) (II)	352,098 0	0 0	2,410 0	10,200 0	14,431 0	379,139 0	0 0
MICHAEL SKVARENINA AVP, INFORMATION SYSTEMS	(I) (II)	177,685 0	100,000 0	18,331 0	2,734 0	21,791 0	320,541 0	0 0
RAVIT BARKAMA EXEC DIR CLINICAL RESEARCH	(I) (II)	253,958 0	40,000 0	1,563 0	10,200 0	25,857 0	331,578 0	0 0
HENRY FERNANDEZ COS MD DIR , HISPANIC COMM OUTREACH	(I) (II)	230,608 0	0 0	1,465 0	2,350 0	16,931 0	251,354 0	0 0
ALLAN CAGGIANO PHYSICIST	(I) (II)	222,535 0	300 0	317 0	9,031 0	21,791 0	253,974 0	0 0
ANTHONY PELLICANO FORMER OFFICER	(I) (II)	0 0	0 0	245,110 0	0 0	0 0	245,110 0	245,110 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,025,558	47,290,816	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	64,937,963	55,971,117	7,039,950	
4	Gross proceeds in reserve funds	5,899,801	0	0	
5	Capitalized interest from proceeds	0	0	416,077	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	1,014,001	1,242,174	103,703	
8	Credit enhancement from proceeds	0	0	43,900	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	42,313,332	7,560,834	6,476,266	
11	Other spent proceeds	15,835,463	47,290,816	5	
12	Other unspent proceeds	32,362	0	0	
13	Year of substantial completion	2009	2010	2006	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X			X		
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X			X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 600 %		0 600 %		0 600 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 600 %		0 600 %		0 600 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X		
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X	X			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE REBATE COMPUTATIONS WERE PERFORMED ON JULY 6, 2011 FOR BOND A AND ON DECEMBER 1, 2011 FOR BOND C

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Return Reference	Explanation	
	CORE FORM, PART III	HOLY NAME MEDICAL CENTER (''HNMC'') IS A PRIVATE, 361-BED NEW JERSEY-LICENSED GENERAL ACUTE CARE MEDICAL CENTER THE MEDICAL CENTER IS A NON-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEW JERSEY, AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE I NTERNAL REVENUE CODE BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE PURSUANT TO ITS CHARITABLE PURPOSES, HNMC PROVIDES MEDICALLY NECESSARY HEALTHCAR E SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CR EED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, HNMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 HNMC PROVIDES MEDICALLY NECE SSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARI TY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 HNMC OPERATES AN ACTIVE EMERGENCY DE PARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 HNMC MAINTAINS A MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS, 4 CONTROL OF HNMC RESTS WITH ITS BOARD OF TRUSTEES AND THE SISTERS OF ST JOSEPH OF PEACE BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF TH E 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 HNMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREI N, CLEARLY DEMONSTRATE THAT HNMC PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE A ND CONTROL OF HNMC 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 P RIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY THE SISTERS OF ST JOSEPH OF PEACE H EALTH CARE SYSTEM CORPORATION (THE ''HOLDING COMPANY'') IS A NON-PROFIT CORPORATION UNDER TH E LAWS OF THE STATE OF NEW JERSEY, AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 5 01 (A) OF THE INTERNAL REVENUE CODE BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C) (3) OF THE CODE THE HOLDING COMPANY IS THE SOLE MEMBER OF THE MEDICAL CENTER THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTH CARE ORGANIZATIONS THE SOLE MEMBER OF EACH ENTITY IS EITHER THE HOLDING COMPANY OR HNMC MISSION ======= WE ARE A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRA CING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CON SCIENTIOUS STEWARDSHIP WE HELP OUR COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEAL TH THROUGH EDUCATION, PREVENTION AND TREATMENT HISTORY ======= THE MEDICAL CENTER WAS FOU NDED BY THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF PEACE (THE ''SISTERS'') IN 1925, AN D IN 1958 WAS INCORPORATED AS AN INDEPENDENT NEW JERSEY NON-PROFIT CORPORATION, SPONSORED BY THE SISTERS IT WAS THE DEDICATION OF TWO TEANECK SURGEONS AND THE LEADERSHIP OF A SIST ER THAT MADE HNMC A REALITY IN 1925 RECOGNIZING THE NEED TO SERVE THE SICK AND INDIGENT O F THE COMMUNITY, DRS FRANK MCCORMACK AND GEORGE PITKIN APPEALED TO MOTHER GENERAL AGATHA BROWN OF THE SISTERS FOR HELP IN FINDING A SUITABLE MEDICAL CENTER SITE AND PROVIDING ADMI NISTRATIVE AND NURSING STAFF THE SISTERS PURCHASED THE ESTATE OF THE LATE WILLIAM WALTER PHELPS AND ERECTED THE MEDICAL CENTER THERE, STAFFING IT WITH SISTERS AT ITS OPENING IN 1 925, HNMC BOASTED 115 BEDS FIVE YEARS LATER, A 90-BED CLINIC BUILDING WAS BUILT TO MEET T HE NEEDS OF AREA RESIDENTS WHO HAD BEEN IMPOVERISHED BY THE GREAT DEPRESSION TEANECK WAS LITTLE MORE THAN A RURAL VILLAGE THEN, IN ALL OF BERGEN COUNTY THERE WERE SOME 250,000 INH ABITANTS WITH THE COMPLETION OF THE GEORGE WASHINGTON BRIDGE IN 1931, A SURGE OF DEVELOPM ENT FOLLOWED WORLD WAR II, AND THE AREA SOON BECAME A THRIVING RESIDENTIAL AND BUSINESS CO MMUNITY HNMC THRIVED AS WELL IN 1955 A SECOND ADDITION WAS COMPLETED THE FOUR-STORY, 11 0-BED MARIAN BUILDING, WITH TWO MORE STORIES ADDED TO THE FACILITY WITHIN THE NEXT TEN YEA RS DURING THE 1960'S, THE WEST WING OF THE MARIAN BUILDING WAS ENLARGED BY THREE MORE UNI TS FACED AGAIN WITH THE THREAT OF OVERCROWDING IN THE 1980'S, THE MEDICAL CENTER COMPLEX WAS ONCE MORE ENLARGED WITH CONSTRUCTION OF THE BRESLIN/KENNEDY BUILDING IN 1993 THE ''NEW ADDITION'' WAS CONSTRUCTED, PRINCIPALLY TO ACCOMMODATE THE INCREASING AMBULATORY AND SAME- DAY-STAY PATIENTS, AND A NEW PHY SICAL MEDICINE BUILDING WAS ADDED A FOUR-LEVEL REGIONAL C ANCER CENTER WAS COMPLETED IN THE LATE 1990'S MORE RECENT ADDITIONS INCLUDE A NEW 41-BAY EMERGENCY DEPARTMENT, A HEALTH AND FITNESS CENTER, AND A RESIDENTIAL HOSPICE, VILLA MARIE CLAIRE THE MEDICAL CENTER HAS GROWN IN SIZE, REPUTATION AND CAPABILITY WITH EACH ADDITION AS HNMC CELEBRATES ALMOST 90 YEARS, IT CONTINUES TO TAKE STEPS TO BECOME A NATIONAL MODE L BY IMPLEMENTING NEW, ADVANCED TECHNOLOGIES AND M

Return Reference	Explanation	
	CORE FORM, PART III	EDICAL/SURGICAL TECHNIQUES, AS WELL AS BEST PRACTICES IN PROCESSES SUCH AS MEDICATION ADMI NISTRATION, HEALTHCARE INFORMATION SYSTEMS, DISASTER PREPAREDNESS, AND BUILDING CONSTRUCTI ON AND DESIGN IMPROVEMENTS SUCH AS THESE ALLOW HNMC TO PROVIDE EVERY PATIENT WITH A SUPER IOR EXPERIENCE CHARACTERIZED BY SAFE, HIGH QUALITY CARE LEADING-EDGE CARE ========== == HNMC IS A COMPREHENSIVE, 361-BED ACUTE CARE FACILITY PROVIDING LEADING-EDGE MEDICAL PRA CTICE AND TECHNOLOGY ADMINISTERED IN AN ENVIRONMENT ROOTED IN A TRADITION OF COMPASSION AN D RESPECT FOR EVERY PATIENT HNMC OFFERS HIGH QUALITY HEALTHCARE ACROSS A CONTINUUM THAT E NCOMPASSES EDUCATION, PREVENTION, EARLY INTERVENTION, COMPREHENSIVE TREATMENT OPTIONS, REH ABILITATION, AND WELLNESS MAINTENANCE-FROM PRE-CONCEPTION THROUGH END-OF-LIFE WITH ALMOST 900 PHYSICIANS REPRESENTING DOZENS OF MEDICAL AND SURGICAL SPECIALTIES, HNMC PROVIDES AN EXCEPTIONAL HEALTHCARE EXPERIENCE FOR ITS PATIENTS A FEW OF THE "CENTERS OF EXCELLENCE" A T HNMC INCLUDE - REGIONAL CANCER CENTER - INTERVENTIONAL INSTITUTE (OFFERING INNOVATIVE, NON- SURGICAL TREATMENT OPTIONS) - CARDIOVASCULAR SERVICES - GEORGE P PITKIN M D EMERGENC Y CARE CENTER - WOMEN'S AND CHILDREN'S SERVICES - BONE AND JOINT CENTER - LUNG CENTER OTHE R OUTSTANDING SERVICES INCLUDE, BUT ARE NOT LIMITED TO - SPECIALTY SURGERY SERVICES WITH EXPERTISE IN MINIMALLY INVASIVE TECHNIQUES, INCLUDING ROBOTICS - ADVANCED RADIOLOGICAL IMA GING - HOSPICE AND PALLIATIVE SERVICES, INCLUDING THE ESTABLISHMENT OF VILLA MARIE CLAIRE, A RESIDENTIAL HOSPICE FACILITY IN SADDLE RIVER, NJ - REHABILITATION MEDICINE, ENCOMPASSIN G HNH FITNESS, HNMC'S MEDICALLY-BASED FITNESS CENTER IN ORADELL, NJ - BARIATRIC MEDICINE - CENTER FOR SLEEP MEDICINE - MATERNAL-FETAL MEDICINE FOR HIGH-RISK AND COMPLICATED PREGNAN CIES - RENAL DIALYSIS - CULTURALLY- AND LINGUISTICALLY-SENSITIVE HEALTH PROGRAMS, SUCH AS THE KOREAN MEDICAL PROGRAM AND HISPANIC OUTREACH PROGRAM - INSTITUTE FOR CLINICAL RESEARCH - MULTIPLE SCLEROSIS CENTER - THE HOLY NAME SCHOOL OF NURSING PROMOTION OF COMMUNITY HEAL TH ========== HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS THE MAJORITY OF THE BOARD OF TRUSTEES LIVE IN BERGEN COUNTY, NEW JERSEY, WHERE HN MC IS LOCATED, WITH MOST LIVING IN THE MUNICIPALITIES OF THE MEDICAL CENTER'S DEFINED SERV ICE AREA THE TRUSTEES' UNDERSTANDING OF THE SERVICE AREA IS THUS ENHANCED, AS IS THEIR UN DERSTANDING OF THE NEED TO REINVEST FUNDS IN IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATI ON AND RESEARCH AS PART OF ITS CHARITABLE PURPOSE, HNMC PROVIDES A WIDE ARRAY OF SERVICES TO THE COMMUNITY, TARGETED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY THE MAJORITY OF SUCH SERVICES ARE FREE A SMALL SAMPLING OF SUCH ACTIVITIES IS PROVIDED BELOW - FREQUENT HEALTH FAIRS THROUGHOUT THE REGION ARE GIVEN AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MANY IN SPANISH AND KOREAN, AS WELL AS ENGLISH) - IMMUNIZATI ONS ARE PROVIDED - FREE AND/OR VERY LOW FEE TRANSPORTATION (E.G , FOR CANCER TREATMENT, D IALYSIS) IS AVAILABLE - COMMUNITY HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED - STAFF FROM VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER VISIT LOCAL SCHOOLS TO PROVID E HEALTH CLASSES - SCREENINGS, E.G , BLOOD PRESSURE, CANCER, STROKE, DIABETES, PROSTATE C ANCER, BREAST CANCER, OSTEOPOROSIS, PERIPHERAL ARTERY DISEASE, SKIN CANCER, COLON CANCER, AND OTHER CLINICAL SCREENING AND EDUCATION ARE PROVIDED, OFTEN AS PART OF COMMUNITY PROGRA MS SPECIFIC TO THE PARTICULAR DISEASE GROUP - SENIOR CENTERS ARE SUPPORTED WITH FREE EXER CISE CLASSES, LECTURES AND SCREENINGS

Return Reference	Explanation	
	CORE FORM, PART III	- SUPPORT GROUPS ARE PROVIDED, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAVEMENT, N EW MOTHERS, DIABETES, SMOKING, AND CARDIAC DISEASE. - HNMC'S ALS BIKE TEAM, ALS VEHICLES A ND/OR SPECIAL OPERATIONS VEHICLES ARE PRESENT AT EVENTS OCCURRING IN MUNICIPALITIES IN HNM C'S SERVICE AREA WITHOUT CHARGE. - COURSES (PROVIDED EITHER FREE OR FOR A LOW FEE) ARE PRO VIDED THROUGHOUT THE YEAR. EXAMPLES INCLUDE. CPR CERTIFICATION, DEFENSIVE DRIVING, GENERAL AND SPECIALTY (E.G., OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, STRESS MANAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENTING. - CLASSES TO PROMOTE BETTER HEALTH ARE ABUNDANT. YOGA, WEIGHT REDUCTION, OSTEOPOROSIS, PROPER HAND-W ASHING, TAI CHI, COOKING FOR CARDIAC PATIENTS. - LECTURES, OFTEN INVOLVING HNMC'S MEDICAL STAFF AS PRESENTERS, ARE PROVIDED, THE MAJORITY OF WHICH ARE FREE. MEN'S HEALTH, WOMEN'S H EALTH, A MID-LIFE AND MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES, DEPRESSION, AS THMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL WELLNESS, CARDIAC ISSUES, ALZHE IMER'S, JOINT REPLACEMENT, SLEEP APNEA, CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS PRESENTED. - HNMC'S WEBSITE (WWW.H OLYNAME.ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION. THE SITE INCLUDES AN O N-LINE MEDICAL LIBRARY HOUSING INFORMATION ON DISEASES AND CONDITIONS, SURGERIES AND PROCE DURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WELLNESS, AND A DRUG REFERENCE. ON-LINE RISK A SSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS IS THE ABILITY TO SET UP A PERSONAL HEALTH P AGE. - HNMC'S "ASK-A-NURSE" PROGRAM, WHICH PROVIDES 24/7 PHONE ACCESS TO REGISTERED NURSES, IS PROVIDED FREE OF CHARGE. - BLOOD DRIVES ARE HOSTED REGULARLY AT HNMC. MANY HEALTH SER VICES ARE SUBSIDIZED BY HNMC, SUCH AS ITS CLINICS, HOSPICE AND HEMODIALYSIS PROGRAMS. EACH YEAR THE MEDICAL CENTER CONTRIBUTES TO AIRFARE, SUPPLIES AND OTHER SUPPORT FOR HNMC NURSE S AND DOCTORS TO TRAVEL TO THIRD WORLD COUNTRIES (E.G., HAITI) TO PROVIDE MEDICAL CARE, IN CLUDING SURGERY, TO PERSONS WHO OTHERWISE WOULD NEVER RECEIVE ADEQUATE TREATMENT DUE TO PO VERTY AND LACK OF ACCESS. HNMC OPERATES A FREE CLINIC WHICH PROVIDES SERVICES TO WOMEN AND CHILDREN WHO ARE HOMELESS, HOUSED IN COMMUNITY SHELTERS AS VICTIMS OF DOMESTIC ABUSE, OR HOUSED IN COMMUNITY TRANSITIONAL RESIDENCES. HNMC ALSO PARTICIPATES IN THE WOMEN, INFANTS AND CHILDREN ("WIC") AND HEALTH START PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS. INEXPENSIVE MEDICALLY SUPERVISED D AY CARE FOR ILL CHILDREN IS AVAILABLE ON CAMPUS TO WORKING PARENTS IN THE COMMUNITY AFFORD ING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK. SENIOR OR DISABLED PERSONS REQUIRI NG MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARGE TO HNMC'S ADULT DAY CARE PROGRAM, REDUC ING THE BURDEN ON FAMILY CARETAKERS. HNMC'S EMERGENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR. ALTHOUGH THE ED GENERALLY IS ABLE TO COVER ITS COSTS, IT PROV IDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE AND IS A WELL-USED RESOURCE FOR MANY WITHO UT INSURANCE WHO RELY ON IT FOR CARE. OTHER SERVICES, SUCH AS CLINICS, DO NOT COVER THEIR COSTS, AND HNMC ABSORBS THE ADDITIONAL EXPENSE. LANGUAGE INTERPRETATION IS AVAILABLE FOR A PPROXIMATELY 220 LANGUAGES AT THE MEDICAL CENTER THROUGH USE OF A COMMERCIAL SERVICE THAT PROVIDES A LIVE TRANSLATOR 24/7. HNMC HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA. HNMC HAS INTENTIONALLY SOUGHT OUT PHYSICIANS FLUE NT IN SPANISH AND WHO CARE FOR HISPANIC POPULATIONS, AND PROVIDES FREE TRANSPORTATION FOR SUCH POPULATIONS (AS WELL AS OTHERS) UNABLE TO ACCESS CARE ON THEIR OWN. HNMC HAS ALSO ADD ED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROVIDES A KOREAN CLINIC WEEKLY, WITH K OREAN SPEAKING PHYSICIANS (AND NURSES), AS THE ASIAN COMMUNITY IS ONE OF THE FASTEST GROWI NG SECTORS IN THE COUNTY. CARE IS PROVIDED IN A CULTURALLY SENSITIVE MANNER. THE INSTITUTE FOR CLINICAL RESEARCH AT HNMC PROVIDES EXCEPTIONAL INVESTIGATORS, FACILITIES, AND SERVICE S FOR SPONSORING AGENCIES THAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESE ARCH. THE INSTITUTE IS DEDICATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS T O TEST NEW MEDICATIONS, DEVICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS. SINCE ITS INCEPTION, HNMC HAS BEEN ACTIVELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUC ATING AND MENTORING HEALTHCARE PROFESSIONALS. THE HOLY NAME SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DEDICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SIC K OR WELL. THE REGISTERED NURSE ("RN") PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DI PLOMA PROGRAM, AND IS ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEA GUE FOR NURSING ACCREDITING COMMISSION. IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE ("LPN") PROGRAM AS WELL, WHICH IS A 12-MONT

