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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2013**

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](http://www.irs.gov/form990)

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

**D** Employer identification number: 22-1537688  
**E** Telephone number: (908) 788-6153  
**G** Gross receipts \$ 269,629,489

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

**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.HUNTERDONHEALTHCARE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1948 **M** State of legal domicile: NJ

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: STRIVES TO PROVIDE TO THE MAXIMUM EXTENT POSSIBLE QUAL COMPR HLTHCARE SVCS WHICH ARE REQ BY THE PEOPLE OF THE OF THE COMMUNITY AND SURROUNDING AREAS AND APPROPRIATE TO THE ORG		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	2,699
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	516
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	411,429
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-14,938	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,192,930	5,994,536
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	262,359,650	256,502,304
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,454,572	5,139,149
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,858,135	1,823,700
		269,865,287	269,459,689
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	161,038,745	166,189,564
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	97,116,652	97,976,548
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	258,155,397	264,166,112	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	11,709,890	5,293,577	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	289,299,072	307,964,958
	<b>21</b> Total liabilities (Part X, line 26)	152,369,750	86,528,806
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	136,929,322	221,436,152	

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \*\*\*\*\* Date: 2014-11-13  
 Type or print name and title: GAIL KOSYLA CFO

**Paid Preparer Use Only**

Print/Type preparer's name: Scott Manani	Preparer's signature:	Date:	Check <input type="checkbox"/> if self-employed	PTIN: P00642486
Firm's name: WithumSmithBrown PC			Firm's EIN:	
Firm's address: 465 South St Ste 200 Mornstown, 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

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

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 27,306,440 including grants of \$ 0 ) (Revenue \$ 43,063,471 )  
EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OPERATING ROOM 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 SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4b** (Code ) (Expenses \$ 26,741,581 including grants of \$ 0 ) (Revenue \$ 20,063,910 )  
EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY MEDICAL/SURGICAL 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 SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4c** (Code ) (Expenses \$ 23,325,974 including grants of \$ 0 ) (Revenue \$ 38,058,541 )  
EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY RADIOLOGY 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 SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 151,684,104 including grants of \$ 0 ) (Revenue \$ 155,688,614 )

**4e Total program service expenses** 229,058,099

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	Yes	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	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? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	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? <i>If so, complete Schedule L, Part II . . . . .</i>	<b>26</b>	Yes	
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 244		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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. <b>2a</b> 2,699		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	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)? <b>4a</b>		No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</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. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>14b</b>		

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  NJ
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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  
 GAIL KOSYLA 2100 WESCOTT DRIVE  
 FLEMINGTON, NJ 08822 (908) 788-6100





**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		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>	2,204,020					
	<b>e</b>	Government grants (contributions) <b>1e</b>	3,666,347					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	124,169					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	5,994,536					
<b>Program Service Revenue</b>	<b>2a</b>	NET PATIENT SERVICE REVENUE						
		Business Code						
		541900	247,842,812	247,842,812				
	<b>b</b>	STATE OF NJ CHARITY SUBSIDY	1,728,297	1,728,297				
	<b>c</b>	HEALTH AND WELLNESS	3,657,384	3,618,187	39,197			
	<b>d</b>	OTHER HEALTHCARE RELATED REVENUE	3,273,811	3,273,811				
	<b>e</b>							
<b>f</b>	All other program service revenue							
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	256,502,304						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,348,382			1,348,382		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .	3,512			3,512		
	<b>5</b>	Royalties . . . . .	0					
	<b>6a</b>	Gross rents	(i) Real	904,306				
			(ii) Personal					
			<b>b</b>	Less rental expenses	169,800			
			<b>c</b>	Rental income or (loss)	734,506	0		
	<b>d</b>	Net rental income or (loss) . . . . .	734,506			734,506		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	3,772,639	14,616			
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses				
			<b>c</b>	Gain or (loss)	3,772,639	14,616		
	<b>d</b>	Net gain or (loss) . . . . .	3,787,255			3,787,255		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from fundraising events . . . . .	0						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>a</b>								
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . .	0						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>								
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	0						
	Miscellaneous Revenue	Business Code						
<b>11a</b>	CHILD CARE	624410	672,356		372,232	300,124		
<b>b</b>	CAFETERIA	722320	394,288			394,288		
<b>c</b>	VENDING MACHINE	722320	22,550			22,550		
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,089,194					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		269,459,689	256,463,107	411,429	6,590,617		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
<b>4</b>	Benefits paid to or for members.	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	6,631,768	5,769,638	862,130	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b>	Other salaries and wages.	121,089,270	105,347,665	15,741,605	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,491,067	11,737,228	1,753,839	
<b>9</b>	Other employee benefits.	8,160,224	7,099,395	1,060,829	
<b>10</b>	Payroll taxes.	16,817,235	14,630,994	2,186,241	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.	1,215,693		1,215,693	
<b>b</b>	Legal.	494,864		494,864	
<b>c</b>	Accounting.	149,000		149,000	
<b>d</b>	Lobbying.	45,548		45,548	
<b>e</b>	Professional fundraising services. See Part IV, line 17.	0			
<b>f</b>	Investment management fees.	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,329,975	0	1,329,975	0
<b>12</b>	Advertising and promotion.	1,114,824	969,897	144,927	
<b>13</b>	Office expenses.	4,009,518	3,488,281	521,237	
<b>14</b>	Information technology.	0			
<b>15</b>	Royalties.	0			
<b>16</b>	Occupancy.	5,242,657	4,561,112	681,545	
<b>17</b>	Travel.	44,791	38,968	5,823	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b>	Conferences, conventions, and meetings.	382,546	332,815	49,731	
<b>20</b>	Interest.	2,297,896	2,297,896		
<b>21</b>	Payments to affiliates.	0			
<b>22</b>	Depreciation, depletion, and amortization.	13,151,892	13,151,892		
<b>23</b>	Insurance.	3,681,668	3,203,051	478,617	
<b>24</b>	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.)				
<b>a</b>	MEDICAL SUPPLIES	29,124,308	25,338,148	3,786,160	0
<b>b</b>	PURCHASED SERVICES	10,558,230	9,185,660	1,372,570	0
<b>c</b>	MAINTENANCE/SERVICE CONTRACT	9,539,869	8,299,686	1,240,183	0
<b>d</b>	PHYSICIAN FEES	6,414,549	5,580,658	833,891	0
<b>e</b>	All other expenses	9,178,720	8,025,115	1,153,605	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	264,166,112	229,058,099	35,108,013	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,467	<b>1</b>	7,412
	<b>2</b> Savings and temporary cash investments . . . . .	43,377,398	<b>2</b>	32,046,724
	<b>3</b> Pledges and grants receivable, net . . . . .	777,834	<b>3</b>	2,366,538
	<b>4</b> Accounts receivable, net . . . . .	33,619,178	<b>4</b>	30,545,288
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	64,392
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,346,588	<b>7</b>	3,002,882
	<b>8</b> Inventories for sale or use . . . . .	1,336,715	<b>8</b>	1,133,593
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,557,362	<b>9</b>	2,639,455
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 271,002,046		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 164,812,563	102,436,826	<b>10c</b> 106,189,483
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	90,785,454	<b>13</b>	110,599,313
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	12,053,250	<b>15</b>	19,369,878
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	289,299,072	<b>16</b>	307,964,958	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	21,203,226	<b>17</b>	25,175,874
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	48,274,953	<b>20</b>	46,779,064
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	459,323	<b>23</b>	729,168
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	82,432,248	<b>25</b>	13,844,700
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	152,369,750	<b>26</b>	86,528,806
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	116,282,312	<b>27</b>	201,179,716
	<b>28</b> Temporarily restricted net assets . . . . .	5,400,147	<b>28</b>	3,523,237
	<b>29</b> Permanently restricted net assets . . . . .	15,246,863	<b>29</b>	16,733,199
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	136,929,322	<b>33</b>	221,436,152	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	289,299,072	<b>34</b>	307,964,958	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	269,459,689
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	264,166,112
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	5,293,577
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	136,929,322
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	495,427
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	78,717,826
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	221,436,152