Return Reference	Explanation	
	CORE FORM, PART III	H PRACTICAL NURSE DIPLOMA PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING BO TH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES OF MANY ETHNICITIES A ND AGE GROUPS HNMC ALSO SUPPORTS ITS COMMUNITY THROUGH THE USE OF THE MEDICAL CENTER'S FA CILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT PROMOTE THE POSITIVE GROWTH OF THE COMMUN ITY, ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENE FIT, AND SEEK TO PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE H EALTH AND WELL-BEING OF THE COMMUNITY HNMC ALSO ASSISTS OTHER NON-PROFITS AND PROVIDES VA RIOUS FORMS OF NON-MONETARY AID AS WELL IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VA LID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME AMONG THE ORGANIZATIONS SO AIDED ARE N URSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, BATTERED WOMEN'S SH ELTERS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS, SCHOOLS, AND NURSING HOMES HNM C ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS CONF ERENCE CENTER FOR EVENTS CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS ALTHOUGH HNMC'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED DURING 2012, THE MEDICAL C ENTER PROVIDED ASSISTANCE TO A HOSPITAL IN THE EARTHQUAKE-RAVAGED COUNTRY OF HAITI THROUGH CASH SUPPORT, PROVISION OF EQUIPMENT AND PERSONNEL WORKING TO REBUILD THE HOSPITAL'S OPER ATIONS, AND THROUGH TRAINING HEALTH PROVIDERS WORKING AT THE HOSPITAL AFFILIATIONS AND AC ADEMIC RELATIONSHIPS ========== IN 1997, HNMC BEGAN ITS ASSOC IATION WITH THE NEW YORK-PRESBYTERIAN HEALTH SYSTEM THIS AFFILIATION RESULTED IN THE EXPA NSION OF VITAL HEALTH SERVICES FOR OUR COMMUNITY INCLUDING AN UPGRADED NEONATAL SPECIAL C ARE NURSERY WITH ASSISTANCE FROM NEW YORK/PRESBYTERIAN MEDICAL CENTER, INCREASED ACCESS TO CLINICAL TRIALS, AND EXPANDED EDUCATIONAL OPPORTUNITIES FOR PHYSICIANS HNMC IS ALSO AN A CADEMIC AFFILIATE OF COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS THE HNMC COMM UNITY ALSO ENJOYS OTHER ACADEMIC RELATIONSHIPS, WHICH THAT PROVIDE AN EDUCATIONAL ENVIRONM ENT FOR STUDENTS FROM A VARIETY OF HEALTHCARE PROFESSIONS - IN JULY 2010, HNMC BEGAN ACCE PTING THIRD AND FOURTH YEAR STUDENTS FROM THE TOURO COLLEGE OF OSTEOPATHIC MEDICINE (NEW Y ORK, NY), TO COMPLETE CLINICAL ROTATIONS IN FULFILLMENT OF THEIR CURRICULUM - AFFILIATION AGREEMENTS ARE MAINTAINED WITH BERGEN COMMUNITY COLLEGE (PARAMUS, NJ) FOR NURSING STUDENT S, AND FOR RADIOLOGY, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS TRAINEES FROM RUT GERS UNIVERSITY (NEW BRUNSWICK, NJ) ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS WHO ARE COMPLETING ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION THE TRAINEES ARE SUPERVISED BY A CLINICAL CARE COORDINATOR FROM THE UNIVE RSITY ONE COMMUNITY HEALTH STUDENT ROTATES THROUGH HNMC AS WELL - THE MEDICAL CENTER MAI NTAINS A COLLABORATIVE AGREEMENT WITH ST PETER'S COLLEGE (JERSEY CITY, NJ) TO PROVIDE THE OPTION FOR HOLY NAME SCHOOL OF NURSING STUDENTS TO TAKE ADDITIONAL COLLEGE CREDITS TO EAR N AN ASSOCIATES OF APPLIED SCIENCE ("AAS") DEGREE IN HEALTH SCIENCES THE AAS COMPLEMENTS THE DIPLOMA AWARDED FROM THE HOLY NAME SCHOOL OF NURSING EMPLOYEES OF HNMC ARE ALSO ABLE TO CONTINUE THEIR STUDIES BY PURSUING BACHELOR'S (BSN), MASTER'S, AND ADVANCED PRACTICE NU RSING DEGREES AT ST PETER'S COLLEGE IN THIS PROCESS, STUDENT EMPLOYEES WORK WITH VARIOUS ADMINISTRATIVE LEADERS WITHIN HNMC TO COMPLETE CLINICAL ROTATIONS - UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM FARLEIGH DICKINSON UNIVERSITY (TEANECK, N J) COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION - OTHER NURSING AFFILIATION AGREEMENTS ALSO EXIST BETWEEN HNMC AND SETON HALL UNIVERSITY (SOUTH OR ANGE, NJ), WILLIAM PATERSON UNIVERSITY (

Return Reference	Explanation	
	CORE FORM, PART III	- PHYSICAL AND/OR OCCUPATIONAL THERAPY AGREEMENTS TO PERMIT STUDENTS TO COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER ARE WITH NEW YORK MEDICAL COLLEGE (VALHALLA, NY), UNION CO UNTY COLLEGE (CRANFORD, NJ), HUNTER COLLEGE (NEW YORK, NY), MERCY COLLEGE (DOBBS FERRY, NY), QUINNIPIAC UNIVERSITY (HAMDEN, CT), THE UNIVERSITY OF SCRANTON (SCRANTON, PA), THE UNIV ERSITY OF WISCONSIN (LA CROSSE, WI), MISERICORDIA UNIVERSITY (DALLAS, PA), KEAN UNIVERSITY (UNION, NJ), AND ROCKLAND COMMUNITY COLLEGE (SUFFERN, NY) IN ALL CASES, INSTRUCTION IS P ROVIDED BY HNMC STAFF - EACH YEAR, HNMC ACCEPTS STUDENTS FROM THE COLUMBIA UNIVERSITY MAI LMAN SCHOOL OF PUBLIC HEALTH PROGRAM IN HEALTH POLICY AND MANAGEMENT AS SUMMER INTERNS IN TERNS WORK ON SPECIFIC PROJECTS UNDER THE DIRECTION OF MEMBERS OF SENIOR MANAGEMENT - EVE RY YEAR STUDENTS FROM A PREPARATORY SCHOOL COMPLETE INTERNSHIPS AT THE MEDICAL CENTER IN V ARIOUS DEPARTMENTS TYPICALLY, SUCH STUDENTS ARE DISADVANTAGED FROM A SOCIOECONOMIC STANDP OINT AND BENEFIT FROM THE COACHING RECEIVED FROM MEMBERS OF THE SENIOR ADMINISTRATIVE STAF F THE STUDENTS SPEND ONE FULL DAY EACH WEEK AT HOLY NAME OVER THE COURSE OF A SEMESTER E MERGENCY PREPAREDNESS ========== DURING 2013, HNMC WAS ONE OF NINE HOSPITALS I N NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH (''NJDOH'') AS A REGIONAL MED ICAL COORDINATION CENTER (''MCC'') THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC'S PURPOSE IS ACTIVATION IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND /OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE , OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION THE MCC ALSO MONITORS, ON A DAILY BASIS, SIT UATIONAL AWARENESS OF LOCAL ACTIVITY DURING 2013, THE MCC WAS ACTIVATED FOR SEVERAL STATE EMERGENCIES THE STATE OF NEW JERSEY FUNDED A COORDINATOR FOR THE MCC, BUT ALL OTHER EMER GENCY PREPAREDNESS ACTIVITIES, WHICH ARE DESIGNED TO PROTECT THE PUBLIC AND TO RESPOND IN THE EVENT OF ANY PUBLIC HEALTH EMERGENCY, WERE CARRIED OUT BY HNMC WITHOUT FINANCIAL ASSIS TANCE GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I E., FIVE MILES NORTH OF THE GEORGE WASHI NGTON BRIDGE), EMERGENCY PREPAREDNESS IS NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY, REGARDLESS OF THE MCC DESIGNATION HNMC IS RECOGNIZED BY STATE AND FEDERAL SECTORS FOR ITS EXPERTISE IN EMERGENCY PREPAREDNESS AND RESPONSE LOCALLY, HNMC'S MCC COOR DINATOR ALSO SERVES AS THE EMS COORDINATOR OF THE BERGEN COUNTY OFFICE OF EMERGENCY MANAGE MENT AND IS A MEMBER OF THE BERGEN COUNTY TERRORISM TASK FORCE A FREQUENT PARTICIPANT IN LOCAL AND NEW YORK CITY DISASTER DRILLS, HNMC HAS PARTICIPATED IN SEVERAL LARGE SCALE DISA STER DRILLS, AS WELL AS DRILLS CONDUCTED BY THE CENTERS FOR DISEASE CONTROL INVOLVING LOCA L, COUNTY, STATE, AND FEDERAL AGENCIES' EMERGENCY RESPONSE TO THREATS OF PUBLIC HEALTH SIG NIFICANCE HNMC MAINTAINS ITS DESIGNATION BY THE FEDERAL DIVISION OF GLOBAL MIGRATION AND QUARANTINE TO DEAL WITH POSSIBLE COMMUNICABLE DISEASES AND ACTS OF BIOTERRORISM OCCURRING ON PUBLIC HEALTH CONVEYANCES HNMC IS ALSO ACTIVE IN THE NORTHERN NEW JERSEY URBAN AREA SE CURITY INITIATIVE MEMBERS OF HOLY NAME EMS SERVE ON THE STATEWIDE NJ EMS TASK FORCE THE MEDICAL CENTER MAINTAINS A SPECIAL OPERATIONS TEAM COMPRISED OF PARAMEDICS AND EMERGENCY M EDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DAY, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES RECOGNITION ========== HNMC IS RECOGNIZED FOR ITS CLINICAL SKILL, QUALITY OUTCOMES AND HIGH RATE OF PATIENT SATISFACTION BY MULTIPLE NATIONAL ACCRED ITATION AGENCIES AND BENCHMARKING ORGANIZATIONS THE JOINT COMMISSION CITES HNMC AS A ''TOP PERFORMER FOR KEY QUALITY MEASURES,'' CITING EXCELLENCE IN HEART ATTACK, HEART FAILURE PNE UMONIA AND SURGICAL CARE HNMC HOLDS MAGNET STATUS FOR OUTSTANDING NURSING CARE FROM THE A MERICAN NURSES CREDENTIALING CENTER (''ANCC'') THE MAGNET RECOGNITION PROGRAM WAS DEVELOPED BY THE ANCC TO RECOGNIZE HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE, AND TO PROVIDE A VEHICLE FOR DISSEMINATING SUCCESSFUL NURSING PRACTICES AND STRATEGIES APPROXIM ATELY SIX PERCENT (6%) OF HOSPITALS NATIONWIDE ARE MAGNET RECOGNIZED HOSPITALS HNMC ALSO RECEIVED THE BEACON AWARD FOR CRITICAL CARE EXCELLENCE FOR ITS TELEMETRY AND INTENSIVE CAR E UNITS THIS AWARD FROM THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES RECOGNIZES NURSI NG EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE AND OUTCOMES HEALTHGRADES RECOGNIZES HNMC FOR ITS EXCELLENCE IN MATERNITY CARE, BACK AND NECK SURGERY, TREATMENT OF PNEUMONIA, SPINE SURGERY AND STROKE CARE US NEWS & WORLD REPORT CITED HNMC AS ONE OF THE BEST HOSPI TALS IN NEW JERSEY AND THE NEW YORK METRO AREA, 2013-2014 HOLY NAME RECEIVED ''HIGH-PERFOR MING'' STATUS IN NINE SPECIALTIES DIABETES AND ENDOCRINOLOGY, GASTROENTEROLOGY, GERIATRICS , GYNECOLOGY, NEPHROLOGY, NEUROLOGY AND NEUROSURGERY, ORTHOPEDICS, PULMONOLOGY AND UROLOGY THE MEDICAL CENTER CARRIES AN ''A'' RATING FROM TH

Return Reference	Explanation	
	CORE FORM, PART III	E LEAPFROG GROUP FOR SAFETY, AND IS ALSO A COMMUNITY 5-STAR TOP PROVIDER, AWARDED BY CLEVE RLY AND ASSOCIATES IN 2013 HOLY NAME WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION/AME RICAN STROKE ASSOCIATION AS A GOLD PLUS PRIMARY STROKE CENTER AS PART OF THE "GET WITH THE GUIDELINES" PROGRAM HNMC HAS BEEN PRAISED REPEATEDLY AS AN EXEMPLARY WORKPLACE BY MODERN HEALTHCARE'S 100 BEST PLACES TO WORK IN HEALTHCARE PROGRAM, IN WHICH THE MEDICAL CENTER R ANKED IN THE TOP TEN, AND BY NJBIZ (THE LEADING WEEKLY BUSINESS PUBLICATION IN NEW JERSEY) , WHICH CITES HNMC AS A TOP BUSINESS (ALL INDUSTRIES) IN ITS 50 BEST PLACES TO WORK IN NEW JERSEY PROGRAM

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED 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'') IN ADDITION THE ORGANIZATION'S AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL INCLUDING THE CHIEF FINANCIAL OFFICER, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER INDIVIDUALS 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 INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL A MEETING WAS ALSO HELD TO REVIEW THE FINAL DRAFT OF THE FEDERAL FORM 990 WITH THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW AND APPROVAL FOLLOWING THIS REVIEW THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN WITH THE IRS

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND 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 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, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES 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 SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE 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 ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB 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

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

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

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER RELATED AFFILIATES THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ALL RELATED ORGANIZATIONS AND THIS ORGANIZATION, IN TOTAL

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN NET INTEREST OF HOLY NAME HEALTH CARE FOUNDATION, INC - ($2,152,619) - NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL PURPOSES - $11,188 - TRANSFERS TO AFFILIATES - ($14,665,600) - CHANGE IN BENEFICIAL INTEREST IN HOLY NAME HEALTH CARE FOUNDATION, INC - $1,463,151 - NET CHANGE IN TEMPORARILY RESTRICTED INVESTMENT GAIN - $214,939 - NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS, TEMPORARILY RESTRICTED - ($386,017) - NET ASSETS RELEASED FROM RESTRICTION FOR CAPITAL PURPOSES, TEMPORARILY RESTRICTED - ($11,188)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HOLY NAME MEDICAL CENTER, INC AND AFFILIATES, FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINS CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS HOLY NAME MEDICAL CENTER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HNH FITNESS LLC 718 TEANECK ROAD TEANECK, NJ 07666 59-3836367	WELLNESS	NJ	1,417,582	6,396,979	HNMC
(2) HNLS LLC 718 TEANECK ROAD TEANECK, NJ 07666 45-3636025	INACTIVE	NJ	0	0	HNMC
(3) HNMC HOSPITALPHYSICIAN ACO LLC 718 TEANECK ROAD TEANECK, NJ 07666 45-5412543	HEALTHCARE	NJ	0	100,000	HNMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666 22-2737143	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(2) HOLY NAME REAL ESTATE CORP 718 TEANECK ROAD TEANECK, NJ 07666 22-3412504	PROPERTY CO	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(3) SISTERS OF ST JOSEPH OF PEACE 718 TEANECK ROAD TEANECK, NJ 07666 22-3412084	RELIGIOUS ORD	NJ	501(C)(3)	170B1AI	NA		No
(4) MS COMPREHENSIVE CARE CENTER 718 TEANECK ROAD TEANECK, NJ 07666 22-2402959	HEALTHCARE	NJ	501(C)(3)	509(A)(2)	HNMC	Yes	
(5) HOLY NAME EMS INC 718 TEANECK ROAD TEANECK, NJ 07666 27-0294681	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(6) THE CRUDEM FOUNDATION INC 718 TEANECK ROAD TEANECK, NJ 07666 43-1660199	HEALTHCARE	MO	501(C)(3)	509(A)(1)	HNMC FDN		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH PARTNER SERVICES INC	R	13,179,000	COST
(2) HEALTH PARTNER SERVICES INC	D	1,235,943	COST
(3) MS COMPREHENSIVE CARE CENTER	D	516,859	COST
(4) HOLY NAME REAL ESTATE CORPORATION	D	1,055,043	COST
(5) HOLY NAME EMS INC	D	327,582	COST
(6) HOLY NAME HEALTH CARE FOUNDATION	D	2,836,637	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V	HOLY NAME MEDICAL CENTER ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