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Additional Data**

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

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

(A) Name and Title	(B) Average hours per week (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			
ROBERT J CODY MD CHAIRMAN - TRUSTEE	3 0	X		X				0	0	0
BARRY GOODMAN ESQ VICE CHAIRMAN - TRUSTEE	3 0	X		X				0	0	0
CAROL HARDING SECRETARY - TRUSTEE	3 0	X		X				0	0	0
WILLIAM ATWATER TRUSTEE	3 0	X						0	0	0
ROBERT BOGGIANO MD TRUSTEE	3 0	X						0	0	0
ANTHONY GRANATO MD TRUSTEE	40 0	X						357,423	0	0
JAMES H GRIFFITH TRUSTEE	3 0	X						0	0	0
CASEY KOLLER TRUSTEE	3 0	X						0	0	0
ELLEN LOCKER TRUSTEE	3 0	X						0	0	0
JAMES LYNCH TRUSTEE	3 0	X						0	0	0
PAUL MADURA MD TRUSTEE	3 0	X						3,121	0	0
ROBERT MORE MD TRUSTEE	3 0	X						0	0	0
JOHN RICE TRUSTEE	3 0	X						0	0	0
RENEE SELMAN TRUSTEE	3 0	X						0	0	0
PETER TEUBER PHD TRUSTEE	3 0	X						0	0	0
GEORGE C WATTS ESQ TRUSTEE	3 0	X						0	0	0
ROBERT P WISE TRUSTEE, EX-OFFICIO - PRES/CEO	50 0	X		X				971,773	0	171,306
GAIL KOSYLA CHIEF FINANCIAL OFFICER	50 0			X				377,314	0	64,854
RICHARD J WEBB CHIEF LEGAL OFF (EFF 1/14/13)	50 0			X				285,535	0	7,836
LAWRENCE N GRAND EXECUTIVE VP/COO	50 0			X				403,059	0	104,184
DEBORAH L HOSKINS VP, FINANCE	50 0			X				269,943	0	94,685
GLEN A MAMARY VP, CHIEF INFORMATION OFFICER	50 0				X			275,306	0	115,143
GEORGE ROKSVAAG MD CHIEF MEDICAL OFFICER	50 0				X			462,702	0	96,791
ROBERT COATES MD VPMA	50 0				X			327,233	0	117,797
NEIL HUDES VP PROFESSIONAL SERVICES	50 0				X			302,937	0	109,234

**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			
PATRICIA STEINGALL VP PATIENT CARE	50 0				X			294,433	0	109,270
DONALD R PINNER VP, COO-HRCH	50 0				X			261,163	0	87,513
VIOLET T KOCSIS VP HUMAN RESOURCES	50 0				X			252,438	0	97,379
CHRISTOPHER E SICKELS VP FOUNDATION	50 0				X			209,809	0	21,929
DEBRA PORCELLI VP MARKETING	50 0				X			178,123	0	48,012
ANN M MICHAELS DIR CORP COMP (EFF 10/6/13)	50 0				X			79,244	0	0
DARLENE L MITCHELL DIR CORP COMP (TERM 3/13/13)	50 0				X			70,676	0	3,599
KEITH T GOLDSTEIN MD PHYSICIAN	40 0					X		833,755	0	28,206
JEFFREY D HARTFORD MD PHYSICIAN	40 0					X		721,051	0	33,163
DAVID B COHN MD PHYSICIAN	40 0					X		526,258	0	53,834
SOHAIL HADDAD MD PHYSICIAN	40 0					X		486,848	0	32,368
STEPHEN WILLIS MD PHYSICIAN	40 0					X		462,133	0	41,311
DANIEL DEETS FORMER OFFICER	0 0						X	177,334	0	1,460

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number  
22-1537688

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - 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?  
 (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?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