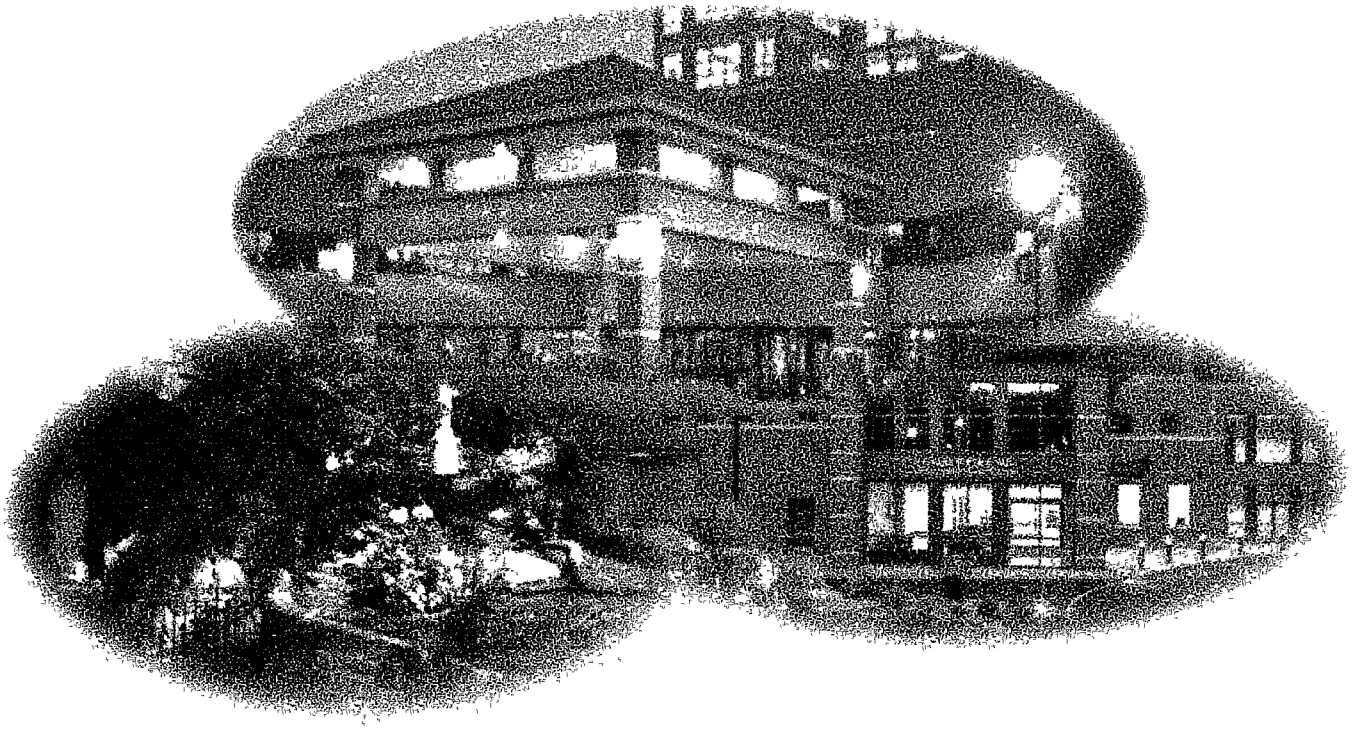
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666 22-2737143	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(1) HOLY NAME REAL ESTATE CORP 718 TEANECK ROAD TEANECK, NJ 07666 22-3412504	PROPERTY CO	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(2) SISTERS OF ST JOSEPH OF PEACE 718 TEANECK ROAD TEANECK, NJ 07666 22-3412084	RELIGIOUS ORD	NJ	501(C)(3)	170B1AI	NA		No
(3) MS COMPREHENSIVE CARE CENTER 718 TEANECK ROAD TEANECK, NJ 07666 22-2402959	HEALTHCARE	NJ	501(C)(3)	509(A)(2)	HNMC	Yes	
(4) HOLY NAME EMS INC 718 TEANECK ROAD TEANECK, NJ 07666 27-0294681	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(5) THE CRUDEM FOUNDATION INC 718 TEANECK ROAD TEANECK, NJ 07666 43-1660199	HEALTHCARE	MO	501(C)(3)	509(A)(1)	HNMC FDN		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTH PARTNER SERVICES INC 718 TEANECK ROAD TEANECK, NJ 07666 22-3618636	MGMT SERVICES	NJ	HNMC	C CORP	0	3,216,809	100 000 %	Yes	
PEACE HEALTH PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 22-3618634	HLTHCARE SVCS	NJ	NA	C CORP					No
HOUSE PHYSICIANS PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 22-3808427	HLTHCARE SVCS	NJ	NA	C CORP					No
HEMATOLOGYONCOLOGY PHYSICIANS 718 TEANECK ROAD TEANECK, NJ 07666 22-3808421	HLTHCARE SVCS	NJ	NA	C CORP					No
RIVERSIDE FAMILY CARE 718 TEANECK ROAD TEANECK, NJ 07666 20-0446233	HLTHCARE SVCS	NJ	NA	C CORP					No
RADIATION ONCOLOGY PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 20-1104758	HLTHCARE SVCS	NJ	NA	C CORP					No
EXCELCARE MEDICAL ASSOCIATES 718 TEANECK ROAD TEANECK, NJ 07666 20-3130405	HLTHCARE SVCS	NJ	NA	C CORP					No
BREAST IMAGING PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 75-3226059	HLTHCARE SVCS	NJ	NA	C CORP					No
HOLY NAME CARDIOLOGY ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 75-3226063	HLTHCARE SVCS	NJ	NA	C CORP					No
BREAST CARE PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 11-3787403	HLTHCARE SVCS	NJ	NA	C CORP					No
HOLY NAME PULMONARY ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 83-0511119	HLTHCARE SVCS	NJ	NA	C CORP					No
WOMEN'S CLINIC PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 36-4635222	HLTHCARE SVCS	NJ	NA	C CORP					No
MULKAY CARDIOLOGY CONSULTANTS AT HNMC 718 TEANECK ROAD TEANECK, NJ 07666 46-3392343	HLTHCARE SVCS	NJ	N/A	C CORP					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTH PARTNER SERVICES INC	R	13,179,000	COST
HEALTH PARTNER SERVICES INC	D	1,235,943	COST
MS COMPREHENSIVE CARE CENTER	D	516,859	COST
HOLY NAME REAL ESTATE CORPORATION	D	1,055,043	COST
HOLY NAME EMS INC	D	327,582	COST
HOLY NAME HEALTH CARE FOUNDATION	D	2,836,637	COST



Holy Name Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT 2013

Companion document, incorporated by reference:
Bergen County Community Health Needs Assessment & Improvement Plan 2013

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Holy Name Medical Center

718 Teaneck Road
Teaneck, New Jersey, 07666
www.holyname.org

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INTRODUCTION

The Bergen County Community Health Needs Assessment (CHNA) was a joint project of the five Bergen non-profit acute care hospitals (Christian Health Care Center, Englewood Hospital and Medical Center, Hackensack University Medical Center, Holy Name Medical Center, and The Valley Hospital); the Bergen County Department of Health Services; and The Community Health Improvement Partnership (CHIP) of Bergen County. The group worked collaboratively for over a year in conjunction with John Snow, Inc, a vendor expert in community health needs assessments. This joint project provided the information needed to identify, prioritize and address the significant health needs throughout Bergen County, where Holy Name Medical Center (and the majority of its service area) is located. The Bergen County CHNA document thus is incorporated by reference in this document.

The Holy Name Medical Center CHNA extracts findings from the Bergen County CHNA that are significant to the service areas of the Medical Center. There are also six municipalities (five zip codes) in adjacent Hudson County that are part of the Medical Center's service area. Data for these towns were obtained through both the collaborative CHNA project and through additional data retrieval and analysis performed by HNMC.

ABOUT HOLY NAME MEDICAL CENTER ("HNMC")

Holy Name Medical Center is a private, non-profit, 361-bed acute care hospital located in Teaneck, New Jersey, qualified as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Medical Center was founded by the Congregation of the Sisters of St. Joseph of Peace in 1925, and in 1958 was incorporated as an independent non-profit corporation, with continued sponsorship by the Sisters.

The Medical Center is a general acute care community provider of a broad spectrum of inpatient, ambulatory, home, and end-of-life care, and community health services. In addition to its general medical, surgical, obstetrical, gynecological, pediatric and psychiatric services, Holy Name offers a wide array of diagnostic and treatment modalities, various specialty services, an ambulance and MICU fleet, and a residential hospice. Both on and beyond Holy Name's campus are numerous HNMC/Physician network practices covering a wealth of primary and specialty care. Our commitment to care even reaches to persons in need in northern Haiti, where we support the operations of Hôpital Sacré Coeur, located in the town of Milot. In New Jersey, as one of nine State-designated Medical Coordination Centers ("MCC"), the Medical Center's on-campus MCC is activated in the event of public health emergencies and/or a terrorist attack causing mass casualty incidents, infectious or communicable disease, or other types of public health disruption. To date, the MCC has been activated for several state emergencies, including October 2012's *Superstorm Sandy*.

Annually, HNMC's main facility discharges approximately 28,000 patients and provides more than 350,000 ambulatory care visits, including more than 55,000 emergency room visits. Care is tailored to meet health, cultural and other needs; e.g., a large and thriving Korean Medical Program addresses the fastest growing segment of northern New Jersey's population.

The Medical Center's primary mission and values were developed by the Sisters and espouse the facilitation of physical, spiritual and social well-being regardless of race, creed or economic condition. Over the years the Mission Statement has been updated, but continues to reflect the values and goals set forth by the Sisters.

> *"We are a community of caregivers committed to a ministry of healing, embracing the tradition of Catholic principles, the pursuit of professional excellence, and conscientious stewardship. We help our community achieve the highest attainable level of health through education, prevention and treatment."*

THE COMMUNITY SERVED BY HNMC:

HNMC defines its primary service area ("PSA") as encompassing fifteen zip codes in Bergen County, and three in northern Hudson County. A secondary service area ("SSA") includes an additional nineteen zip codes, seventeen of which are in Bergen, and two in northern Hudson County. "Zip codes" are used to identify municipalities in keeping with identification by secondary data sources; note that, in some cases, a single zip code may encompass more than one distinct town.

The service areas are determined by the volume of inpatient and same day admissions received by the Medical Center each year. Those zip codes providing 1.5% or more of the total volume are categorized as the primary service area; those providing less than 1.5%, but at least 0.5%, are considered to be the secondary service area. This methodology is a variation of a method used by certain bond rating agencies. Together, the PSA and SSA account for approximately 80 percent of the Medical Center's admission volume. Both the PSA and SSA towns overlap with the PSAs and SSAs of other hospitals, affording truly comprehensive coverage of these towns by multiple providers.

The municipalities of the PSA and SSA are listed below.

Primary Service Area (PSA)	*Secondary Service Area (SSA)*
07666 – Teaneck	07652 – Paramus
07621 – Bergenfield	07644 – Lodi
07024 – Fort Lee	07675 – Westwood/River Vale/Old Tappan
07010 – Cliffside Park	07020 – Edgewater
07047 – North Bergen *	07661 – River Edge
07601 – Hackensack	07605 – Leonia
07660 – Ridgefield Park	07410 – Fair Lawn
07093 – West New York/Guttenberg *	07026 – Garfield
07646 – New Milford	07607 – Maywood
07087 – Union City *	07030 – Hoboken *
07631 – Englewood	07626 – Cresskill
07628 – Dumont	07663 – Saddle Brook
07022 – Fairview	07407 – Elmwood Park
07650 – Palisades Park	07670 – Tenafly
07657 – Ridgefield	07649 – Oradell
07603 – Bogota	07604 – Hasbrouck Heights
07643 – Little Ferry	07632 – Englewood Cliffs
	07086 – Weehawken *
* *located in Hudson County*	07662 – Rochelle Park

Core Demographics of the Service Areas (US Census Bureau, 2010)

The accompanying Bergen County CHNA includes greater detail for all Bergen County towns. For the specific service areas served by Holy Name, selected core demographics are noted below.

The PSA:

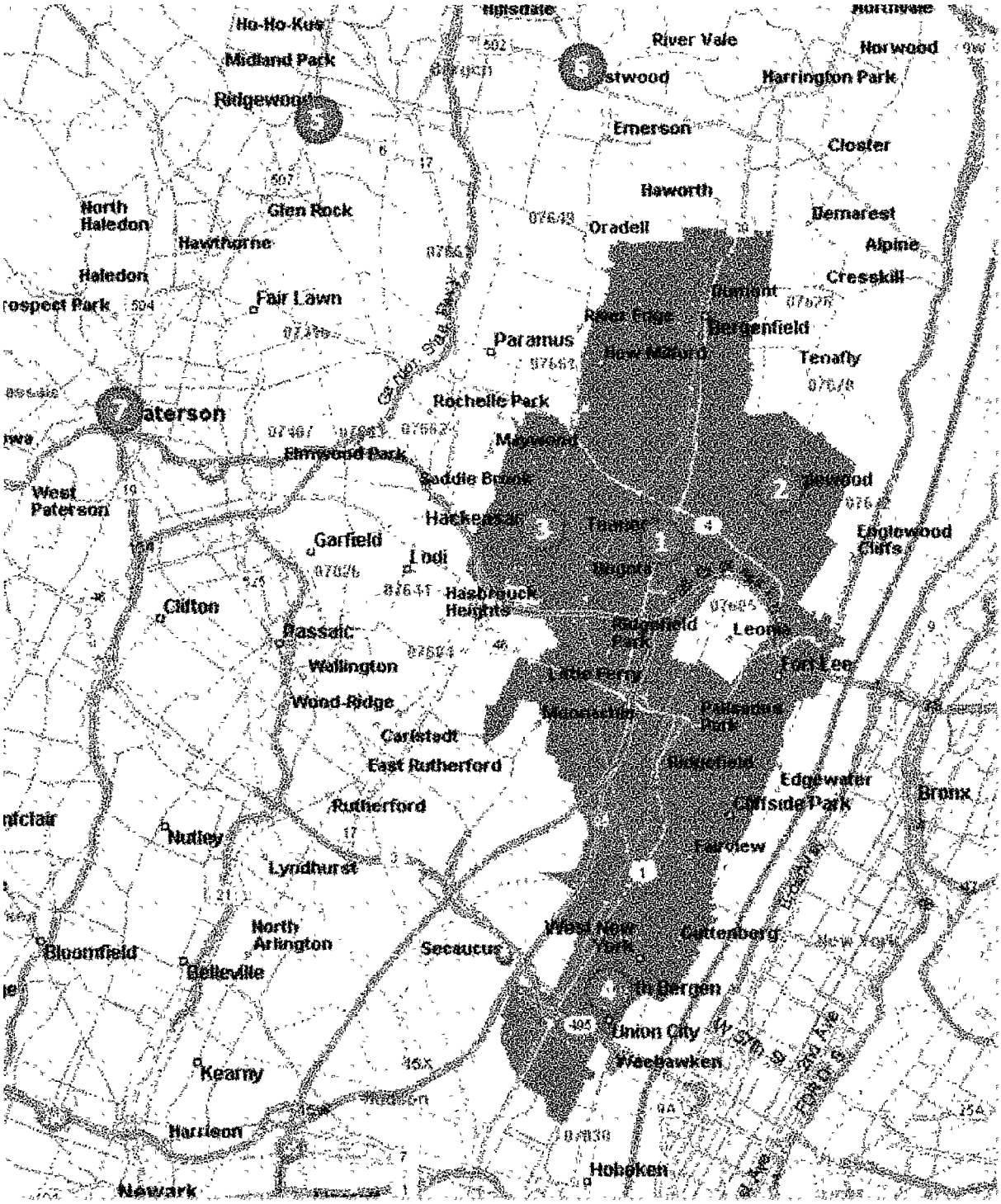
- The majority of PSA towns have an average population of 27,500, and are located in the southern half of Bergen County.
- Overall, the service area is 44% Hispanic, although the proportions differ markedly between Bergen and Hudson: 76% of the residents of Bergen PSA towns are not Hispanic; while the four Hudson County towns together count 76% of their residents as Hispanic. PSA towns with an Hispanic presence exceeding 30% are Fairview (55%), Bogota (38%), Ridgefield Park (36%), and Hackensack (35%),
- The racial mix of the PSA is approximately 60% White, 22% Asian, 10% Black, and 8% other, including multi-racial persons. Certain towns in the region are heavily Korean, notably Palisades Park (52%), Ridgefield (26%), and Fort Lee (24%). Korean/Asian presence is much less pronounced in the four Hudson County towns.
- The broad age make-up of the primary service area includes 23% aged up to 19; 50% aged 20-54; and 27% aged 55 and older. The last category is projected to see the most significant growth during the next fifteen years.

The SSA:

- With the exception of two Hudson County towns, all SSA zip codes are located throughout Bergen County. The towns in this service area are much smaller than those of the PSA, averaging only 14,000 residents each.
- In stark contrast to the largely Hispanic Hudson County PSA towns, the two Hudson SSA towns (Weehawken and Hoboken) are only 20% Hispanic.
- The overall racial mix of the service area is 76% White, 13% Asian, 4% Black, and 7% other, including multi-racial persons. The overall Korean presence is significant, but only half that seen in the primary service area. Towns with greater percentages of Koreans include Leonia (27%), Edgewater (20%), Englewood Cliffs (20%), and Tenafly (16%).
- The area's age mix is similar to the PSA, with 23% aged up to 19; 51% aged 20-54; and 26% aged 55 and older.

Map of the Primary and Secondary Service Areas

Area Hospitals: (1) Holy Name Medical Center; (2) Englewood Hospital and Medical Center; (3) Hackensack University Medical Center; (4) Palisades Medical Center; (5) The Valley Hospital; (6) Hackensack University Medical Center at Pascack Valley; (7) St. Joseph's Regional Medical Center.



THE COMMUNITY HEALTH NEEDS ASSESSMENT: BACKGROUND AND PROCESS

Although HNMC routinely conducts health needs assessments of the communities it serves, such assessments are now *required* for hospitals that are recognized in section 501(c)3 of the Internal Revenue Code. The CHNA requirements are found in section 501(r)3 of the Code, which was added as a result of the Patient Protection and Affordable Care Act.

In collaboration with four other Bergen County non-profit hospitals and the Bergen County "CHIP" (Community Health Improvement Plan), a comprehensive community health needs assessment was conducted in three phases performed during 2012 and early 2013. Since this process is detailed in the accompanying *Bergen County Community Health Needs Assessment & Improvement Plan 2013*, summary charts are provided in this document.

Process Overview:

A fourth phase — that of fine-tuning priorities and implementation strategies specific to Holy Name Medical Center, which serves large portions of Bergen County, but also includes municipalities in northern Hudson County in its service area — should also be noted as the final stage of the process.

Summaries of methods employed for Phase I and Phase II are seen on the next two charts.

Phase I: Preliminary Assessment & Community Engagement

KEY INFORMANT INTERVIEWS:
80+ Interviews, structured interview protocol (majority were in person, one-on-one)

- Hospital clinical & administrative staff
- Primary care providers
- Behavioral health providers
- Elder services providers
- Social services providers
- Community leaders
- Public health officials
- Public housing staff
- Advocacy organizations
- Faith-based organizations
- Public officials

SECONDARY DATA

- 200+ Data variables
- Local Data from all 70 cities/towns in Bergen County
- national, state, & county Comparison data

POPULATION CHARACTERISTICS & SOCIAL DETERMINANTS OF HEALTH

- Age & gender
- Family composition
- Race/ethnicity, language, ancestry
- Income & poverty status
- Education
- Crime
- Housing
- Employment
- Access to healthy foods
- Access to recreational facilities

HEALTH STATUS, MORBIDITY/MORTALITY & HEALTH-RELATED RISK FACTORS
Prevalence, incidence, death, and hospitalization rates for:

- Diseases of the heart
- Cancer
- Infectious disease
- Respiratory disease
- Mental health
- Substance abuse
- Oral health
- Maternal & child health
- Diabetes
- Obesity/overweight
- Physical fitness
- Nutrition
- Smoking

ACCESS TO CARE & SERVICE UTILIZATION

- Medical & dental insurance status
- Access to primary care
- Access to preventative services
- Access to dental services
- Access to medical specialty services
- Hospital inpatient utilization
- Emergency department utilization

Phase II: Targeted Assessment and Community Engagement

COMMUNITY HEALTH SURVEY

RANDOM HOUSEHOLD SURVEY

- County-wide sample
- 4,000 randomly selected households
- 1,700+ returned surveys
- 42% response rate

COMMUNITY SURVEY

- Administered by research assistants
- Data collected in 9 community venues
- 400+ surveys collected

18-page survey; questions drawn from validated national surveys; included questions related to:

- Respondent demographics and socioeconomics
- Access and barriers to care
- Health behaviors and lifestyle
- Chronic disease and prevention
- Self-reported health status
- Disabilities and care giving
- Elder health
- Perceived health concerns and priorities

FOCUS GROUPS

- Koreans
- African Americans
- Hispanic/Latinos
- Elder Care Coordinators
- College

Captured information re:

- Health care priority issues
- Health-related risk factors
- Care-seeking attitudes and behaviors
- Barriers to care

PRIORITIZATION OF FINDINGS, TARGET POPULATIONS AND CONDITIONS

The Bergen County CHNA prioritized four areas as the significant issues for the County's health and social services providers to work on collaboratively over the next three years. The process steps used to make this determination were as follows:

1. Completion of collection of data (Phases I and II).
2. Steering and Advisory Committee retreat to review and discuss findings.
3. Meetings at each member hospital, the Bergen County Department of Health and the CHIP, focusing on both the county and specific service areas and findings.
4. Presentation of findings to community groups, including local health department officials, discharge planners and case managers from the member hospitals, and the Bergen County Mental Health Task Force; receipt of feedback.
5. Presentation of preliminary findings and results to the public (i.e., community residents and other community health stakeholders) at the CHIP annual meeting; receipt of feedback.
6. Steering Committee meetings to identify a series of County-wide community health priorities as well as demographic, socioeconomic, and geographic target populations.