(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	
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		45,548
<b>j</b> Total Add lines 1c through 1i			45,548
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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, LINE 1I	THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO AN INDIVIDUAL RESPONSIBLE FOR GOVERNMENT AFFAIRS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO \$31,500 THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION AND THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$14,048 DURING THE YEAR ENDED DECEMBER 31, 2013



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Year (2a-2d). Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment 90.980%, c Temporarily restricted endowment 9.020%. 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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations and 3a(ii) related organizations.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	270,124,916
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	495,427
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	169,800
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	665,227
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	269,459,689
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	269,459,689

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	264,335,912
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	169,800
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	169,800
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	264,166,112
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	264,166,112

**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	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES
SCHEDULE D, PART X	THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, INCLUDING THIS ORGANIZATION, RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2013 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48. THE MEDICAL CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2013 OR 2012.
SCHEDULE D, PART XI, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - RENTAL EXPENSES - \$169,800
SCHEDULE D, PART XII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - RENTAL EXPENSES - \$169,800



## Additional Data

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	38,446,401	F
(2) ASSETS WHOSE USE IS LIMITED	1,226,280	F
(3) FUNDS HELD BY TRUSTEE	3,245,640	F
(4) BOARD DESIGNATED FUNDS	41,434,997	F
(5) DONOR RESTRICTED ASSETS	16,499,859	F
(6) BENEFICIAL INTEREST IN TRUSTS	2,244,119	F
(7) INVESTMENTS - LAND	213,099	F
(8) ASSETS OF HMC FOUNDATION	7,288,918	F

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

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.

Open to Public Inspection

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number 22-1537688

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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

**Part II Community Building Activities** 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
<b>1</b> Physical improvements and housing	1	0	493,984	77,574	416,410	0.160 %
<b>2</b> Economic development		0	0	0	0	0 %
<b>3</b> Community support	1	15	832	0	832	0 %
<b>4</b> Environmental improvements		0	0	0	0	0 %
<b>5</b> Leadership development and training for community members		0	0	0	0	0 %
<b>6</b> Coalition building	1	35	180	0	180	0 %
<b>7</b> Community health improvement advocacy		0	0	0	0	0 %
<b>8</b> Workforce development	1	35	197	0	197	0 %
<b>9</b> Other		0	0	0	0	0 %
<b>10 Total</b>	4	85	495,193	77,574	417,619	0.160 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		13,775,060
<b>3</b> 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.	<b>3</b>		3,443,765
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	50,550,047
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	57,149,100
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-6,599,053
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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

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)

HUNTERDON MEDICAL CENTER

Name of hospital facility or facility reporting group \_\_\_\_\_

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
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
<b>3</b>	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 . . . . .	Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .		No
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.hunterdonhealthcare.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	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)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	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 . . . . .		No
<b>8a</b>	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)? . . . . .		No
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	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?	<b>9</b> Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>10</b> Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>11</b> Yes	
<b>12</b>	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance?	<b>13</b> Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b> Yes	
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>			
<b>15</b>	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?	<b>15</b> Yes	
<b>16</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	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? If "Yes," check all actions in which the hospital facility or a third party engaged	<b>17</b>	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> 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**

**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? . . . . .

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)

	Yes	No
<b>19</b>	Yes	

**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? . . . . .

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? . . . . .

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No



**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? 24

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
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
PART I, LINE 3C	THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2013 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
SCHEDULE H, PART II	THE PRIMARY ACTIVITY IS SUBSIDIZED HOUSING FOR THE MEDICAL RESIDENTS OF HUNTERDON MEDICAL CENTER
SCHEDULE H, PART III, SECTION A, QUESTION 4	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED BELOW DESCRIBES IT IN MORE DETAIL PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE MEDICAL CENTER ANALYZES CONTRACTUAL AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS 91% AND 93% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY IN ADDITION, THE MEDICAL CENTER'S SELF-PAY ACCOUNT WRITE-OFFS (NET OF RECOVERIES) INCREASED TO \$14,812,461 IN 2013 FROM \$13,684,491 IN 2012 THE INCREASE WAS THE RESULT OF HIGHER LEVELS OF PATIENT CO-PAYS AND DEDUCTIBLES DURING 2013 CHARITY CARE AND UNCOMPENSATED CARE IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE MEDICAL CENTER PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS COMMUNITY-BASED PROGRAMS, SUCH AS LIFELINE, HEALTH SCREENINGS, TRAINING FOR EMERGENCY SERVICE PERSONNEL, SOCIAL SERVICE, SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, AND CRISIS INTERVENTION ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, AND TELEPHONE INFORMATION SERVICES DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY THE MEDICAL CENTER ALSO PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COSTS TO RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER STATE REGULATION FOR CHARITY CARE THE MEDICAL CENTER'S DEFINITION OF CHARITY CARE INCLUDES SERVICES PROVIDED AT NO CHARGE OR AT A REDUCED CHARGE TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED THE MEDICAL CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY AN OVERALL COST TO CHARGE RATIO WAS APPLIED TO ARRIVE AT THE COST OF CHARITY CARE, AND AS A RESULT THE COST OF CHARITY CARE AMOUNTED TO \$9,654,590 AND \$9,808,923 IN 2013 AND 2012, RESPECTIVELY BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE STATE PROVIDES CERTAIN SUBSIDY PAYMENTS TO QUALIFIED HOSPITALS TO PARTIALLY FUND UNCOMPENSATED CARE AND CERTAIN OTHER COSTS SUBSIDY PAYMENTS RECOGNIZED AS REVENUE AMOUNTED TO \$1,557,787 AND \$1,633,480 AND 2013 AND 2012, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING STATEMENT OF OPERATIONS</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2013 MEDICARE COST REPORT. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION DID NOT INCLUDE MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT IN THE CALCULATION OF THEIR COMMUNITY BENEFIT PERCENTAGE. HOWEVER, THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE 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 HEALTHCARE 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 ORGANIZATION 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 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 TREAS. 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") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA 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 FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - 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 -- SO CALLED "DUAL ELIGIBLES." THERE IS EVERY 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 THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT 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 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 DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING 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 T</p>
<p>SCHEDULE H, PART III, SECTION B, QUESTION 9B</p>	<p>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 HUNTERDON MEDICAL CENTER, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OVER \$5,000.00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR. THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS. AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS: - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM, - FINANCIAL COUNSELING FOR A HOSPITAL INITIATED DISCOUNT PROGRAM FOR THOSE WITH NO INSURANCE OR WHO ARE UNDERINSURED AND DON'T MEET THE STATEMENT REQUIREMENTS FOR FREE CARE. THE HOSPITAL-INITIATED DISCOUNT PROGRAM RATES ARE REFLECTIVE OF 200% OF MEDICAID, AND -FINANCIAL ARRANGEMENTS INCLUDING 1. CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), OR 2. FLEXIBLE PAYMENT PLANS.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>UNDER THE BYLAWS OF HMC, THE HOSPITAL HAS A NEEDS COMMITTEE WHICH ANALYZES THE HEALTHCARE SERVICES THAT ARE CONSIDERED NECESSARY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. THE COMMITTEE IS COMPRISED OF HEALTHCARE ADMINISTRATION, PHYSICIANS AND COMMUNITY MEMBERS. THIS COMMITTEE WORKS TOWARD ENSURING THERE IS AN APPROPRIATE SUPPLY OF PHYSICIANS TO MEET THE NEEDS OF THE POPULATION. HUNTERDON MEDICAL CENTER ALSO CONTINUES TO WORK WITH THE "PARTNERSHIP FOR HEALTH", WHICH IS A GROUP OF ORGANIZATIONS IN THE COUNTY INCLUDING THE HUNTERDON COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF HUNTERDON COUNTY AND MANY OTHER ORGANIZATIONS. THE EFFORTS OF THIS ORGANIZATION ARE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND FOCUS ON SUCH ISSUES AS DIABETES, BEHAVIORAL HEALTH AND WEIGHT MANAGEMENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS BEGUN IN OCTOBER 2011 WHEN QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED. SIX FOCUS GROUPS WERE CREATED TO IDENTIFY COMMUNITY THEMES AND STRENGTHS. THE LOCAL PUBLIC HEALTH SYSTEM WAS ASSESSED. A GROUP OF COMMUNITY MEMBERS INCLUDING HIGH SCHOOL SUPERINTENDENTS, THE MAYOR, PHYSICIANS, PROSECUTOR, FAITH LEADERS AND BUSINESS LEADERS ASSESSED THE COMMUNITY'S HEALTH AND IDENTIFIED FIVE FORCES OF CHANGE OCCURRING IN THE COUNTY THAT WAS IMPACTING THE HEALTH OF THE COMMUNITY MEMBERS. FINALLY STATEWIDE DATA SOURCES WERE USED AS BENCHMARKS TO COMPARE THE RESULTS OF HUNTERDON COUNTY IN PARTICULAR. THE ASSESSMENT WAS COMPLETED IN FEBRUARY 2013 AND IDENTIFIED FOUR PRIORITY HEALTH ISSUES TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM: OBESITY/OVERWEIGHT, SUBSTANCE ABUSE, LATINO HEALTH DISPARITIES &amp; AGE RELATED ISSUES.</p>
SCHEDULE H, PART VI, QUESTION 3	<p>THE MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THEY RECEIVE A WRITTEN NOTICE IN ENGLISH OR SPANISH FORMAT OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE AT THE TIME OF ADMISSION OR DURING THE OUTPATIENT REGISTRATION PROCESS. FINANCIAL COUNSELING SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH THE PATIENT ACCOUNTS DEPARTMENT DURING OR AFTER THE PROVISION OF SERVICES. ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS. VERBIAGE STATING FINANCIAL ASSISTANCE IS AVAILABLE IS INCLUDED ON EACH PATIENT'S BILLING STATEMENT. THE MESSAGE READS AS FOLLOWS: "IF YOU CANNOT PAY THIS BILL AND REQUIRE FINANCIAL ASSISTANCE OR PAYMENT ARRANGEMENTS, PLEASE CONTACT OUR PATIENT ACCOUNTS DEPARTMENT." CHARITY CARE SIGNS ARE ALSO POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS. SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	HUNTERDON MEDICAL CENTER'S PRIMARY SERVICE AREA IS HUNTERDON COUNTY, NEW JERSEY, BUT ALSO SERVES PART OF SOMERSET, WARREN AND MERCER COUNTIES THE CENSUS FOR HUNTERDON COUNTY AS OF 2010 WAS 128,349 IT IS PART OF THE NY METROPOLITAN AREA AND THE COUNTY SEAT IS FLEMINGTON THE RACIAL MAKE-UP OF THE COUNTY IS 91 4% CAUCASIAN, 2 7% AFRICAN AMERICAN, 0 1% NATIVE AMERICAN, 3 3% ASIAN AND 5 2% HISPANIC/LATINO HUNTERDON COUNTY HAS BEEN RANKED AS HAVING THE 4TH HIGHEST INCOME PER CAPITA IN THE U S
SCHEDULE H, PART VI, QUESTION 5	HUNTERDON MEDICAL CENTER HAS FURTHERED ITS EXEMPT PURPOSE IN SUCH PROGRAMS AS 1) LATINO HEALTH INITIATIVE FOCUSED ON LOW-INCOME IMMIGRANTS HEALTH NEEDS, 2) CREATION OF A MEDICATION ACCESS PROGRAM IN COLLABORATION WITH THE PHARMACEUTICAL INDUSTRY TO DISTRIBUTE FREE PRESCRIPTION DRUGS TO PATIENTS UNABLE TO PAY, AND 3) ANNUAL FREE HEALTH SCREENING PROGRAMS FOR THE ENTIRE COUNTY FOR BREAST CANCER, PROSTATE CANCER, COLON CANCER, HEARING LOSS, ALZHEIMER'S DISEASE, PRE-NATAL AND DIABETES CARE, AMONG OTHERS THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS PROCESS HAVE BEGUN TO BE ADDRESSED IN 2013 THROUGH THE 2013 IMPLEMENTATION PLAN ADOPTED BY THE MEDICAL CENTER BOARD AT ITS SEPTEMBER 2013 MEETING THE GOALS INCLUDED 1) REDUCE THE PREVALENCE OF OBESITY AMONG HUNTERDON COUNTY RESIDENTS THROUGH A VARIETY OF COMMUNITY PROGRAMS AND EDUCATIONAL SESSIONS 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS THROUGH THE STRENGTHENING OF EXISTING PROGRAMS AND THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS 3) REDUCE LATINO HEALTH DISPARITY BY PROVIDING BROCHURES, INFORMATION MATERIALS, AND EDUCATIONAL SESSIONS IN SPANISH AND BY IMPROVING ACCESS TO PRENATAL CARE THROUGH THE MEDICAL CENTER'S FAMILY HEALTH CENTER IN LAMBERTVILLE 4) IMPROVING QUALITY OF LIFE OF SENIORS (65 YEARS AND OVER) LIVING IN HUNTERDON COUNTY BY OFFERING SUPPORT GROUPS, INCREASING THE UTILIZATION OF HOSPICE SERVICES TO COMMUNITY MEMBERS, AND EDUCATING NURSES TO PROPERLY ASSESS AND ADDRESS SENIOR HEALTH ISSUES