The community health priorities identified and prioritized by the Steering Committee and the other public health and community health stakeholders are:

- Obesity (including fitness and nutrition) and Chronic Disease
- Elder Health
- Access to Care
- Mental Health and Substance Abuse

The target populations and conditions identified and prioritized by the Steering Committee and the other public health and community health stakeholders are:

Population Targets

Primary Populations
- Elders
- Low income populations
- African Americans/Blacks
- Hispanics/Latinos
- Koreans

Risk Factor Targets

Primary Risk Factor
- Obesity/overweight
- Lack of physical fitness
- Poor nutrition
- Diabetes

Secondary Risk Factors
- Mental health stigma
- Stress
- Grief/loss
- Social/physical Isolation
- Substance abuse

Health Condition Targets

Primary Conditions
- Heart disease
- Hypertension
- Stroke
- Cancer
- Asthma

Secondary Conditions
- Depression
- Anxiety

Health Factors and Outcomes: Hudson County Comparisons

As noted previously, six municipalities within HNMC's service area are located in northern Hudson County: four in the primary service area, and two in the secondary area; the towns are not described within the Bergen County CHNA. Data from the six Hudson County towns were included in the Medical Center's HNMC-specific analysis and evaluation process; such data also support the Bergen findings and targets. Unlike the Bergen County hospitals, Hudson County's tax-exempt hospitals did not band together to produce a comprehensive needs assessment; rather, each chose to work on its own. HNMC compiled data for the Hudson County towns within its service area from many of the same secondary data sources used in the Bergen County assessment (e.g., census, UB-4, BRFSS, etc.), and incorporated input from practitioners in the towns. Information gleaned from the CHNA of the single tax-exempt Hudson County hospital within Holy Name's service area was also of value.

The Appendix provides a summary comparison of indicators for both Bergen and Hudson Counties. Readily noticed is Hudson County's overall lower ranking within New Jersey: while Bergen consistently ranks within the first quartile, Hudson typically ranks in the third or fourth quartile. Specific differences where Hudson does not perform as well as Bergen are noted below, with the corresponding *significant finding categories* check-marked.

	Obesity	*Chronic*	*Elder*	*Access*	*Mental*
▪ Hudson's higher number of days of reported poor health during a 30-day period.	✓	✓	✓	✓	
▪ The greater number of days of potential life lost before age 75 per 100,000 population.	✓	✓	✓	✓	
▪ Hudson's higher % of the adult population who smoke.		✓			
▪ The lower ratio of population to primary care physicians, dentists and mental health providers. This issue is more significant in urban areas where residents depend on public transportation to access scarce providers.				✓	
▪ Hudson's higher average number of preventable acute care hospital stays per 1,000 Medicare enrollees.		✓	✓		
▪ Despite the matched % of persons in either county having a diagnosis of diabetes, Hudson's higher BMI, lower exercise levels, lower % of persons receiving HbA1c screening and decreased access to primary care point to the likelihood of there being persons with impending or undiagnosed diabetes.	✓	✓		✓	
▪ The lack of health insurance in Hudson County.				✓	
▪ The somewhat higher average number of poor mental health days during a 30-day period.	✓	✓	✓		✓

Desired Outcomes

The significant findings of Obesity (including fitness and nutrition); Chronic Disease; Elder Health; Access to Care; and Mental Health and Substance Abuse warrant the following primary and secondary outcomes.

Primary Outcomes:

- Reduce the prevalence of obesity and overweight.
- Increase the proportion of people who get adequate exercise.
- Promote healthy eating habits.
- Reduce tobacco use.
- Reduce the prevalence of diabetes and other chronic diseases whose onset is associated with controllable risk factors.
- Expand access and facilitate engagement in appropriate primary care, medical specialty care, and chronic disease management services.
- Expand access, understanding, and appropriate use of palliative and end-of-life care, particularly among elders.

Secondary Outcomes:

- Reduce the stigma associated with mental illness and substance abuse.
- Foster better mental health and emotional well-being.
- Reduce the percentage of adults who engage in "binge" drinking or "heavy" drinking.
- Facilitate engagement in appropriate dental and mental health care services.
- Expand access to mental health counseling services for low and moderate income populations.

Given Holy Name's overall mission, scope of service, operational strengths, resources, and specific service area characteristics, the Medical Center will focus its community health strategy on obesity (including fitness and nutrition), chronic disease, elder health, and access to care. Special emphasis will be placed on meeting the needs of low income populations and elders overall, as well as Korean, Hispanic/Latino, and African-American populations.

Mental health, substance abuse, and access to behavioral health services have been identified as secondary issues, and will be addressed in partnership with other health and social service organizations. (See *Significant Finding #5: Mental Health and Substance Abuse,* page 18.)

SIGNIFICANT FINDING #1: OBESITY – The "Umbrella" Condition

Supporting Data

Labeled by the CDC as an "epidemic," obesity increases the risk of numerous health conditions, e.g., coronary disease, stroke, and high blood pressure; type 2 diabetes; cancers, such as endometrial, breast, and colon cancer; high total cholesterol or high levels of triglycerides; liver and gallbladder disease; sleep apnea and respiratory problems; degeneration of cartilage and underlying bone within a joint (osteoarthritis); reproductive health complications such as infertility; and mental health conditions. Obesity is thus seen as an "umbrella" condition, serving to exacerbate and/or contribute to causing the other health conditions cited as significant within the service area. Within the Medical Center's service area, an estimated 24% are obese (vs. 22% county, 23% State). 59% of residents are either obese or overweight (vs. 53% county; 58% State).

Implementation Objectives

Leading Priorities

- Implement awareness, education, and/or screening activities related to chronic disease and/or its associated risk factors in internal clinical settings (e.g., hospital emergency department, inpatient units, other hospital-based settings) and external community-based settings (e.g., Federally Qualified Health Centers, senior centers, public housing facilities, schools, faith-based organizations).
- Implement screening activities that identify those persons without a regular source of primary care and that ensure that they are linked to an appropriate primary care medical home.
- Participate in a regional coordinated effort in partnership with the CHIP, other area hospitals, and other health/social service stakeholders to provide screening and follow up for persons with or at risk of developing diabetes.
- Support the CHIP in its efforts to expand access to chronic disease self-management and behavior change programs and promote participation in these efforts.

Secondary Priorities

- Work in partnership with the CHIP and county/local health departments to promote the development of non-clinical community health interventions such as local laws or formal policies that protect public health, improve enforcement, improve community infrastructure, or change practices in community settings such as in restaurants, grocery stores, or schools.

SIGNIFICANT FINDING #2: CHRONIC DISEASE

Supporting Data

The finding of chronic disease (e.g., cardiac disease, cancer, chronic obstructive pulmonary disease, diabetes) as significant is not surprising, given the high number of elderly, the incidence of obesity (22% in Bergen; 24% in Hudson), and evidence of certain unhealthy behaviors, such as smoking (14%, Bergen; 17% Hudson). Only in recent years has there been recognition of the progression of certain chronic diseases with the resulting classification as terminal. This recognition highlights the need for early palliative care, itself redefined from mere end-of-life pain/symptom relief, to a multidisciplinary team process that engages and supports the patient and family, ideally starting two years before death. New Jersey has been cited in the *Dartmouth Report* and elsewhere for its inadequate, inefficient and costly handing of care during the final six months of life; wider acceptance and implementation of the newly defined palliative care teams could reverse this trend while providing greater quality of life for persons in the end stages of chronic disease.

Implementation Objectives

Leading Priorities

- Strengthen and expand programs that target conditions such as diabetes, hypertension, pulmonary conditions, cancer and heart disease, which are noted as being significant in the service area.
- Implement follow-up and referral protocols so that persons with chronic disease and/or its associated risk factors engage in appropriate primary care, medical specialty care, and/or chronic disease management care.
- Implement screening activities that identify those persons without a regular source of primary care and that ensure that they are linked to an appropriate primary care medical home.
- Develop and participate in a regional Diabetes Collaborative and/or other collaborative workgroup activities in partnership with the CHIP, other area hospitals, and other health/social service stakeholders.
- Support the CHIP in its efforts to expand access to chronic disease self-management and behavior change programs and promote participation in these efforts.
- Implement education, awareness, screening and referral services that promote the understanding and use of palliative and end-of-life care. Palliative care ideally should be implemented up to two years before death for persons with a terminal illness. Education (and collaboration) must take into account physicians, many of whom are not accustomed to referring to palliative care teams.

- Refine and strengthen activities that reduce hospital readmission and improve care coordination, follow-up care, and medication management after discharge, particularly for those with heart disease, pneumonia, and COPD.

Secondary Priorities

- Work in partnership with the CHIP and county/local health departments to promote the development of non-clinical community health interventions such as local laws or formal policies that protect public health, improve enforcement, improve community infrastructure, or change practices in community settings such as in restaurants, grocery stores, or schools.

SIGNIFICANT FINDING #3: ELDER HEALTH

Supporting Data

Bergen County is home to the largest number of residents aged 65+ in the state — over 137,000 persons — 53% of whom reside in the Medical Center's PSA. Another 47,000 elderly persons reside in the SSA. The NJ State Department of Health's *"Blueprint for Healthy Aging In New Jersey"* notes that Bergen County's elder population will increase by approximately 43% by 2025, and Hudson's by 46%. Chronic diseases and access issues frequently accompany elder residents. An overall indicator of seniors' health is self-reported health status. An estimated 26% of older New Jerseyans reported their general health as fair or poor in the past 30 days. Hudson County had the largest proportion of seniors reporting fair or poor health (40%). Hudson County also had a higher percentage of older men who did not have a prostate cancer screening in the past two years: 37%, vs. New Jersey's average of 24%.

Implementation Objectives

Leading Priorities

- Work with the county offices on aging as a central point for seniors to obtain health promotion/ disease prevention information.
- Enhance comprehensive, coordinated services to help seniors remain independent in their own homes and communities for as long as possible.
- Utilize low-cost programs proven to be effective in reducing the risk of disease, disability and injury among the elderly.
- Use existing resources in more cost-effective ways to improve the quality of life of seniors.
- Focus education, awareness, screening, follow-up and referral activities on internal hospital and external community-based settings that serve elders (e.g., senior centers, assisted living facilities, nursing homes, etc.). Improve coordination of elder health education and prevention activities.
- Implement education, awareness, screening and referral services that promote the understanding and use of palliative and end-of-life care. Palliative care ideally should be implemented up to two years before death for persons with a terminal illness. Education (and collaboration) must take into account physicians, many of whom are not accustomed to referring to palliative care teams, often because of lack of knowledge of or familiarity with palliative programs and a fear of seeming to "give up" on the patient even though a purely curative approach is no longer feasible.
- Refine and strengthen activities that reduce hospital readmissions and improve care coordination, follow-up care, and medication management after discharge, particularly for those with heart disease, pneumonia, and COPD.

SIGNIFICANT FINDING #4: ACCESS TO CARE

Supporting Data

While 60% of the Medical Center's service area reported receiving all needed health care and 21% noted no need for care, 19% reported that they were not able to obtain one or more needed health care services. Access to care is more pronounced in the Hudson County towns within HNMC's service area than in the municipalities located in Bergen County. Lack of access is seen in the higher percent of Hudson residents under age 65 who are uninsured (25% in Hudson; 15% in Bergen). A lack of capacity also contributes to access difficulties: the ratio of population to primary care doctors (1889:1, Hudson; 807:1, Bergen); the similar disparity with respect to dentists (1794:1, Hudson; 852:1, Bergen); and the lack of mental health providers (4999:1, Hudson; 1164:1, Bergen) illustrate this clearly. Lack of screening for breast cancer (54% of Hudson women had mammograms, vs. 62% in Bergen), and the higher incidence of low birth weight babies seen in Hudson (8.3%, vs. Bergen's 7.7%) also point to inadequate access. The Hudson towns in the service area tend to be more urban (vs. Bergen's highly suburban landscape), with residents depending heavily on public transportation in order to seek care. Access to culturally and linguistically appropriate care is problematic in service area towns in both counties, given the significant Hispanic and Korean populations: 29% of Hispanic households, and 71% of Korean households reported the presence one or more non-English speaking persons. The significant presence of the elderly also creates an access issue, as some elderly find it overwhelming to navigate the health care system from a variety of standpoints.

Implementation Objectives

Leading Priorities

- Implement education, awareness, screening and referral services that promote the understanding and use of palliative and end-of-life care. Education (and collaboration) must take into account physicians, many of whom are not accustomed to referring to palliative care teams.
- Refine and strengthen activities that reduce hospital readmission and improve care coordination, follow-up care, and medication management after discharge, particularly for those with heart disease, pneumonia, and COPD.
- Work in partnership with the CHIP, other area hospitals, FQHCs, and other community-based providers to explore how to expand access to primary care, medical specialty care, and/or chronic disease management services, particularly for low income, racial/ethnic minority, and older adult populations.
- Work to reduce use of the Emergency Department as a substitute for non-emergency ambulatory care by linking such persons to providers and resources.

- Expand transportation options for persons with income or other applicable barriers through a combination of methods provided by Holy Name and location of care sites along major transportation routes.
- Work with physician practices to strengthen the network of providers in the community providing ambulatory care to persons with barriers such as income, language or other.

Secondary Priorities

- Work in partnership with the CHIP, other area hospitals, and other community-based providers to explore how to expand access to dental care and behavioral health care service services.
- Advocate for improvements in public transportation and promote the development of improved transportation services in hospital and other health and social service settings.

SIGNIFICANT FINDING #5: MENTAL HEALTH AND SUBSTANCE ABUSE

Supporting Data

Bergen and Hudson residents reported averages of 2.8 days and 3.5 days, respectively, out of 30 during which they deemed their mental health as "poor." Excessive drinking was noted by 23% of persons in Holy Name's service area, and binge drinking by 22%. Excessive drinking was higher for Hispanics (27%), and higher levels of "binge" drinking were noted for both Hispanics (26%) and Koreans (24%). Drug use during the past 12 months (principally marijuana) was seen in 6% of residents. Gambling was recorded at 15%, 6% of whom admitting to attempts to hide the amount of gambling from friends and family. Gambling was slightly higher among Koreans (17%), as were attempts to hide the habit (10%).

Implementation Objectives

Leading Priorities

(None)

Secondary Priorities

- Implement awareness, education, and/or screening activities related to mental health and substance abuse (e.g., depression, anxiety, alcohol) and/or its associated risk factors) in collaboration with other area hospitals and/or other health and social service organizations in both internal clinical settings (e.g., hospital ER, inpatient units and other hospital settings) and external community-based settings (e.g., local health departments, FQHCs, senior centers, public housing facilities, schools, and faith-based organizations).
- Participate with CHIP (e.g., in its Mental Health and Substance Abuse Task Force) and other area hospitals in mental health and substance abuse work groups and community coalitions to foster education, awareness, screening, and service expansion efforts.
- Although the Medical Center has a 23-bed acute care psychiatric unit, it does not provide any type of ambulatory care for behavioral health. Such care is provided by area mental health centers, physician practices, and by Bergen Regional Medical Center (BRMC), which provides a continuum of care for those with behavioral health issues and conditions. Bergen Regional is considered to be a safety net provider for the mentally impaired, elderly, uninsured or underinsured within New Jersey. In addition to acute psychiatric hospital care, BRMC's psychiatric and addictive disease treatment programs for children, adolescents, adults, and older adults include: mental health and substance abuse assessments; sub acute/intermediate psychiatric hospital care; psychiatric intensive outpatient and partial hospital programs; substance abuse intensive outpatient and partial hospital programs; and outpatient services. BRMC also maintains an "access center" hotline to initiate evaluation of the need for care.

ANTICIPATED COMMUNITY PARTNERS

Community Partners

- Community Health Improvement Partnership (CHIP) of Bergen County
- North Hudson Community Health Center (FQHC)
- Jewish Community Center of Bergen County
- Elder and Public Housing
- Faith-based Organizations
- Elder Services Organizations
- Bergen County Department of Health Services
- Local Public Health Departments in Bergen and Hudson Counties
- Private Primary and Specialty Care Providers
- Bergen Volunteer Medical Initiative
- Mental Health Centers
- Bergen Regional Medical Center
- Other hospitals within the primary and secondary service areas

SUMMARY OF IMPLEMENTATION STRATEGIES

Primary Objectives and Strategies

- **General Chronic Disease and Obesity Health Education and Awareness Activities**. Holy Name Medical Center, either on its own or in partnership with other area hospitals, local health departments, schools, and community-based organizations, will provide health education and awareness activities in hospital and community-based settings by refining and strengthening its existing speakers bureau, its *Center for Healthy Living* programs and services, and other educational workshops, lectures, and symposia. The goal of these activities will be to educate and raise awareness about such health conditions and the associated risk factors.

- **Targeted Chronic Disease and Obesity Health Education, Awareness, Screening, and Referral Activities.** Holy Name Medical Center, either on its own or in partnership with other area hospitals, local health departments, and community-based organizations, will implement targeted health education, awareness, and screening activities in community-based organizations and local health department settings. The goal of these activities will be to: 1) educate and raise awareness; 2) identify those with existing chronic diseases and conditions; 3) identify persons with associated risk factors; 4) make appropriate referrals to care; and, 5) follow-up to ensure that people engage in care.

- **Participation in Stanford Chronic Disease Self-Management Program.** Holy Name Medical Center will partner with the CHIP, other area hospitals, and other community-based organizations in the development of a program that identifies those with chronic disease or who are at-risk of developing a chronic disease and links them to *Stanford Chronic Disease Self-Management Program*, facilitated by specially trained instructors. Holy Name will have at least two Registered Nurses trained and certified in the *Stanford* program.

- **Participation in a County Chronic Disease / Diabetes Collaborative**. Holy Name Medical Center will participate along with other area hospitals, the CHIP, Bergen County Health Department officials, and other stakeholders in a community coalition aimed at addressing the identification, prevalence and control of chronic disease and/or diabetes and its associated risk factors.

- **Development of Elder Health Education and Prevention Activities.** The Medical Center will continue to develop its *Center for Healthy Living* and will collaborate with other community-based organizations and service providers to develop programs and services specialized for elders.

- **Outreach, Education, Screening, and Referral Activities Related to Palliative and End-of-Life Care.** Holy Name Medical Center will provide education, awareness, screening, and referral events geared specifically to identifying individuals and care-givers who might benefit from knowledge about palliative and end-of-life care issues. Holy Name will also strengthen its efforts to engage physicians, many of whom are not accustomed to referring to palliative care teams, often because of lack of knowledge of or familiarity with palliative programs and a fear of appearing to "give up" on the patient even though a purely curative approach is no longer clinically feasible.