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 6</p>	<p>THIS ORGANIZATION IS AN AFFILIATE OF THE HUNTERDON HEALTHCARE SYSTEM ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES THE HUNTERDON HEALTHCARE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE HUNTERDON HEALTHCARE SYSTEM, INC NOT FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES HUNTERDON HEALTHCARE SYSTEM, INC HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") IS THE TAX-EXEMPT PARENT OF THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY HUNTERDON HEALTHCARE SYSTEM, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) HUNTERDON HEALTHCARE SYSTEM, INC STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES HUNTERDON HEALTHCARE SYSTEM, INC ENSURES THAT HUNTERDON MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES HUNTERDON MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 THE ORGANIZATION MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES HUNTERDON MEDICAL CENTER HUNTERDON MEDICAL CENTER ("HMC") IS A 178-BED LICENSED NON-PROFIT COMMUNITY HOSPITAL LOCATED IN FLEMINGTON, NEW JERSEY HMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, HMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 BRITESIDE ADULT DAY CENTERS, INC BRITESIDE ADULT DAY CENTERS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION PROVIDES ADULT DAY CARE SERVICES TO INDIVIDUALS HUNTERDON MEDICAL CENTER FOUNDATION HUNTERDON MEDICAL CENTER FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES 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 HUNTERDON REGIONAL COMMUNITY HEALTH, INC HUNTERDON REGIONAL COMMUNITY HEALTH, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES 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 HUNTERDON HOSPICE HUNTERDON HOSPICE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION PROVIDES CARE AND SUPPORT FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY HUNTERDON HOSPICE HAS PROVIDED EXCEPTIONAL PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS AND THEIR FAMILIES DURING LIFE'S FINAL STAGES WHETHER AT HOME, IN THE HOSPITAL, OR IN A LONG-TERM CARE OR ASSISTED LIVING FACILITY, THEIR DEDICATED, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERVING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY VISITING HEALTH &amp; SUPPORTIVE SERVICES VISITING HEALTH &amp; SUPPORTIVE SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES 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 FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES MIDJERSEY HEALTH CORPORATION A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") THIS ENTITY PROVIDES OVERSIGHT TO VARIOUS ENTITIES IN THE HHS DEL VALLEY OFFICE ASSOCIATION A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES HUNTERDON MEDICAL OFFICE ASSOCIATES A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES NORTH HUNTERDON MEDICAL ASSOCIATES A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES HUNTERDON CENTER FOR SURGERY LLC A PARTNERSHIP WHICH PROVIDES SURGERY SERVICES TO INDIVIDUALS HUNTERDON IMAGING ASSOCIATES A PARTNERSHIP WHICH PROVIDES IMAGING SERVICES TO INDIVIDUALS HUNTERDON COMMUNITY CARE, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON REGIONAL COMMUNITY HEALTH, INC ("HRCH") THIS ENTITY PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS HUNTERDON REGIONAL PHARMACY, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HRCH THIS ENTITY OPERATES A PHARMACY AT THE HUNTERDON MEDICAL CENTER, FLEMINGTON, HUNTERDON COUNTY, NEW JERSEY HUNTERDON HEALTHCARE PARTNERS A PARTNERSHIP WHICH PROVIDES INTEGRATED HEALTHCARE DELIVERY SYSTEM SERVICES</p>
<p>SCHEDULE H, PART VI, QUESTION 7</p>	<p>NOT APPLICABLE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 8	NOT APPLICABLE THE HOSPITAL HAS ONLY ONE HOSPITAL FACILITY REFLECTED IN PART V, SECTION A