- **Refine/Strengthen the Medical Center's Efforts to Reduce Inappropriate Inpatient and Emergency Department Utilization.** Holy Name Medical Center, in partnership with community-based clinical and social service providers, will refine and strengthen activities to reduce inappropriate hospital inpatient and emergency department utilization. In the inpatient setting, efforts will focus on improving care coordination and follow-up after discharge; improving provider-patient communication and information exchange; and assisting patients to manage their medications. Emphasis will be placed on those with acute myocardial infarction, heart failure, pneumonia, and COPD. In the emergency department setting, efforts will focus on identifying "repeat customers;" linking those without a regular primary care provider to a primary care "medical home," and helping to ensure that those with chronic medical conditions are engaged in appropriate chronic disease self-management programs. The Medical Center will also participate in federal demonstrations (e.g., Accountable Care Organization, and the Bundled Payment Care Improvement models) that focus on care coordination across the continuum, appropriate utilization of services and better outcomes for older patients (i.e., Medicare beneficiaries).

- **Access to Care, Particularly for Residents with Low Income and/or Other Barriers.** Holy Name Medical Center will continue to develop its network of physicians (especially primary care and specialties addressing common chronic conditions, such as cardiac and respiratory) practicing in areas where access to care is otherwise difficult. Of note are areas within Hudson County having low income, potential language barriers, and dependence upon public transportation. The Medical Center will engage bi-lingual physicians and office placement near major public transportation (principally bus) routes. Holy Name will expand its existing transportation service for low-income patients who otherwise have no other means by which to access needed care.

- **Access to Care, Particularly for Residents with Low Income and/or Other Barriers.** Holy Name Medical Center will expand its activities to assist persons without health insurance to obtain insurance or complete screening and application for Medicaid coverage.

Secondary Objectives and Strategies

- **General Health Education and Awareness Activities Related to Mental Health and Substance Abuse (e.g., depression, anxiety, alcohol abuse, mental health/substance abuse stigma)**. Holy Name Medical Center, either on its own or in partnership with other area hospitals, local health departments, and other community-based organizations will provide mental health/substance abuse education and awareness activities by refining and strengthen its existing speakers' bureau, its *Center for Healthy Living* programs and services, and other educational workshops, lectures, and symposia. The goal of these activities will to educate and raise awareness about mental health and substance abuse issues and the risk factors associated with these issues.

- **Collaboration to Expand Access to Dental and Behavioral Health Care.** Holy Name will work in partnership with the CHIP, other area hospitals, and other primary care, dental care, behavioral health care, and medical specialty care service providers to explore how to expand access to services, particularly for low income, uninsured, and older adult populations.

PROCESS MEASURES

Target Area	Description of Measure	Baseline	Goal	Measure
Education and Awareness	Number of educational events through the Speakers Bureau	50	53	Annually
Education and Awareness	Number of participants involved in Speakers Bureau events	1,475	1,550	Annually
Education, Screening, and Referral	Number of targeted community-based education, screening, and referral events in churches and other community-based settings.	140	147	Annually
Education, Screening, and Referral	Number of participants involved in targeted community-based education, screening, and referral events in churches and other community-based settings.	6,050	6,355	Annually
Education, Screening, and Referral	Number of participants screened in targeted community-based education, screening, and referral events in churches and other community-based settings.	4,210	4,505	Annually
Education, Screening, and Referral	Number of participants referred to care through targeted community-based education, screening and referral events in churches and other community-based settings.	2,200	2,310	Annually
Reduction of Hospital Utilization	Number/rate of persons utilizing the Emergency Department as a substitute of non-emergent ambulatory care.	3,290	3,125	Annually
Access to Care	Number of persons (without other means) transported for medical care.	4,400	4,620	Annually
Access to Care	Number of uninsured persons screened for Medicaid or Charity Care eligibility.	5,250	5,515	Annually
Access to Care	Number of persons newly enrolled in insurance plans or Medicaid.	615	646	Annually

OUTCOME MEASURES

Target Area	Description of Measure	Baseline[1]	Goal[2]	HP 2020 Goal[3]	Timeframe
Reduce the Prevalence of Health Related-Risk Factors					
Overweight/ Obesity	Reduce the proportion of persons (18+) who are either overweight or obese (BRFSS)	59%	56.1%	NA	By 2016
Obesity	Reduce the proportion of persons (20+) who are obese (HP 2020)	24%	22.8%	30.5	By 2016
Adequate Physical Exercise	Reduce the proportion of persons (18+) who engage in no leisure-time physical activity (BRFSS)	34%	32.3%	32.6%	By 2016
Healthy Diet	TBD	TBD	TBD	TBD	By 2016
Alcohol Consumption	Reduce the proportion of persons (18+) engaging in binge drinking during the past 30 days (BRFSS)	22%	20.9%	NA	By 2016
Depression	Reduce the percentage of the population who reports being sad or blue more than 15 days per month	7%	6.7%	NA	By 2016
Anxiety	Reduce the percentage of the population who reports being tense or anxious more than 15 days per month	14%	13.3%	NA	By 2016
Reduce the Prevalence of Disease and Health Related-Risk Factors					
Diabetes	Reduce the proportion of persons (18+) who have been told by their doctor that they have diabetes (BRFSS)	11%	10.5%	NA	By 2016
Hypertension	Reduce the proportion of persons (18+) who have been told by their doctor that they have hypertension (BRFSS; HP 2020)	29%	27.6%	26.9%	By 2016
High Cholesterol	Reduce the proportion of persons (18+) who have been told by their doctor that they have high cholesterol (BRFSS; HP 2020[4])	36%	34.2%	13.5%[4]	By 2016
Promote Proper Control and Disease Management for Those with Chronic Conditions					
Diabetes	Increase the proportion of adults with diabetes who have had their HbA1c levels tested at least twice in the past 12 months (HP 2020)	TBD	TBD	71.1%	BY 2016
Hypertension	Increase the proportion of adults with hypertension who are on medication for their condition (HP 2020)	86%	90.3%	69.5%	By 2016
High Cholesterol	Increase the proportion of persons (18+) with high Cholesterol who are on medication for their condition (BRFSS)	60%	63.0%	NA	By 2016

OUTCOME MEASURES, *continued*

Target Area	Description of Measure	Baseline[1]	Goal[2]	HP 2020 Goal[3]	Timeframe
Access to Care and Care Coordination					
Primary Medical Care	Increase the proportion of persons (18+) with a usual source of primary care medical services (BRFSS)	81%	85.1%	89.4%	By 2016
Primary Medical Care	Increase the proportion of persons who have had a regular check-up or preventive services in the past 12 mos. (BRFSS)	68%	71.4%	N/A	By 2016
Dental Care	Increase the proportion of persons who have had a regular dental check-up or seen the dentist in the past 12 mos. (BRFSS)	57%	59.9%	N/A	By 2016
Behavioral Health Care	Increase the number of primary care practice sites that offer co-located behavioral health services or have enhanced referral relationships with community-based mental health providers	0%[1a]	15%	N/A	By 2016
Medical Specialty Care	Increase the number of medical specialty care providers who serve Medicaid insured or uninsured patients on a discounted basis.	Unknown	TBD	N/A	By 2016
Medical Specialty Care	Increase the proportion of those in racial/ethnic minority populations who access a specialty care provider in the past 12 mos.	34% - 51%	35.7% - 53.6%	N/A	By 2016
Cultural/ Linguistic Competence	Increase the number of bilingual staff and expand cultural sensitivity training.	Unknown	TBD	N/A	By 2016
Health Literacy	TBD	TBD	TBD	TBD	By 2016
Transportation	Increase the number of persons (without other means) transported for medical care.	4,400[1a]	4,620	NA	By 2014

[1] Baseline data drawn from the Bergen County Community Health Needs Assessment Survey, 2013, reflecting the subset of persons living in Holy Name Medical Center's identified service area.

[1a] Baseline data is HNMC actual.

[2] Goals reflect a 5% or greater improvement over baseline.

[3] HP 2020 Targets are drawn from the HP 2020 website: http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

Factor/Outcome	Bergen Quartile	Hudson Quartile	Bergen Measure	Hudson Measure	Explanation	Data Source
Overall Health Outcomes	1	3	4	15	Ranking within NJ's 21 counties	Composite of measures below
Overall Health Factors	1	4	4	19	Ranking within NJ's 21 counties	Composite of measures below
Mortality	1	2	4	9	Ranking within NJ's 21 counties	Composite of measures below
Morbidity	1	4	5	17	Ranking within NJ's 21 counties	Composite of measures below
Health Behaviors	1	3	4	11	Ranking within NJ's 21 counties	Composite of measures below
Clinical Care	1	4	4	21	Ranking within NJ's 21 counties	Composite of measures below
Social & Economic Factors	1	4	4	17	Ranking within NJ's 21 counties	Composite of measures below
Physical Environment	1	3	1	11	Ranking within NJ's 21 counties	Composite of measures below
Premature death	1	2	3,916	5,624	Years of potential life lost before age 75/100,000 pop	National Center for Health Statistics
Poor or fair health	2	4	12%	24%	% of adults reporting fair or poor health	BRFSS
Poor physical health days	1	4	2.8	4.3	Avg # of poor physical health days during past 30 days	BRFSS
Poor mental health days	1	3	2.8	3.5	Avg # of poor mental health days during past 30 days	BRFSS
Low birthweight	2	2	7.7%	8.3%	% of live births with weight < 2500 grams	National Center for Health Statistics
Diabetes	1	1	7.7%	7.7%	% of adults who have diabetes	NCCDP&HP
Adult smoking	1	3	14%	17%	% of adults who smoke	BRFSS
Adult obesity	1	2	22%	24%	% of adults reporting a BMI >= 30	NCCDP&HP
Physical inactivity	2	4	24%	28%	% of adults reporting no leisure time physical activity	NCCDP&HP
Excessive drinking	3	3	17%	17%	% of adults reporting heavy or bringe drinking	BRFSS
Uninsured	3	4	15%	23%	% of population < age 65 without health insurance	Small Area Health Insurance Estimates
Unemployment	1	3	7.9%	10.3%	% of population age 16+ unemployed	Bureau of Labor Statistics
Primary care physicians	1	4	807:1	1889:1	Ratio of population to primary care physicians	HRSA Area Resource File
Dentists	1	3	852:1	1794:1	Ratio of population to dentists	HRSA Area Resource File
Mental health providers	1	3	1164:1	4999:1	Ratio of population to mental health providers	HRSA Area Resource File
Diabetic screening	1	4	84%	78%	% of diabetics receiving HbA1c screening	Dartmouth Atlas of Health Care
Mammography screening	3	4	62.1%	53.5%	% of females receiving screening	Dartmouth Atlas of Health Care
Preventable hospital stays	1	4	61	90	Preventable stays / 1,000 Medicare enrollees for ambulatory sensitive conditions	Dartmouth Atlas of Health Care

NCCDP&HP National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation

BRFSS Behavioral Risk Factor Surveillance System

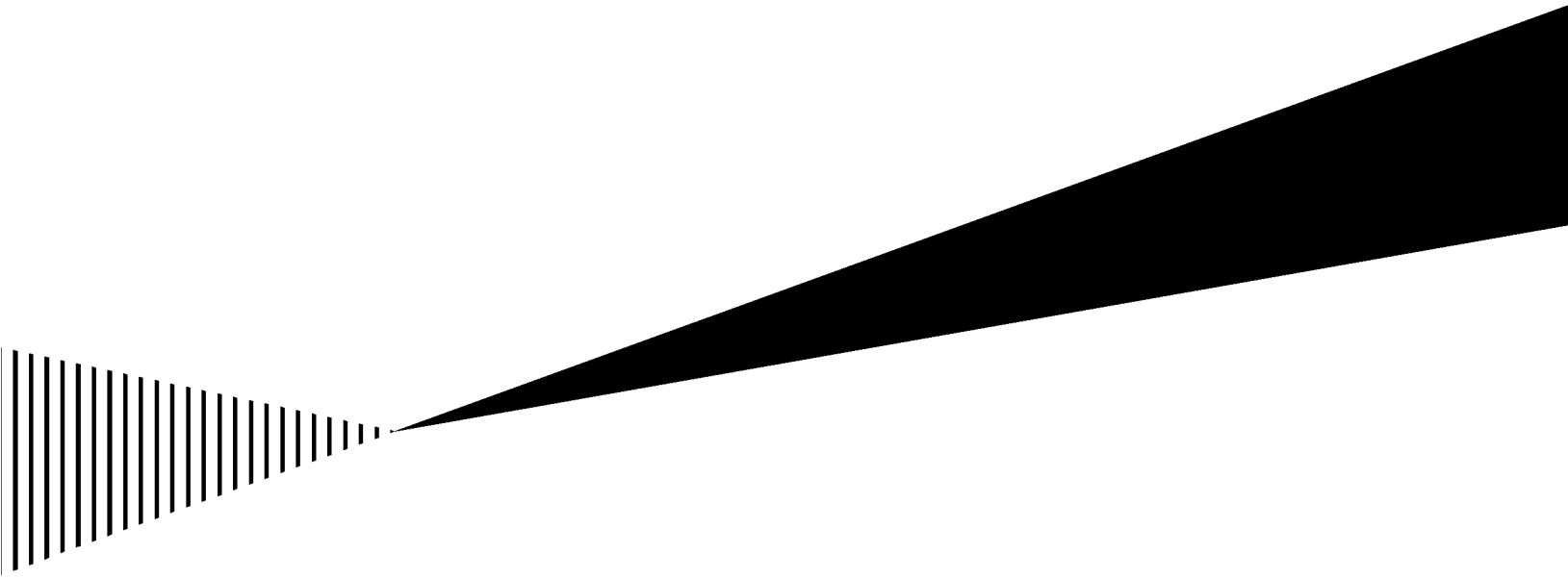
ACCEPTANCE AND APPROVAL:

This document and its companion document (the *Bergen County Community Health Needs Assessment & Improvement Plan 2013*) were accepted and approved by the Board of Trustees of Holy Name Medical Center on November 6, 2013.

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Holy Name Medical Center, Inc and Subsidiaries
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



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Holy Name Medical Center, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended December 31, 2013 and 2012

Contents

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Report of Independent Auditors

The Board of Trustees
Holy Name Medical Center, Inc and Subsidiaries

We have audited the accompanying consolidated financial statements of Holy Name Medical Center, Inc and Subsidiaries, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Holy Name Medical Center, Inc and Subsidiaries at December 31, 2013 and 2012, and the consolidated results of their operations, changes in their net assets and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheet as of December 31, 2013 and the consolidating statements of operations and changes in net assets for the year then ended are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

May 29, 2014

Holy Name Medical Center, Inc. and Subsidiaries

Consolidated Balance Sheets

	December 31 2013	2012
Assets		
Current assets		
Cash and cash equivalents	$ **32,585,444**	$ 34,144,201
Assets whose use is limited and that are required for current liabilities	**8,595,284**	6,694,605
Investments	**63,145,229**	57,091,403
Patient accounts receivable, net of estimated uncollectibles of approximately $18,460,000 in 2013 and $16,141,000 in 2012	**31,557,222**	30,746,346
Other receivables	**1,363,874**	1,358,403
Supplies	**4,854,561**	4,279,702
Prepaid expenses and other current assets	**3,991,466**	4,121,045
Total current assets	**146,093,080**	138,435,705
Assets whose use is limited, less current portion	**17,820,834**	17,473,626
Property and equipment, net	**144,386,717**	144,739,196
Deferred financing costs, net	**1,553,319**	1,879,254
Other assets	**16,953,034**	14,445,953
Total assets	$ **326,806,984**	$ 316,973,734
Liabilities and net assets		
Current liabilities		
Accrued interest payable	$ **2,706,127**	$ 2,756,676
Current installments of long-term debt	**4,245,773**	3,967,740
Accounts payable and other accrued expenses	**24,864,629**	25,211,575
Accrued payroll and vacation	**13,020,403**	9,547,505
Other current liabilities	**393,012**	406,690
Due to third-party payers	**6,458,007**	6,770,100
Total current liabilities	**51,687,951**	48,660,286
Other liabilities	**5,758,147**	4,142,235
Long-term debt, excluding current installments	**113,780,275**	118,258,450
Due to third-party payers, excluding current portion	**11,915,509**	12,779,937
Total liabilities	**183,141,882**	183,840,908
Commitments and contingencies		
Net assets		
Unrestricted	**132,725,635**	123,698,474
Temporarily restricted	**9,929,467**	8,424,352
Permanently restricted	**1,010,000**	1,010,000
Total net assets	**143,665,102**	133,132,826
Total liabilities and net assets	$ **326,806,984**	$ 316,973,734

See accompanying notes

Holy Name Medical Center, Inc. and Subsidiaries

Consolidated Statements of Operations

	Year Ended December 31	
	2013	**2012**
Revenue		
Net patient service revenue	**$ 309,657,965**	$ 296,803,412
Prior year settlement, net	**487,042**	3,113,824
Bad debt provision	**(15,785,309)**	(16,476,116)
Net patient service revenue, less bad debt provision	**294,359,698**	283,441,120
Other operating revenue	**20,154,936**	14,602,181
Net assets released from restriction for operations	**1,592,295**	2,127,789
Total revenue	**316,106,929**	300,171,090
Expenses		
Salaries and wages	**133,170,065**	127,844,497
Physician fees	**6,654,760**	5,904,013
Employee benefits	**26,029,068**	26,933,106
Supplies and other	**112,899,365**	102,242,479
Depreciation and amortization	**16,590,260**	16,833,263
Interest	**5,273,087**	5,390,544
Total expenses	**300,616,605**	285,147,902
Income from operations	**15,490,324**	15,023,188
Non-operating gains and losses, net	**7,603,591**	1,359,230
Loss on fixed assets disposal and terminated projects	**(49,986)**	(535,154)
Gain on sale of dialysis program	**–**	10,962,774
Excess of revenue over expenses	**23,043,929**	26,810,038
Net assets released from restriction for capital purposes	**11,188**	311,044
Change in net unrealized (losses) and gains on investments	**(848,601)**	3,091,871
Transfers to affiliates	**(13,179,355)**	(8,103,446)
Increase in unrestricted net assets	**$ 9,027,161**	$ 22,109,507

See accompanying notes

Holy Name Medical Center, Inc. and Subsidiaries

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2013 and 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at January 1, 2012	$ 101,588,967	$ 6,897,777	$ 1,000,000	$ 109,486,744
Excess of revenue over expenses	26,810,038	–	–	26,810,038
Restricted investment gain and investment income	–	95,999	–	95,999
Change in net unrealized gains and losses on investments	3,091,871	97,149	–	3,189,020
Net assets released from restriction for operations	–	(2,127,789)	–	(2,127,789)
Net assets released from restriction for capital purposes	311,044	(311,044)	–	–
Transfers to affiliates	(8,103,446)	–	–	(8,103,446)
Contribution of CRUDEM net assets	–	1,854,164	10,000	1,864,164
Donations	–	1,918,096	–	1,918,096
Increase in net assets	22,109,507	1,526,575	10,000	23,646,082
Balance at December 31, 2012	123,698,474	8,424,352	1,010,000	133,132,826
Excess of revenues over expenses	**23,043,929**	–	–	**23,043,929**
Restricted investment gain and investment income	–	**214,939**	–	**214,939**
Change in net unrealized (losses) and gains on investments	**(848,601)**	**19,027**	–	**(829,574)**
Net assets released from restriction for operations	–	**(1,592,295)**	–	**(1,592,295)**
Net assets released from restriction for capital purposes	**11,188**	**(11,188)**	–	–
Transfers to affiliates	**(13,179,355)**	–	–	**(13,179,355)**
Donations	–	**2,874,632**	–	**2,874,632**
Increase in net assets	**9,027,161**	**1,505,115**	–	**10,532,276**
Balance at December 31, 2013	**$ 132,725,635**	**$ 9,929,467**	**$ 1,010,000**	**$ 143,665,102**

See accompanying notes

Holy Name Medical Center, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2013	**2012**
Operating activities		
Change in net assets	**$ 10,532,276**	$ 23,646,082
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	**16,590,260**	16,833,263
Amortization of deferred financing costs	**325,935**	242,790
Loss on fixed assets disposal and terminated projects	**49,986**	535,154
Gain on sale of dialysis program	**–**	(10,962,774)
Bad debt provision	**15,785,309**	16,476,116
Change in net unrealized gains and losses on investments	**829,574**	(3,189,020)
Restricted donations and interest income	**(3,089,571)**	(2,014,095)
Contribution of CRUDEM unrestricted and restricted net assets	**–**	(271,148)
Transfers to affiliates	**13,179,355**	8,103,446
Changes in operating assets and liabilities		
Patient accounts receivable	**(16,596,185)**	(14,024,256)
Other current assets	**(450,751)**	609,644
Other assets, net of release of CRUDEM receivable	**(15,686,436)**	(11,681,220)
Accounts payable and other accrued expenses	**(346,946)**	(70,856)
Accrued payroll and vacation	**3,472,898**	935,537
Due to third-party payers	**(1,176,521)**	1,954,773
Other current liabilities	**(13,678)**	39,589
Other liabilities	**1,615,912**	778,834
Accrued interest payable	**(50,549)**	(40,971)
Net cash provided by operating activities	**24,970,868**	27,900,888
Investing activities		
Acquisition of property and equipment, net	**(15,308,686)**	(10,530,949)
Net purchases and sales of assets whose use is limited and investments	**(9,131,287)**	(1,858,432)
Proceeds from sale of dialysis program	**–**	5,943,222
Proceeds from sale of property	**–**	30,788
Net cash used in investing activities	**(24,439,973)**	(6,415,371)
Financing activities		
Payments on long-term debt and capital lease obligations	**(5,179,223)**	(4,893,952)
Proceeds from the issuance of new debt	**–**	392,000
Restricted contributions and interest income	**3,089,571**	2,014,095
Net cash used in financing activities	**(2,089,652)**	(2,487,857)
Net (decrease) increase in cash and cash equivalents	**(1,558,757)**	18,997,660
Cash and cash equivalents at beginning of year	**34,144,201**	15,146,541
Cash and cash equivalents at end of year	**$ 32,585,444**	$ 34,144,201
Supplemental disclosures of cash flow information		
Cash paid for interest, including capitalized interest	**$ 5,832,000**	$ 5,998,000
Cash and investments acquired through CRUDEM acquisition	**$ –**	$ 581,817
Pledges receivable acquired through CRUDEM acquisition	**$ –**	$ 302,160
Assets acquired through capital lease obligations	**$ 979,081**	$ –

See accompanying notes

Holy Name Medical Center, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2013

1. Summary of Significant Accounting Policies

Organization

The accompanying consolidated financial statements include the accounts of Holy Name Medical Center, Inc (the "Medical Center") and its wholly-owned subsidiaries Holy Name Health Care Foundation, Inc (the "Foundation"), Holy Name EMS ("EMS"), Holy Name Real Estate Corporation ("Realty"), Health Partner Services, Inc ("HPS"), HNH Fitness, LLC ("Fitness Center"), MS Comprehensive Care Center ("MS Center"), and HNMC Hospital/Physician ACO, LLC ("ACO") (collectively, with the Medical Center, the "Company") The Medical Center is a wholly-owned subsidiary of the Sisters of Saint Joseph of Peace Health Care System Corporation (the "Corporation") All significant intercompany accounts and transactions have been eliminated in consolidation

The Medical Center is a not-for-profit acute care hospital located in Teaneck, New Jersey The Medical Center is licensed for 361 beds and provides a full range of health care services primarily to residents of northeast New Jersey The Medical Center was established and operates for the promotion of health and to serve the public rather than private interests

The Foundation is a not-for-profit corporation organized for the purpose of raising funds for the Medical Center In October 2012, the Foundation became the sole member of the CRUDEM Foundation ("CRUDEM"), a not-for-profit charity organized to raise funds for the purpose of improving access to health care services for poor and medically underserved individuals worldwide including, without limitation, Hôpital Sacré Coeur located in Milot, Haiti Upon the change in sole membership in 2012, CRUDEM's assets and liabilities were adjusted to fair value and included in the accompanying consolidated financial statements (see Note 10)

EMS is a not-for-profit corporation organized for the purpose of providing emergency response and life support Realty is a not-for-profit corporation organized to operate, own, and or lease property for the benefit of the Medical Center, the Corporation and its subsidiaries HPS is a for-profit corporation engaged in the business of providing management services for health care providers Fitness Center is a limited liability company formed for the sole purpose of constructing and operating a fitness and wellness center MS Center is a not-for-profit corporation which offers comprehensive medical, nursing, physical rehabilitation, and support services for multiple sclerosis patients ACO is a limited liability company formed for the purpose of promoting efficient and effective services across the continuum of care through the development of an accountable care organization

1. Summary of Significant Accounting Policies (continued)

On August 1, 2012, the Medical Center sold its outpatient dialysis unit, previously structured as a division of the Medical Center, to a newly formed company, Holy Name Renal Care Center, LLC ("HNRC") In connection with this transaction, a gain of approximately $11 million was recognized The Medical Center's proceeds from the sale included approximately $5 9 million in cash, a 40% ownership interest in HNRC, which was determined to have an estimated fair value of approximately $10 9 million at the transaction date, and two 3% ownership interests in unrelated renal care facilities with an estimated fair value of approximately $600,000 The gain is included within the excess of revenue over expenses in the accompanying 2012 consolidated statement of operations The Medical Center's investment in HNRC is accounted for using the equity method of accounting, with a balance of approximately $4 3 million and $4 2 million at December 31, 2013 and 2012, respectively, recorded within other assets in the accompanying consolidated balance sheets The Medical Center's equity in the net gain (loss) of HNRC of approximately $47,000 and ($108,000) for 2013 and 2012, respectively, is included in non-operating gains and losses, net in the accompanying consolidated statements of operations

Use of Estimates

The preparation of financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated payables to third-party payers and malpractice insurance liabilities, and disclosure of contingent assets and liabilities, at the date of the financial statements Estimates also affect the amounts of revenue and expenses reported during the period There is at least a reasonable possibility that certain estimates will change by a material amount Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents includes investments in highly liquid financial instruments with original maturities of three months or less at date of purchase, excluding amounts classified within assets whose use is limited or investments The carrying amount reported in the accompanying consolidated balance sheets for cash and cash equivalents approximates its fair value

1. Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable and net patient service revenue from third-party programs for which the Company receives payment under various reimbursement formulae or negotiated rates are stated at the estimated net amounts realizable and receivable from such payers, which are generally less than the Company's established billing rates

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in health care coverage and other collection indicators Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered and include retroactive revenue adjustments due to ongoing and future audits, reviews, and investigations

Electronic Health Record Incentive Program

The Centers for Medicare and Medicaid Services ("CMS") implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record ("EHR") technology CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology The Medical Center utilizes a grant accounting model to recognize EHR incentive revenues The Medical Center records EHR incentive revenue when it is reasonably assured that it will meet the meaningful use objectives for the required reporting period and that the grants will be received The EHR reporting period for hospitals is based on the federal fiscal year, which runs from October 1 through September 30 The Medical Center is reasonably assured that it has met the meaningful use objectives for the 2013 federal fiscal year and will continue to meet the objectives for the 2014 federal fiscal year The Hospital recorded EHR incentive revenue of approximately $3,444,000 (Medicare $3,082,000, Medicaid

1. Summary of Significant Accounting Policies (continued)

$362,000) and $398,000 (Medicaid only) for the years ended December 31, 2013 and 2012, respectively EHR incentive revenues are included in other operating revenue in the accompanying consolidated statements of operations Income from incentive payments is subject to retrospective adjustment, as the incentive payments are calculated using Medicaid and Medicare cost report data that is subject to audit Additionally, the Medical Center's compliance with the meaningful use criteria is subject to audit by the Federal government

Investments and Investment Return

The Company maintains a pooled investment program for certain investments held by the Medical Center and Foundation Investments consist of cash and cash equivalents, mutual funds – fixed income, mutual funds – equity, equities, alternative investments, certificates of deposit, tax-exempt municipal bonds, State of Israel government bonds, and U S Government obligations Investments are carried at fair value based on quoted market prices, except for alternative investments, and are classified as other-than-trading

Alternative investments (nontraditional, not readily marketable securities) are stated in the accompanying consolidated balance sheets based upon net asset values derived from the application of the equity method of accounting Financial information used by the Company to evaluate its alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee, and estimates that require varying degrees of judgment The financial statements of the investee companies are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Company's annual financial statement reporting

Alternative investments consist of event-driven funds, multi-strategy hedge funds, emerging market debt funds, global hedge funds and private equity funds Alternative investment interests generally are structured such that the investment pool holds a limited partnership interest or an interest in an investment management company The investment pool's ownership structure does not provide for control over the related investees and the investment pool's financial risk is limited to the carrying amount reported for each investee, in addition to any unfunded capital commitment Future funding commitments for alternative investments aggregated approximately $356,000 at December 31, 2013 for the investment pool

1. Summary of Significant Accounting Policies (continued)

Individual investment holdings within the alternative investments include non-marketable and market-traded debt and equity securities and interests in other alternative investments The investment pool may be exposed indirectly to securities lending, short sales of securities and trading in futures and forward contracts, options and other derivative products Alternative investments often have liquidity restrictions under which the pooled investment capital may be divested only at specified times Alternative investments held by the Company have liquidity restrictions generally up to 90 days Liquidity restrictions may apply to all or portions of a particular invested amount

There is uncertainty in determining values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings and time lags associated with reporting by the investee companies As a result, there is at least a reasonable possibility that estimates will change

Investment return includes interest and dividends, realized gains and losses, and income derived from alternative investments and is included in the excess of revenue over expenses in non-operating gains and losses, net, unless restricted by donor or law Unrealized gains and losses on investments are excluded from the excess of revenue over expenses unless an other-than-temporary impairment in value has occurred

Assets Whose Use is Limited

Assets whose use is limited include assets held by trustees under bond indenture agreements and those limited by donors

Pledges Receivable

Through the fundraising activities of the Foundation, the Company is the recipient of pledges which are recorded at the time the unconditional promise to give is made, at estimated net realizable value (approximately $465,000 and $817,000 at December 31, 2013 and 2012, respectively) Pledges are reported within other assets in the accompanying consolidated balance sheets The amount of the allowance for uncollectible pledges is based on management's assessment of historical and expected collections and other collection indicators Additions to the allowance for uncollectible pledges result from the provision for uncollectible pledges Pledges written off as uncollectible are deducted from the allowance for uncollectible pledges Pledges are discounted to net present value based on the scheduled payment terms of each pledge using a discount rate of 1 02% at December 31, 2013 and 2012

1. Summary of Significant Accounting Policies (continued)

Supplemental Executive Retirement Plans

Certain Company employees participate in supplemental executive retirement plans In connection with these plans, the Company deposits amounts with trustees on behalf of the participating employees The assets are restricted for payments under the plans, but may revert to the Company under certain specified circumstances At December 31, 2013 and 2012, amounts on deposit with trustees were equal to liabilities under the plans and aggregated approximately $5,389,000 and $3,753,000, respectively Investments consist of mutual funds and are reported at fair value based upon quoted market prices Amounts on deposit and liability amounts are included in the accompanying consolidated balance sheets within other assets and liabilities as either current or noncurrent based on the terms of the respective plan

The investments held by the trustees are classified as trading securities During 2013 and 2012, the Company contributed, net of withdrawals, approximately $771,000 and $973,000, respectively For the years ended December 31, 2013 and 2012, the Company recorded investment income of approximately $865,000 and $330,000, respectively, as other revenue Changes to the liability for these plans are recorded in employee benefits expense

Supplies

Supplies are carried at the lower of cost or market and are determined by using the first-in, first-out method Supplies are used in the provision of patient care and not held for sale

Property and Equipment

Land, land improvements, buildings and equipment are stated on the basis of cost, except for donated assets, which are recorded at fair value at the date of the gift It is the policy of the Company to provide for depreciation on a straight-line basis over the estimated useful lives of the assets The estimated useful lives range from 3 to 40 years The Company recognizes a half-year depreciation in years of acquisition and disposition

Assets acquired under capitalized leases are recorded at the present value of the lease payments at the inception of the leases Equipment under capital leases is amortized over the shorter period of the lease term or the estimated useful life of the equipment Amortization is included in depreciation and amortization expense in the accompanying consolidated statements of operations

1. Summary of Significant Accounting Policies (continued)

Costs of Borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

Deferred financing costs are amortized over the period the obligation is outstanding using the effective interest method At December 31, 2013 and 2012, the accumulated amortization for deferred financing costs was $1,093,807 and $767,872, respectively

Classification of Net Assets

The Company separately accounts for and reports donor restricted and unrestricted net assets Temporarily restricted net assets are those whose use is temporarily restricted by the donor Permanently restricted net assets have been restricted by donors to be maintained by the Company in perpetuity Resources arising from the results of operations or assets set aside by the Board of Trustees are not considered to be donor restricted

When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and consolidated statements of changes in net assets as net assets released from restriction

The Company follows the requirements of the New Jersey Uniform Prudent Management of Institutional Funds Act ("NJ UPMIFA") as they relate to its permanently restricted contributions and net assets, effective upon New Jersey State's enactment of the legislation in 2009 Previously, the Company followed the requirements of the Uniform Management of Institutional Funds Act of 1972, although the change did not affect significantly the Company's policies related to endowments The Company has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the endowment funds

Excess of Revenue over Expenses

The consolidated statements of operations include excess of revenue over expenses as the performance indicator Changes in unrestricted net assets which are excluded from excess of revenue over expenses include changes in net unrealized (losses) gains on investments, net assets released from restriction for capital purposes, donations of long-lived assets (including donations restricted to acquiring such assets) and permanent transfers of assets to and from affiliates for other than goods and services

1. Summary of Significant Accounting Policies (continued)

Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenue and expenses Peripheral or incidental transactions are reported as non-operating items Non-operating gains and losses, net consist primarily of investment income, income from equity method investments, gains and losses on sales of property and equipment and the net asset deficiency of CRUDEM which was acquired in October 2012

Advertising Costs

The Company expenses advertising costs as incurred For the years ended December 31, 2013 and 2012, advertising costs totaled approximately $5,766,000 and $4,971,000, respectively

Income Taxes

The Medical Center is a not-for-profit organization as listed in the Official Catholic Directory and is exempt from federal, state and local income taxes The Foundation, MS Center, Realty, and EMS are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal, state and local income taxes Fitness Center is a for-profit limited liability company which, for income tax purposes, is treated as a division of the Medical Center HPS is a for-profit corporation ACO is a for-profit limited liability company which, for income tax purposes, is treated as a division of the Medical Center Income tax expense associated with for-profit activities or unrelated income for the not-for-profit entities for 2013 and 2012 was not significant

Reclassifications

For purposes of comparison, certain reclassifications have been made to the accompanying 2012 consolidated financial statements to conform to the 2013 presentation These reclassifications have no effect on net assets previously reported

2. Uncompensated Care and Community Benefit

The Medical Center's commitment to community service is evidenced by services provided to all people regardless of race, creed, sex, age, disability, or ability to pay Although payment for services rendered is critical to the operations and stability of the Medical Center, the Medical Center recognizes that not all individuals have the ability to pay for medically necessary services and, furthermore, the Medical Center's mission is to serve the community with respect to health care

2. Uncompensated Care and Community Benefit (continued)

Therefore, in keeping with the Medical Center's commitment to serve members of the community, the Medical Center provides care to patients who meet certain criteria defined by the New Jersey Department of Health ("DOH") without charge or at amounts less than its established rates Community benefit activities include wellness programs, community education programs, health screenings, and a broad variety of community support services, health professionals' education, and subsidized health services

The Medical Center believes it is important to quantify comprehensively the benefits it provides to the community, which is an area of emphasis for not-for-profit health care providers The Medical Center maintains records to identify and monitor the level of uncompensated care it provides These records include the amount of charges foregone for services and supplies furnished under its charity care policy and compassionate care program and the bad debt provision at estimated cost

Uncompensated care consists of the following for the years ended December 31, 2013 and 2012

	2013	2012
Charity care at estimated cost (a)	**$ 8,515,356**	$ 8,683,894
Free care and reduced price medical care under the Medical Center's compassionate care program at estimated cost (b)	**5,154,327**	4,369,450
Bad debt provision (net of contractual allowances) at estimated cost (c)	**13,439,039**	13,965,393
Total uncompensated care	**$ 27,108,722**	$ 27,018,737

(a) *Charity Care* For patients that do not receive free care and who are deemed eligible for charity care, care given but not paid for is classified as charity care Management believes that, because of the difficulties involved with obtaining patient cooperation, the present charity care guidelines understate the Medical Center's charity care amounts and overstate the level of bad debts reported The cost of charity care is estimated by utilizing a cost accounting system, and includes the direct and indirect cost of providing charity care services Funds received from the New Jersey Health Care Subsidy Fund ("HCSF") to offset charity services provided totaled approximately $1,393,000 and $1,231,000 for the years ended December 31, 2013 and 2012, respectively

(b) *Free Care and Medical Center's Compassionate Care Program* In addition to charity care reported under the DOH criteria, the Medical Center provides a significant amount of uncompensated care, which includes free care, care provided to patients at reduced prices, and bad debt provision Beginning in 2009, the Medical Center initiated a compassionate care

2. Uncompensated Care and Community Benefit (continued)

program to make available free and reduced fee care programs for qualifying patients under its financial aid policy The cost of free and compassionate care is estimated by utilizing a cost accounting system, and includes the direct and indirect cost of providing such services