**Additional Data**

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

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

**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?  
 \_\_\_\_\_

Name and address	Type of Facility (describe)
1 HUNTERDON H & W CENTER AT CLINTON 1738 ROUTE 31 NORTH CLINTON, NJ 08809	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
2 HUNTERDON DOCTORS OFFICE BUILDING 1100 WESCOTT DRIVE FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
3 SANDHILL MEDICAL OFFICE BUILDING 6 SAND HILL ROAD FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
4 WESCOTT MEDICAL ARTS BUILDING 9100 WESCOTT DRIVE FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
5 HMC PAVILION 190 HIGHWAY 31 SUITE 100 FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
6 HUNTERDON WOMEN'S IMAGING CENTER 121 ROUTE 31 SOUTH FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
7 HMC HOME HEALTH SERVICES 315 ROUTE 31 FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
8 SSB BUILDING 1 WESCOTT DRIVE FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
9 PHILLIPS BARBER FAMILY HEALTH CENTER 73 ALEXANDER AVENUE LAMBERTVILLE, NJ 08530	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
10 DEL VAL FAMILY HEALTH CENTER 200 FRENCHTOWN ROAD MILFORD, NJ 08848	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
11 HUNTERDON H & W CENTER - WHITEHOUSE 537 ROUTE 22 EAST WHITEHOUSE STATION, NJ 08889	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
12 HMC AT WASHINGTON 140 BOULEVARD WASHINGTON, NJ 07882	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
13 HUNTERDON SPORTS & PHYSICAL THERAPY 222 ROUTE 31 NORTH FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
14 HUNTERDON PEDIATRICS ASSOCIATES 8 READING ROAD FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
15 MOBILE INTENS CARE SVCS AT GLEN GARDNER 2168 ROUTE 31 GLEN GARDNER, NJ 08826	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
16 HIGHLANDS FAMILY HEALTH CENTER 61 FRONTAGE ROAD HAMPTON, NJ 08827	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
17 BRANCHBURG FAMILY HEALTH CENTER 2143 SOUTH BRANCH ROAD SOMERVILLE, NJ 08876	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
18 HOPEWELL FAMILY PRACTICE 84 EAST BROAD STREET HOPEWELL, NJ 08525	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
19 HOPEWELL FAMILY PRACTICE 84 ROUTE 31 SUITE 103 PENNINGTON, NJ 08534	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
20 HUNTERDON HEALTHCARE MED OFFICE-RARITAN 903 STATE HIGHWAY 202 NORTH RARITAN, NJ 08869	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
21 HMC MOBILE INTENSIVE CARE SERVICES 130 BELVIDERE ROAD PHILLIPSBURG, NJ 08865	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
22 ASHBURYPATTENBURG OFFICE 75 FRONTAGE ROAD ASHBURY, NJ 08802	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
23 HUNTERDON BEHAVIORAL HEALTH - SELF HELP 52 E MAIN STREET FLEMINGTON, NJ 08822	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
24 HIGHLANDS FAMILY HEALTH CETNER 1052 MILFORD - WARREN GLEN ROAD BLOOMSBURY, NJ 08804	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**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 1B	THE ORGANIZATION PAID ROTARY CLUB DUES FOR ROBERT P WISE, PRESIDENT/CEO OF THE ORGANIZATION UTILIZATION OF THIS MEMBERSHIP WAS PRIMARILY FOR THE BENEFIT OF HUNTERDON MEDICAL CENTER
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ROBERT P WISE, \$176,716, LAWRENCE N GRAND, \$34,514, DEBORAH L HOSKINS, \$21,278, GLEN A MAMARY, \$17,975, GEORGE ROKSVAAG, M D , \$24,857, ROBERT COATES, M D , \$28,305, NEIL HUDES, \$20,344, PATRICIA STEINGALL, \$23,560, DONALD R PINNER, \$15,896, VIOLET T KOCSIS, \$19,761, CHRISTOPHER E SICKELS, \$7,112 AND DANIEL J DEETS, \$130,521 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, AS TAXABLE WAGES GAIL KOSYLA, \$27,577, RICHARD J WEBB, \$25,575, LAWRENCE N GRAND, \$41,163, DEBORAH L HOSKINS, \$22,962, GLEN A MAMARY, \$21,674, GEORGE ROKSVAAG, M D , \$33,031, ROBERT COATES, M D , \$26,308, NEIL HUDES, \$21,585, PATRICIA STEINGALL, \$30,792, DONALD R PINNER, \$19,091, VIOLET T KOCSIS, \$17,262, CHRISTOPHER E SICKELS, \$15,086 AND DEBRA PORCELLI, \$14,311
SCHEDULE J, PART I, QUESTION 7	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 REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNTS WERE NO LONGER SUBJECT TO A substantial RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES ROBERT P WISE, \$134,484, LAWRENCE N GRAND, \$34,514, DEBORAH L HOSKINS, \$21,278, GLEN A MAMARY, \$17,975, GEORGE ROKSVAAG, M D , \$24,857, ROBERT COATES, M D , \$28,305, NEIL HUDES, \$20,344, PATRICIA STEINGALL, \$23,560, DONALD R PINNER, \$15,896, VIOLET T KOCSIS, \$19,761, CHRISTOPHER E SICKELS, \$7,112 AND DANIEL J DEETS, \$150,366