(c) *Bad Debt Provision:* To record net patient service revenue at an estimated net realizable amount, management determines an allowance for doubtful accounts based on expected payment from patients and other payers Additions to the allowance for doubtful accounts are recognized through the bad debt provision, as reported in the accompanying consolidated statements of operations The cost of the patient services to which bad debt relates is estimated by utilizing a cost accounting system, and includes the direct and indirect cost of providing medical and professional services

During the registration, billing and collection process, a patient's eligibility for charity care or the Medical Center's compassionate care program is determined For patients who do not qualify for charity care under the DOH standards and who are determined to be eligible for care in the form of reduced price medical services under the Medical Center's compassionate care and financial aid policy, care given but not paid for is classified as a reduction in net patient service revenue as a compassionate care allowance For patients who were determined by the Medical Center to have the ability to pay but did not, uncollected amounts are classified as bad debt provision Distinguishing between bad debt and charity care or compassionate care is difficult, in part because services are often rendered prior to the full evaluation of a patient's ability to pay

The Medical Center is committed to serving the surrounding neighborhoods comprising its service area and recognizes the importance of preserving community focus to effectively meet community needs In keeping with its mission, the Medical Center is devoted to providing programs and outreach activities through linkages with various community-based groups without charge Community health improvement services and related operations include clinical services, screening and exams, and other education or support services in areas such as the following high blood pressure, stroke, cancer, diabetes, community-based outreach and health education, digestive diseases, emergency services/emergency preparedness, mental illness, weight management, women's health, parenting basics, and children's health (a complete description of each service can be found in the Medical Center's annual community service plan) The Medical Center also participates in the federal Women, Infants and Children program, providing nutritional and social services, ancillary services and other programs to participants Day care for ill children is available to working parents in the community, affording them the ability to work even when a child is sick Senior or disabled persons requiring medical day care are transported free of charge to the Medical Center's Adult Day Care Program, reducing the burden on family caretakers

2. Uncompensated Care and Community Benefit (continued)

Community benefits also include losses incurred in providing services to patients who participate in certain public health programs such as Medicaid Payments received by the Medical Center for patient services provided to Medicaid program participants are less than the estimated cost of providing such services Therefore, to the extent Medicaid payments are less than the cost of care provided to Medicaid patients, the uncompensated cost of that care is considered to be a community benefit The total shortfall of Medicaid uncompensated costs for the years ended December 31, 2013 and 2012 is approximately $6,944,000 and $6,615,000, respectively

3. Net Patient Service Revenue

Accounts Receivable and Net Patient Service Revenue

The Company recognizes accounts receivable and net patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered (see description of third-party payer payment programs below) For uninsured patients that do not qualify for charity care, the Company recognizes revenue on the basis of discounted rates under the Company's self-pay patient policy Under the policy for self-pay patients, a patient who has no insurance and is ineligible for any government assistance program has his or her bill reduced to the amount which would be billed to a commercially insured patient The impact of this policy on the consolidated financial statements is lower net patient service revenue, as the discount is considered a revenue allowance, and a lower provision for bad debt

Patient service revenue for the years ended December 31, 2013 and 2012, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payer sources, based on primary insurance designation, is as follows

	2013	2012
Patient service revenue (net of contractual allowances and discounts)		
Third-party payers	**$ 300,599,525**	$ 286,484,664
Self-pay	**9,058,440**	10,318,748
	$ 309,657,965	$ 296,803,412

Deductibles and copayments under third-party payment programs within the third-party payer amount above are the patient's responsibility, and the Company considers these amounts in its determination of the provision for bad debts based on collection experience

3. Net Patient Service Revenue (continued)

Accounts receivable are also reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Company analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

For receivables associated with services provided to patients who have third-party coverage, the Company analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for payers who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients, which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Company records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Company's allowance for doubtful accounts totaled approximately $18 5 million and $16 1 million at December 31, 2013 and 2012, respectively The allowance for doubtful accounts for self-pay patients was approximately 85% of self-pay accounts receivable as of December 31, 2013 and 2012 Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended December 31, 2013 The Company has not experienced significant changes in write-off trends and has not changed its charity care policy for the year ended December 31, 2013

Third-Party Payment Programs

The Medical Center provides care to patients under Medicare, Medicaid and other contractual arrangements The Medicare program pays for primarily all services at predetermined rates However, certain services and specified expenses continue to be reimbursed on a reasonable cost basis The Medicaid program also currently pays the Medical Center at predetermined rates for inpatient services and on a cost reimbursement methodology for outpatient services

Regulations require annual retroactive settlements for cost-based reimbursements through cost reports filed by the Medical Center These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur The estimated settlements

3. Net Patient Service Revenue (continued)

recorded at December 31, 2013 and 2012 could differ from actual settlements based on the results of cost report audits Medicare cost reports have been audited and settled for all years before 2008, with the exception of 2005 which remains open Medicaid cost reports for all years before 2011 have been audited and settled as of December 31, 2013 No significant adjustments for settlements or changes in related estimates were recorded to net patient service revenue during 2013 and 2012 In April 2012, the Centers for Medicare & Medicaid Services settled a series of lawsuits filed in 2007 that challenged the calculation involving the use of the rural floor provision of the Balanced Budget Act of 1997 The Medical Center participated in this lawsuit and, as a result, received a cash settlement of approximately $3 1 million, inclusive of expenses of approximately $346,000, from Medicare for fiscal years 2005 through 2011, which increased net patient service revenue for the year ended December 31, 2012

Revenue from the Medicare and Medicaid programs accounted for approximately 49% and 51% of the Medical Center's net patient service revenue for the years ended December 31, 2013 and 2012, respectively There are various proposals at the federal and state levels that could, among other things, reduce payment rates or modify payment methods The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that have been enacted by the Federal government, cannot presently be determined Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Medical Center

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The Medical Center is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance, in all material respects, with applicable laws and regulations Action for noncompliance could result in repayment of amounts received, fines, penalties, and exclusion from the Medicare and Medicaid programs

The HCSF was established for various purposes, including the distribution of charity care payments to hospitals statewide The HCSF also provides funds for other uncompensated care for hospitals whose actual costs for health care services are significantly greater than the rates paid by the Medicaid program for those services

4. Fair Value Measurements

For assets and liabilities required to be measured at fair value, the Company measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from the Company's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements

The Company follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

- *Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities The fair value hierarchy gives the highest priority to Level 1 inputs

- *Level 2:* Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data

- *Level 3:* Unobservable inputs are used when little or no market data is available The fair value hierarchy gives the lowest priority to Level 3 inputs

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement In determining fair value, the Company uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value

4. Fair Value Measurements (continued)

Financial assets and liabilities carried at fair value as of December 31, 2013 and 2012 are classified in the table below in one of the three categories described above

	2013			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 52,272,669	$ –	$ –	$ 52,272,669
Mutual funds – fixed income	253,169	7,031,236	–	7,284,405
Mutual funds – equity	18,562,320	2,392,745	–	20,955,065
Equities	3,592,365	–	–	3,592,365
Corporate bonds	5,191,127	–	–	5,191,127
Certificates of deposit	5,887,978	–	–	5,887,978
Tax exempt municipal bonds	–	4,738,739	–	4,738,739
State of Israel government bonds	4,000	–	–	4,000
United States Government obligations	11,566,584	–	–	11,566,584
	$ 97,330,212	$14,162,720	$ –	$ 111,492,932

	2012			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 48,813,889	$ –	$ –	$ 48,813,889
Mutual funds – fixed income	11,193,030	–	–	11,193,030
Mutual funds – equity	7,759,960	–	–	7,759,960
Equities	21,459,957	–	–	21,459,957
Certificates of deposit	5,829,997	–	–	5,829,997
Tax exempt municipal bonds	–	5,026,426	–	5,026,426
State of Israel government bonds	5,000	–	–	5,000
United States Government obligations	3,367,028	–	–	3,367,028
	$ 98,428,861	$ 5,026,426	$ –	$ 103,455,287

The above tables do not include investments recorded based on the equity method of accounting

Fair value for Level 1 is based upon quoted market prices Equities at December 31, 2012 primarily consist of the common stock of corporations in the energy, industrials, consumer discretionary, health care, and financial services sectors Level 2 assets consist of certain fixed income securities for which the fair value at each year end is estimated based on quoted prices and other valuation considerations (e g , credit quality and prevailing interest rates) Furthermore, while the Company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

4. Fair Value Measurements (continued)

The Company's long-term debt obligations, excluding capital leases, are reported in the accompanying consolidated balance sheets at carrying value which totaled approximately $115,958,000 and $120,355,000 at December 31, 2013 and 2012, respectively The fair value of these obligations at December 31, 2013 and 2012 as estimated based primarily on quoted market prices for related bonds and other valuation considerations totaled approximately $112,130,000 and $128,228,000, respectively The Company's long-term debt obligations are classified as Level 2 within the valuation hierarchy

5. Assets Whose Use is Limited

The fair value of assets whose use is limited is set forth below Assets whose use is limited that are required to satisfy obligations classified as current liabilities are reported in current assets

	December 31	
	2013	**2012**
By donors		
Cash and cash equivalents	**$ 4,966,309**	$ 3,072,128
Mutual funds – fixed income	**370,048**	568,605
Mutual funds – equity	**1,041,993**	394,206
Equities	**182,492**	1,067,416
Corporate bonds	**263,710**	–
U S Government obligations	**414,072**	–
Alternative investments (equity method value)	**528,400**	600,820
Certificates of deposit	**2,299,027**	2,277,285
Accrued interest	**11,716**	6,803
	10,077,767	7,987,263
Under bond indenture agreements		
Cash and cash equivalents	**9,128,457**	8,746,025
Tax exempt municipal bonds	**4,738,739**	5,026,426
U S Government obligations	**2,360,975**	2,298,337
Accrued interest	**110,180**	110,180
	16,338,351	16,180,968
Total assets whose use is limited	**26,416,118**	24,168,231
Less assets whose use is limited and that are required for current liabilities	**8,595,284**	6,694,605
Noncurrent assets whose use is limited	**$17,820,834**	$17,473,626

5. Assets Whose Use is Limited (continued)

Assets held by trustees under bond indenture agreements relating to the New Jersey Health Care Facilities Financing Authority debt issues consist of the following

	December 31	
	2013	**2012**
Series 2010 Revenue Bonds		
Debt service fund – interest	**$ 2,091,170**	$ 1,682,320
Debt service fund – principal	**592,234**	730,969
Debt service reserve fund	**6,120,097**	6,466,003
	8,803,501	8,879,292
Series 2006 Revenue Bonds		
Debt service fund – interest	**1,602,688**	1,530,178
Debt service fund – principal	**32,362**	32,349
Debt service reserve fund	**5,899,800**	5,739,149
	7,534,850	7,301,676
Total under bond indenture agreements	**$ 16,338,351**	$ 16,180,968

Investment income on assets whose use is limited is included in other operating revenue and consists of the following

	2013	**2012**
Interest and dividend income	**$ 395,305**	$ 397,730

The Company's gross unrealized losses of individual securities classified as assets whose use is limited were not significant at December 31, 2013 and 2012 and were not deemed to be other-than-temporary impairments based on expected near-term recovery and the ability and intent of the Company to hold such securities until maturity

6. Investments

Investments consist of the following

	December 31 2013	2012
Cash and cash equivalents	**$ 5,592,459**	$ 2,851,535
Mutual funds – fixed income	**6,914,357**	10,624,425
Mutual funds – equity	**19,913,072**	7,365,754
Equities	**3,409,873**	20,392,541
Corporate bonds	**4,927,417**	–
U S Government obligations	**8,791,537**	1,068,691
Certificates of deposit	**3,588,951**	3,552,712
Alternative investments (equity method value)	**9,873,180**	11,226,345
State of Israel government bonds	**4,000**	5,000
Accrued interest	**130,383**	4,400
	$ 63,145,229	$ 57,091,403

Investment income included in non-operating gains and losses, net consists of the following

	Year Ended December 31 2013	2012
Interest, dividend income, and realized gains and losses on investments	**$ 6,723,750**	$ 2,246,090
Gains from alternative investments	**491,843**	602,531
	$ 7,215,593	$ 2,848,621

At December 31, 2013, the Company did not hold any material individual securities in a continuous unrealized loss position The Company's gross unrealized losses and fair value of individual securities classified as investments at December 31, 2012, aggregated by investment category, which were in a continuous unrealized loss position less than 12 months and greater than 12 months were as follows

	December 31, 2012					
	Less than Twelve Months		Twelve Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Mutual funds – equity (2 funds)	$ –	$ –	$ 4,964,138	$ (1,760,501)	$ 4,964,138	$ (1,760,501)
Total	$ –	$ –	$ 4,964,138	$ (1,760,501)	$ 4,964,138	$ (1,760,501)

6. Investments (continued)

At December 31, 2012, the unrealized losses of approximately $1,761,000 were not deemed to be other-than-temporary impairments based on expected near-term recovery and the ability and intent of the Company to hold until maturity

7. Property and Equipment

A summary of property and equipment is as follows

	December 31	
	2013	**2012**
Land	**$ 6,173,634**	$ 6,173,634
Land improvements	**3,140,528**	3,614,146
Building and fixed equipment	**236,418,602**	225,551,675
Major movable equipment	**119,534,983**	112,879,490
	365,267,747	348,218,945
Less accumulated depreciation and amortization	**228,559,999**	212,860,184
	136,707,748	135,358,761
Construction-in-progress	**7,678,969**	9,380,435
Property and equipment, net	**$ 144,386,717**	$ 144,739,196

Depreciation expense for the years ended December 31, 2013 and 2012 was $16,333,054 and $16,607,552, respectively

During 2013 and 2012, the Medical Center capitalized approximately $559,000 and $612,000, respectively, of interest expense net of interest income related to certain construction projects

Equipment financed through capital lease obligations is included in the amounts above During 2013 and 2012, approximately $979,000 and $716,000, respectively, were amortized for this equipment

During 2013 and 2012, the Medical Center recognized losses on fixed asset disposals and terminated projects of $49,986 and $535,154, respectively The losses on fixed asset disposals and terminated projects are recorded within non-operating gains and losses, net

8. Long-Term Debt

A summary of long-term debt at December 31, 2013 and 2012 follows

	2013	2012
Series 2006 Bonds (a)	$ **60,000,000**	$ 60,000,000
Series 2006 A-6 Bonds (b)	**3,350,000**	4,665,000
Series 2010 Bonds (c)	**49,295,000**	51,305,000
Mortgage loan (d)	**1,188,678**	1,320,445
PSE&G loan (e)	**867,072**	1,667,448
Construction loan (f)	**257,089**	331,875
Capital lease obligations – Medical Center, at rates varying from 2 2% to 5 3%, with varying maturities through 2018 (g)	**2,067,769**	1,870,985
Total long-term debt	**117,025,608**	121,160,753
Unamortized bond premium, net of accumulated amortization of $489,007 and $389,110 in 2013 and 2012, respectively	**1,018,777**	1,118,674
Less		
Unamortized original issue discount, net of accumulated amortization of $206,321 and $171,421 in 2013 and 2012, respectively	**18,337**	53,237
Current portion of long-term debt and line of credit	**4,245,773**	3,967,740
Long-term debt, net of current portion	$ **113,780,275**	$ 118,258,450

a *Holy Name Medical Center* – In 2006, the New Jersey Health Care Facilities Financing Authority (the "Authority") issued $60,000,000 of Series 2006 Bonds on behalf of the Medical Center with a net premium of approximately $817,000 The proceeds of the financing were used as follows (i) to refund the Series 1998 and 2001 revenue bonds, (ii) to repay capital lease obligations, and (iii) to fund the construction of the new emergency department, clinical, conference and educational facilities, various infrastructure upgrades, and various capital equipment and furnishings At December 31, 2013, the Series 2006 Bonds consist of $23,240,000 5 25% term bonds due July 1, 2030 and $36,760,000 5 00% term bonds due July 1, 2036 The bonds have annual sinking fund maturity dates from July 1, 2026 through July 31, 2036 Interest is payable semi-annually The bonds are collateralized by a pledge of the Medical Center's gross receipts and a mortgage on certain of the Medical Center's property

8. Long-Term Debt (continued)

b *Fitness Center* – In 2006, the Authority issued $7,000,000 of Series 2006 A-6 Bonds on behalf of Fitness Center The proceeds of the financing were used as follows (i) acquisition of a long-term leasehold interest in a building, (ii) payment of interest on the Series 2006 A-6 Bonds during construction, (iii) payment of certain expenses directly related to the project facility, and (iv) pay costs associated with the issuance of the Series 2006 A-6 Bonds The Series 2006 A-6 bonds are variable rate demand bonds subject to a remarketing agreement and, in connection with these bonds, Fitness Center entered into a letter of credit agreement with a bank Any draw on the letter of credit is payable 367 days from the date of the draw In September 2011, the Medical Center acquired a replacement three-year letter expiring August 30, 2014 The Medical Center plans to renew the letter of credit with the bank prior to the expiration date At December 31, 2013, no amounts had been drawn

c *Holy Name Medical Center* – In 2010, the Authority issued $55,280,000 of Series 2010 Bonds on behalf of the Medical Center with a net premium of approximately $691,000 The proceeds of the financing were used as follows (i) to refund the Series 1997 and 2008 revenue bonds, (ii) payment of capital expenditures relating to Medical Center facilities, (iii) funding of the Debt Service Reserve Fund for the Series 2010 Bonds, and (iv) the payment of certain costs of issuance of the Series 2010 Bonds At December 31, 2013, the Series 2010 Bonds consist of $24,930,000 in serial bonds maturing annually through July 1, 2020, with varying interest rates ranging from 4 0% to 5 0%, and $24,365,000 in term bonds maturing on July 1, 2025 with an interest rate of 5 0% The bonds are collateralized by a pledge of gross receipts and a first mortgage lien on certain land, buildings and equipment

d *Holy Name Real Estate Corporation* – Realty has entered into a $1,501,000 mortgage loan (721-725 Teaneck Avenue, the Teaneck property) with annual interest of 3 75% and monthly payments from July 1, 2011 through June 1, 2021 The loan is collateralized by the property The proceeds of the mortgage were used to repay the mortgage balances of two other properties owned by Realty