**Additional Data**

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY GRANATO MD TRUSTEE	(i) (ii)	0 0	0 0	357,423 0	0 0	0 0	357,423 0	0 0
ROBERT P WISE TRUSTEE, EX-OFFICIO - PRES/CEO	(i) (ii)	555,973 0	193,259 0	222,541 0	60,435 0	110,871 0	1,143,079 0	134,484 0
GAIL KOSYLA CHIEF FINANCIAL OFFICER	(i) (ii)	334,385 0	27,253 0	15,676 0	45,077 0	19,777 0	442,168 0	0 0
RICHARD J WEBB CHIEF LEGAL OFF (EFF 1/14/13)	(i) (ii)	285,535 0	0 0	0 0	0 0	7,836 0	293,371 0	0 0
LAWRENCE N GRAND EXECUTIVE VP/COO	(i) (ii)	274,254 0	68,588 0	60,217 0	101,598 0	2,586 0	507,243 0	34,514 0
DEBORAH L HOSKINS VP, FINANCE	(i) (ii)	212,333 0	35,504 0	22,106 0	75,397 0	19,288 0	364,628 0	21,278 0
GLEN A MAMARY VP, CHIEF INFORMATION OFFICER	(i) (ii)	213,361 0	38,244 0	23,701 0	82,109 0	33,034 0	390,449 0	17,975 0
GEORGE ROKSVAAG MD CHIEF MEDICAL OFFICER	(i) (ii)	341,063 0	86,064 0	35,575 0	92,732 0	4,059 0	559,493 0	24,857 0
ROBERT COATES MD VPMA	(i) (ii)	231,128 0	38,705 0	57,400 0	85,743 0	32,054 0	445,030 0	28,305 0
NEIL HUDES VP PROFESSIONAL SERVICES	(i) (ii)	216,889 0	55,056 0	30,992 0	80,286 0	28,948 0	412,171 0	20,344 0
PATRICIA STEINGALL VP PATIENT CARE	(i) (ii)	211,708 0	52,582 0	30,143 0	83,627 0	25,643 0	403,703 0	23,560 0
DONALD R PINNER VP, COO-HRCH	(i) (ii)	190,662 0	47,500 0	23,001 0	76,830 0	10,683 0	348,676 0	15,896 0
VIOLET T KOCSIS VP HUMAN RESOURCES	(i) (ii)	197,268 0	34,581 0	20,589 0	65,829 0	31,550 0	349,817 0	19,761 0
CHRISTOPHER E SICKELS VP FOUNDATION	(i) (ii)	171,636 0	28,664 0	9,509 0	21,914 0	15 0	231,738 0	7,112 0
DEBRA PORCELLI VP MARKETING	(i) (ii)	153,590 0	24,212 0	321 0	25,087 0	22,925 0	226,135 0	0 0
KEITH T GOLDSTEIN MD PHYSICIAN	(i) (ii)	611,585 0	204,670 0	17,500 0	0 0	28,206 0	861,961 0	0 0
JEFFREY D HARTFORD MD PHYSICIAN	(i) (ii)	721,051 0	0 0	0 0	0 0	33,163 0	754,214 0	0 0
DAVID B COHN MD PHYSICIAN	(i) (ii)	341,299 0	167,459 0	17,500 0	23,000 0	30,834 0	580,092 0	0 0
SOHAIL HADDAD MD PHYSICIAN	(i) (ii)	221,094 0	265,754 0	0 0	0 0	32,368 0	519,216 0	0 0
STEPHEN WILLIS MD PHYSICIAN	(i) (ii)	331,513 0	130,620 0	0 0	10,194 0	31,117 0	503,444 0	0 0

**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				
DANIEL DEETS FORMER OFFICER	(i)	26,324	0	151,010	0	1,460	178,794	150,366
	(ii)	0	0	0	0	0	0	0

**Schedule K  
(Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number  
22-1537688

**Part I Bond Issues**

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

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired	0		0		0			
<b>2</b>	Amount of bonds legally defeased	0		0		0			
<b>3</b>	Total proceeds of issue	12,765,000		17,915,132		23,002,609			
<b>4</b>	Gross proceeds in reserve funds	0		1,183,889		2,059,849			
<b>5</b>	Capitalized interest from proceeds	0		982,960		479,866			
<b>6</b>	Proceeds in refunding escrows	8,041,504		0		0			
<b>7</b>	Issuance costs from proceeds	300,162		414,074		562,217			
<b>8</b>	Credit enhancement from proceeds	0		0		0			
<b>9</b>	Working capital expenditures from proceeds	0		0		0			
<b>10</b>	Capital expenditures from proceeds	4,988,388		18,629,117		20,003,097			
<b>11</b>	Other spent proceeds	565,055		3,294,908		102,421			
<b>12</b>	Other unspent proceeds	0		0		0			
<b>13</b>	Year of substantial completion	2011		2008		2007			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue?	X			X		X		
<b>15</b>	Were the bonds issued as part of an advance refunding issue?		X		X		X		
<b>16</b>	Has the final allocation of proceeds been made?	X		X		X			
<b>17</b>	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
<b>1</b>	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		
<b>2</b>	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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
<b>d</b> 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?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %			
<b>5</b> 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								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Does the bond issue meet the private security or payment test?	X		X		X			
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T?	X		X		X			
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?	X							
<b>b</b> Exception to rebate?								
<b>c</b> No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider	0		0		0			
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X	X		X			
<b>7</b> 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 L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MERCK SHARP DOHME CORPORATION	TRUSTEE - OFFICER OF CO	338,456	PURCHASE MEDICAL SUPPLIES		No
(2) REBECCA WISE	TRUSTEE - FAMILY MEMBER	24,528	EMPLOYEE		No
(3) JOHNSON JOHNSON	TRUSTEE - OFFICER OF CO	1,127,831	PURCHASED MEDICAL SUPPLIES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	ELLEN LOCKER IS A TRUSTEE OF THE ORGANIZATION MS LOCKER IS A KEY EMPLOYEE OF MERCK, SHARP AND DOHME CORPORATION, A PUBLICLY TRADED PHARMACEUTICAL COMPANY THE ORGANIZATION UTILIZED THE SERVICES AND GOODS OF MERCK, SHARP AND DOHME CORPORATION, DURING 2013 TOTAL AMOUNT PAID TO MERCK, SHARP AND DOHME CORPORATION WERE \$338,456 SERVICES WERE RENDERED AND SUPPLIES FURNISHED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS ROBERT J CODY, M D IS A TRUSTEE OF THE ORGANIZATION DR CODY IS A KEY EMPLOYEE OF JOHNSON & JOHNSON, A PUBLICLY TRADED PHARMACEUTICAL COMPANY THE ORGANIZATION UTILIZED THE SERVICES AND GOODS OF JOHNSON & JOHNSON, DURING 2013 TOTAL AMOUNT PAID TO JOHNSON & JOHNSON WERE \$1,127,831 SERVICES WERE RENDERED AND SUPPLIES FURNISHED AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS

**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](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
HUNTERDON MEDICAL CENTER