8. Long-Term Debt (continued)

e *Holy Name Medical Center* – During 2009, the Medical Center received a $2,415,665 non-interest bearing loan from Public Service Electric & Gas Company ("PSE&G") in connection with a letter agreement for the purpose of implementing certain energy conversion measures (the "project") at the Medical Center The payments are due in 36 monthly installments commencing 30 days after the completion of the project The project was completed in January 2012 with a final project cost of $2,401,124 The Medical Center determined the present value of the payments to be made under the terms of the agreement using an imputed interest rate and recorded a discount on the loan of approximately $225,000 The discount is amortized and recorded in interest expense based on the effective interest method The Medical Center used the prime rate of interest which was 3 25% at the date of the transaction

f *Holy Name Medical Center* – In 2012, the Medical Center obtained a construction loan in the amount of $392,000 from Siemens Financial Services, with annual interest of 3 92% and monthly payments from March 24, 2012 through February 24, 2017

g *Holy Name Medical Center* – The Medical Center entered into capital lease obligations on several pieces of medical equipment (collectively, the "capital leases")

i $1,710,000 Pantheon Capital, LLC lease obligation for Da Vinci Robot surgical equipment, with an interest rate of 5 30% This lease was fully paid and has no outstanding balance at December 31, 2013

ii $1,606,123 Siemens Financial Services lease obligation for an MRI, with an interest rate of 3 06% and monthly payments from December 30, 2011 through November 30, 2016 The lease was revised during 2012, reducing the principal to $1,526,113 This revision did not impact the interest rate of the lease

iii $354,053 Siemens Financial Services lease obligation for a nuclear camera, with an interest rate of 3 07% and monthly payments from December 2, 2011 through November 2, 2016

iv $560,081 Siemens Financial Services lease obligation for an upgrade to a linear accelerator, with an interest rate of 2 72% and monthly payments from May 21, 2013 through May 21, 2018

v $419,000 Siemens Financial Services lease obligation for a nuclear camera, with an interest rate of 3% and monthly payments from December 9, 2013 through November 9, 2018

8. Long-Term Debt (continued)

Debt issued by each entity of the Company is the sole responsibility of that entity, except for the Realty mortgage loan and Fitness Center letter of credit which are guaranteed by the Medical Center

Principal and sinking fund payments on long-term debt and capital lease obligations, excluding interest, for the next five years and thereafter are as follows

	Bonds Payable	Mortgage Loan	Construction Loan and PSE&G Loan	Capital Lease Obligations	Total
2014	$ 2,640,000	$ 139,644	$ 878,145	$ 587,984	$ 4,245,773
2015	3,665,000	145,044	147,573	580,235	4,537,852
2016	3,840,000	150,562	84,103	564,237	4,638,902
2017	4,025,000	156,481	14,340	203,604	4,399,425
2018	3,485,000	162,536	–	131,709	3,779,245
Thereafter	94,990,000	434,411	–	–	95,424,411
	$ 112,645,000	$ 1,188,678	$ 1,124,161	$ 2,067,769	$ 117,025,608

Under the terms of the various debt agreements, the Company is required to be in compliance with certain financial covenants and ratios as described in the respective agreements At December 31, 2013 and 2012, the Company was in compliance with these financial covenants

The Medical Center has an unsecured line of credit for $6,100,000 with an expiration date of June 30, 2014 The Medical Center plans to renew the line of credit with the bank prior to the expiration date At December 31, 2013, the Medical Center had no outstanding draws on the line of credit

9. Pension Plan

In June 1997, the Medical Center implemented a 401(k) retirement plan All employees who have attained the age of 21 are eligible to participate Employees are eligible for Company contributions following one year of service and having completed at least 1,000 hours of service Employees are fully vested in the plan after five years of service Employees may contribute 1% to 50% of their salary on a pre-tax basis, not to exceed IRS limitations of $17,500 and $17,000 in 2013 and 2012, respectively All pre-tax contributions are 100% vested by the employee The Medical Center matches 50% of the first 6% of employee contributions In addition, the Medical Center may contribute on behalf of each employee an additional 1% of his/her salary, at the Medical Center's discretion The Medical Center and its subsidiaries contributed approximately $3,195,000 and $3,203,000 into the plan in 2013 and 2012, respectively

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	December 31 2013	2012
Scholarships for nursing students, program and department expenses, educational training, special projects and purchase of equipment	**$ 2,971,878**	$ 3,006,614
Medical staff continuing education and special projects	**343,645**	406,626
Funds held by Holy Name Health Care Foundation, Inc on behalf of the Medical Center to support various program expenses, educational training, special projects, community outreach, and the purchase of equipment	**5,639,430**	4,433,318
Funds held by Holy Name Health Care Foundation, Inc on behalf of the CRUDEM Foundation	**671,134**	414,125
Funding for hemodialysis services	**303,380**	163,669
	$ 9,929,467	$ 8,424,352

As described in Note 1, in October 2012 the Foundation became the sole member of CRUDEM and recorded assets of approximately $884,000 (consisting primarily of cash and investments) and liabilities of approximately $613,000 at fair value

Permanently restricted net assets are to be held in perpetuity, the income of which is expendable to support health care services

During 2013 and 2012, approximately $1,603,000 and $2,439,000 of net assets, including amounts raised in 2013, were released from restriction Approximately $11,000 and $311,000 were released for capital purposes in 2013 and 2012, respectively, and approximately $1,592,000 and $2,128,000, respectively, were released for use in operations

11. Related-Party Transactions

The Company, in the normal course of its operations, enters into transactions with related parties Such transactions are subject to the Company's purchasing and conflict of interest policies and, in the opinion of management, are conducted in an arm's-length manner at a reasonable cost basis for such goods and services

11. Related-Party Transactions (continued)

Due to changes in health care payment models, increased local competition and uncertainty in health care reform, management implemented a strategy to align incentives between physician groups and the Medical Center The Medical Center provides funding to various medical corporations in Bergen County (the "Physician Network") which are controlled by the Corporation The Medical Center continually reassesses amounts due from related parties for collectability based upon the results of their operations and other circumstances The Medical Center has assessed the operations of the Physician Network at December 31, 2013 and 2012 and determined that approximately $13,179,000 and $8,103,000, respectively, of amounts due from certain members of the Physician Network would not be repaid and accounted for such amounts as transfers to affiliates The net amounts due from the Physician Network were approximately $2,161,800 and $2,324,000 at December 31, 2013 and 2012, respectively, which is included in other assets in the accompanying consolidated balance sheets

12. School of Nursing

The Medical Center maintains a School of Nursing, the financial activity of which is included within the consolidated financial statements of the Medical Center The School of Nursing's individual revenue and expenses are as follows

	2013	2012
Total revenue	**$ 5,034,288**	$ 4,897,527
Total expenses	**(4,516,073)**	(4,355,760)
Excess of revenue over expenses	**$ 518,215**	$ 541,767

The Medical Center did not distribute any refunds to students for PELL grants related to the School of Nursing's fiscal years ending June 30, 2013 and 2012 and, therefore, did not establish a cash reserve fund

13. Commitments and Contingencies

Various investigations, lawsuits and claims arising in the normal course of operations are pending or on appeal against the Company While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not result in losses not covered by insurance or accrued in the accompanying consolidated financial statements and, therefore, will not materially affect the consolidated financial position or results of operations of the Company

14. Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements Gross accounts receivable by payer were as follows

	December 31	
	2013	**2012**
Medicare and Medicaid	**35%**	40%
Blue Cross	**14**	11
Managed care	**25**	23
Other third-party payers (none over 10%)	**12**	13
Patients	**14**	13
	100%	100%

15. Accrued Malpractice Claims

The Medical Center purchases first dollar coverage for professional and general liability insurance coverage The Medical Center has a claims-made policy with a commercial insurance carrier for malpractice The policy covers $1 million per occurrence and $3 million in the aggregate In addition, the Medical Center purchased additional excess coverage for amounts up to $10 million Estimated liabilities relating to asserted and unasserted claims are recorded by the Medical Center as reserve for insurance claims within accounts payable and accrued expenses and other liabilities in the consolidated balance sheets and total approximately $1,725,000 and $1,798,000 at December 31, 2013 and 2012, respectively Receivables for expected insurance recoveries are included in other receivables and other assets in the consolidated balance sheets

15. Accrued Malpractice Claims (continued)

and total approximately $1,725,000 and $1,798,000 at December 31, 2013 and 2012, respectively An estimate for unreported incidents and losses is actuarially determined based on Medical Center-specific and industry experience data The Medical Center recorded an estimated liability for claims incurred but not reported of approximately $887,000 and $701,000 at December 31, 2013 and 2012, respectively

16. Operating Lease Obligations

The Medical Center has entered into agreements for certain equipment under non-cancellable operating leases The related expenses for the years ended December 31, 2013 and 2012 and future payments are not significant

17. Functional Expenses

The Company provides general health care services to residents within its geographic area Expenses related to provision of these services for the years ended December 31, 2013 and 2012 are as follows

	2013	2012
Health care	**$ 198,406,959**	$ 186,945,822
General and administrative	**102,209,646**	98,202,080
Total	**$ 300,616,605**	$ 285,147,902

18. Subsequent Events

Subsequent events have been evaluated through May 29, 2014, which is the date the consolidated financial statements were issued No subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements

Supplementary Information

Holy Name Medical Center, Inc. and Subsidiaries

Consolidating Balance Sheet

December 31, 2013

	Holy Name Medical Center	Holy Name EMS	Holy Name Real Estate Corp.	Health Partner Services	Holy Name Health Care Foundation	HNH Fitness	MS Comp Center	HNMC Hospital/ Physician ACO	Eliminations	Total
Assets										
Current assets										
Cash and cash equivalents	$ 30.365.167	$ 187.549	$ 207.255	$ 14.716	$ 1.342.574	$ 297.269	$ 70.914	$ 100.000	$ –	$ 32.585.444
Assets whose use is limited and that are required for current liabilities	3.915.956	–	–	–	4.679.328	–	–	–	–	8.595.284
Investments	62.950.814	–	–	–	194.415	–	–	–	–	63.145.229
Patient accounts receivable, net	31.180.963	346.637	–	–	–	–	29.622	–	–	31.557.222
Due from subsidiaries	20.415.862	–	–	–	–	–	–	–	(20.415.862)	–
Other receivables	1.045.954	–	25.823	1.100	196.865	1.694	92.438	–	–	1.363.874
Supplies	4.818.237	–	–	–	34.847	1.477	–	–	–	4.854.561
Prepaid expenses and other current assets	3.820.511	9.990	79.940	–	21.352	29.863	29.810	–	–	3.991.466
Total current assets	158.513.464	544.176	313.018	15.816	6.469.381	330.303	222.784	100.000	(20.415.862)	146.093.080
Assets whose use is limited, less current portion	16.712.190	–	–	–	1.108.644	–	–	–	–	17.820.834
Assets held by related organization	3.493.654	–	–	–	–	–	–	–	(3.493.654)	–
Property and equipment, net	130.228.881	532.210	7.423.437	155.601	–	5.969.396	77.192	–	–	144.386.717
Deferred financing costs, net	1.553.319	–	–	–	–	–	–	–	–	1.553.319
Other assets	13.420.335	–	121.772	3.045.392	268.255	97.280	–	–	–	16.953.034
Total assets	$323.921.843	$ 1.076.386	$ 7.858.227	$ 3.216.809	$ 7.846.280	$ 6.396.979	$ 299.976	$ 100.000	$ (23.909.516)	$326.806.984

Holy Name Medical Center, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

December 31, 2013

	Holy Name Medical Center	Holy Name EMS	Holy Name Real Estate Corp.	Health Partner Services	Holy Name Health Care Foundation	HNH Fitness	MS Comp Center	HNMC Hospital/ Physician ACO	Eliminations	Total
Liabilities and net assets										
Current liabilities										
Accrued interest payable	$ 2,705,956	$ –	$ –	$ –	$ –	$ 171	$ –	$ –	$ –	$ 2,706,127
Current installments of long-term debt	3,886,132	–	139,641	–	–	220,000	–	–	–	4,245,773
Accounts payable and other accrued expenses	24,379,233	2,414,241	1,859,397	3,404,049	4,321,500	6,059,484	2,241,667	600,920	(20,415,862)	24,864,629
Accrued payroll and vacation	12,755,410	48,377	1,958	70,201	31,126	53,488	59,843	–	–	13,020,403
Other current liabilities	–	–	–	–	–	393,012	–	–	–	393,012
Due to third-party payers	6,458,007	–	–	–	–	–	–	–	–	6,458,007
Total current liabilities	50,184,738	2,462,618	2,000,996	3,474,250	4,352,626	6,726,155	2,301,510	600,920	(20,415,862)	51,687,951
Other liabilities	5,578,612	–	75,997	–	–	103,538	–	–	–	5,758,147
Long-term debt, excluding current installments	109,601,238	–	1,049,037	–	–	3,130,000	–	–	–	113,780,275
Due to third-party payers, excluding current portion	11,915,509	–	–	–	–	–	–	–	–	11,915,509
Total liabilities	177,280,097	2,462,618	3,126,030	3,474,250	4,352,626	9,959,693	2,301,510	600,920	(20,415,862)	183,141,882
Net assets										
Unrestricted	135,702,279	(1,386,232)	4,732,197	(257,441)	(2,826,939)	(3,562,714)	(2,001,534)	(500,920)	2,826,939	132,725,635
Temporarily restricted	9,929,467	–	–	–	6,310,593	–	–	–	(6,310,593)	9,929,467
Permanently restricted	1,010,000	–	–	–	10,000	–	–	–	(10,000)	1,010,000
Total net assets	146,641,746	(1,386,232)	4,732,197	(257,441)	3,493,654	(3,562,714)	(2,001,534)	(500,920)	(3,493,654)	143,665,102
Total liabilities and net assets	$ 323,921,843	$ 1,076,386	$ 7,858,227	$ 3,216,809	$ 7,846,280	$ 6,396,979	$ 299,976	$ 100,000	$ (23,909,516)	$ 326,806,984

Holy Name Medical Center, Inc. and Subsidiaries

Consolidating Statement of Operations

Year Ended December 31, 2013

	Holy Name Medical Center	Holy Name EMS	Holy Name Real Estate Corp	Health Partner Services	Holy Name Health Care Foundation	HNH Fitness	MS Comp Center	HNMC Hospital/ Physician ACO	Eliminations	Total
Revenue										
Net patient service revenue	$ 304,465,987	$ 4,908,099	$ –	$ –	$ –	$ –	$ 283,879	$ –	$ –	$ 309,657,965
Prior year settlement, net	487,042	–	–	–	–	–	–	–	–	487,042
Bad debt provision	(14,275,608)	(1,452,204)	–	–	–	–	(57,497)	–	–	(15,785,309)
Net patient service revenue, less bad debt provision	290,677,421	3,455,895	–	–	–	–	226,382	–	–	294,359,698
Other operating revenue	13,121,539	1,910	2,319,068	–	3,686,020	1,417,582	312,363	–	(703,546)	20,154,936
Net assets released from restriction for operations	386,017	–	–	–	1,206,278	–	–	–	–	1,592,295
Total revenue	304,184,977	3,457,805	2,319,068	–	4,892,298	1,417,582	538,745	–	(703,546)	316,106,929
Expenses										
Salaries and wages	128,204,109	2,029,407	94,667	785,080	620,280	745,826	690,696	–	–	133,170,065
Physician fees	6,621,802	–	–	–	–	–	32,958	–	–	6,654,760
Employee benefits	24,867,127	454,539	15,062	188,256	132,233	217,035	154,816	–	–	26,029,068
Supplies and other	102,622,912	887,963	1,541,897	462,493	6,876,871	574,923	156,534	479,318	(703,546)	112,899,365
Depreciation and amortization	15,446,171	248,846	502,796	50,416	–	318,297	23,734	–	–	16,590,260
Interest	5,144,401	–	52,328	–	–	76,358	–	–	–	5,273,087
Total expenses	282,906,522	3,620,755	2,206,750	1,486,245	7,629,384	1,932,439	1,058,738	479,318	(703,546)	300,616,605
Income (loss) from operations	21,278,455	(162,950)	112,318	(1,486,245)	(2,737,086)	(514,857)	(519,993)	(479,318)	–	15,490,324
Non-operating gains and losses, net	7,017,414	–	–	–	586,177	–	–	–	–	7,603,591
Change in net interest of Holy Name Foundation	(2,152,619)	–	–	–	–	–	–	–	2,152,619	–
Loss on fixed assets disposal and terminated projects	(49,986)	–	–	–	–	–	–	–	–	(49,986)
Excess (deficiency) of revenue over expenses	26,093,264	(162,950)	112,318	(1,486,245)	(2,150,909)	(514,857)	(519,993)	(479,318)	2,152,619	23,043,929
Net assets released from restriction for capital purposes	11,188	–	–	–	–	–	–	–	–	11,188
Change in net unrealized (losses) gains on investments	(846,891)	–	–	–	(1,710)	–	–	–	–	(848,601)
Transfers (to) from affiliates	(14,665,600)	–	–	1,486,245	–	–	–	–	–	(13,179,355)
Increase (decrease) in unrestricted net assets	$ 10,591,961	$ (162,950)	$ 112,318	$ –	$ (2,152,619)	$ (514,857)	$ (519,993)	$ (479,318)	$ 2,152,619	$ 9,027,161

Holy Name Medical Center, Inc. and Subsidiaries

Consolidating Statement of Changes in Net Assets

Year Ended December 31, 2013

	Holy Name Medical Center	Holy Name EMS	Holy Name Real Estate Corp.	Health Partner Services	Holy Name Health Care Foundation	HNH Fitness	MS Comp Center	HNMC Hospital/ Physician ACO	Eliminations	Total
Unrestricted										
Net assets as of the beginning of year	$ 125.110.318	$ (1.223.282)	$ 4.619.879	$ (257.441)	$ (674.320)	$ (3.047.857)	$ (1.481.541)	$ (21.602)	$ 674.320	$ 123.698.474
Change in unrestricted net assets	10.591.961	(162.950)	112.318	–	(2.152.619)	(514.857)	(519.993)	(479.318)	2.152.619	9.027.161
Net assets as of end of year	$ 135.702.279	$ (1.386.232)	$ 4.732.197	$ (257.441)	$ (2.826.939)	$ (3.562.714)	$ (2.001.534)	$ (500.920)	$ 2.826.939	$ 132.725.635
Temporarily restricted										
Net assets as of beginning of year	$ 8.424.352	$ –	$ –	$ –	$ 4.847.442	$ –	$ –	$ –	$ (4.847.442)	$ 8.424.352
Change in beneficial interest in Holy Name Hospital Foundation, Inc	1.463.151	–	–	–	–	–	–	–	(1.463.151)	–
Restricted investment gain and investment income	214.939	–	–	–	–	–	–	–	–	214.939
Change in net unrealized gains and losses on other-than-trading securities	19.027	–	–	–	–	–	–	–	–	19.027
Net assets released from restriction for operations	(386.017)	–	–	–	(1.206.278)	–	–	–	–	(1.592.295)
Net assets released from restriction for capital purposes	(11.188)	–	–	–	–	–	–	–	–	(11.188)
Donations	205.203	–	–	–	2.669.429	–	–	–	–	2.874.632
Change in temporarily restricted net assets	1.505.115	–	–	–	1.463.151	–	–	–	(1.463.151)	1.505.115
Net assets as of end of year	$ 9.929.467	$ –	$ –	$ –	$ 6.310.593	$ –	$ –	$ –	$ (6.310.593)	$ 9.929.467
Permanently restricted										
Net assets as of beginning of year	$ 1.010.000	$ –	$ –	$ –	$ 10.000	$ –	$ –	$ –	$ (10.000)	$ 1.010.000
Net assets as of end of year	$ 1.010.000	$ –	$ –	$ –	$ 10.000	$ –	$ –	$ –	$ (10.000)	$ 1.010.000

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