**Employer identification number**

22-1537688

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Hunterdon medical center ("HMC") is a general acute care teaching hospital Hmc provides a full range of preventive, diagnostic, and therapeutic inpatient and outpatient hospital &amp; community services HMC is recognized by the irs as an internal revenue code section 501( c)(3) tax-exempt organization Pursuant to its charitable purposes, HMC provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin or ability to pay Moreover, HMC operates co nsistently w ith the follow ing criteria outlined in irs revenue ruling 69-545 1 HMC provi des medically necessary healthcare services to all individuals regardless of ability to pa y, including charity care, self- pay, medicare and medicaid patients, 2 HMC operates an a ctive emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 day s per year, 3 HMC maintains a closed medical staff, with privileges available based on co mmunity need, 4 Control of HMC rests w ith its board of trustees and the board of trustees of Hunterdon Healthcare System, Inc Both boards are comprised of independent civic leade rs and other prominent members of the community, 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities The operations of HMC, as show n through the factors outlined above and ot her information contained herein, clearly demonstrate the hospital provides substantial co mmunity benefit and that the use and control of HMC is for the benefit of the public and t hat no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally HMC' s sole corporate member is hunterdon healthcare system, inc (HHS) HHS is the tax-exempt parent of Hunterdon Medical Center This tax-exempt integrated healthcare delivery system consists of a group of affiliated healthcare organizations The sole member or stockholder of each entity is either HHS or another system affiliate controlled by HHS Mission ===== Hunterdon medical center strives to provide to the maximum extent possible comprehensiv e quality healthcare services which are required by the people of hunterdon county and sur rounding areas and appropriate to the medical center organization Hmc will assume an appr opriate role in the education of physicians and other healthcare professionals Care and t reatment will be equally accessible to all persons Vision ===== Hunterdon healthcare sys tem is recognized as a national model for providing community focused healthcare that is p atient-centered and driven by a passion for clinical excellence Hunterdon Medical Center ===== Hunterdon medical center was created in 1953 with the vision of a n integrated healthcare delivery system in mind namely, that primary care w ould be delive red by family physicians in the community, that consultative and specialty care w ould be h ospital-based w ith patients returned to their personal physicians and finally, that the ho spital w ould be a training center for family physicians This system has w orked remarkably w ell w ith Hunterdon medical center currently enjoying one of the best quality care outcom es in the country, as w ell as having one of the low est per capita costs for hospitalizatio n in the nation Family medicine is real in hunterdon county The centerpiece of the Hunte rdon Healthcare System is Hunterdon Medical Center The medical center has 178 beds, inclu ding advanced medical and surgical units, a 12 bed intensive care/coronary care unit, a 20 -bed same day surgery center, a 20-bed maternity and new born care center which w as one of the first single-room maternity centers in new jersey, a 10-bed pediatric unit and a 14-be d behavioral health w ing Hunterdon led the nation by implementing the first, year-round n ight float system for family medicine residency programs This system alleviates resident fatigue and eliminates the exhaustion which can be detrimental to residents, their familie s and patient care This has become the national norm for residency scheduling w ith the im plementation of new w ork hour regulations Senior residents cover the hospital from 7 00 p m to 7 00 am in a designed night float rotation They then have a 12 hour duty free period to rest and rejuvenate in the comfort of their ow n homes First year residents also w ork a 12 hour shift from 7 pm to 7am in a similar rotation They function to help w ith admissi ons in conjunction w ith the senior residents and the nocturnist from 7pm to 10 pm thus all ow ing them to get supervised instruction in this important skills set From 10 pm to 7am t he first year resident w orks in an emergency department rotation under the supervision of a board certified emergency medicine physician w here they learn important triage and treat ment skills in this setting First year residents</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>are in a true call situation only to cover weekend shifts with senior resident supervision. Second and third year residents average call one night in six this guarantees an adequate volume and experience to develop mastery in common problem management. They also have a longitudinal experience in the nursing home setting with full time geriatrician faculty supervising their patient care. Third year residents also cover outpatient call for the family health centers on average one night in six. The combination of night float and the appropriate frequency of night call combine to create the best possible call schedule. Radiology and lab services are state-of-the-art. Most of the members of the specialty medical staff have offices in the Hunterdon doctors' office building adjacent to the medical center or within close vicinity to the hospital. Hunterdon Medical Center has achieved widespread recognition for its role as a provider of community health services beyond those normally associated with a hospital. Patient and community health education programs, public health screening and detection services, a certified home health agency, behavioral health services, and end of life services complement the medical center's comprehensive in-hospital services. On the grounds of the medical center is a child care facility available to children of employees and staff as well as to other members of the community. Geriatrics is one of its major initiatives of the Hunterdon Medical Center, with a full time director and comprehensive hospital and ambulatory services. Four of our faculty physicians hold the certificate of added qualifications in geriatrics and all have completed a fellowship. Three of these geriatricians are also certified Medical Directors. Hunterdon medical center has received accreditation and national recognition that verifies our position as a leading provider of quality healthcare. The administration and staff of Hunterdon Medical Center is extremely proud of the many awards the community hospital has earned. Each one is recognition that HMC ranks within the top 10% of national and New Jersey hospitals in many performance indicators for quality healthcare. Hunterdon Medical Center has achieved numerous awards including Magnet re-designation - the magnet recognition program recognizes healthcare organizations that provide nursing excellence. Recognizing quality patient care, nursing excellence and innovations in professional nursing practice, the magnet recognition program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. The program is administered by the American Nurses Credentialing Center. Being a Magnet organization helps distinguish Hunterdon Medical Center as an organization marked by quality inpatient care.</p>

Return Reference	Explanation	
	<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Named one of the "100 Most Wired" hospitals &amp; health networks twelve out of the last fourteen years Being a "most wired" hospital confirms that an organization uses information technology to benefit its quality, customer service, public health and safety, business processes and workforce Because our medical records are linked electronically, patients can be confident that, with consent, any physician who needs to access patient records can do so throughout the Hunterdon Healthcare System For the fifth year in a row, Hunterdon was ranked the healthiest county in New Jersey based on a study conducted by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute Niche designation - nurses improving care to health system elders (niche) is a national geriatric nursing program The program's vision is for all patients 65 and over to be given sensitive and exemplary care The mission of niche is to raise awareness of principles and tools that can achieve patient-centered care for older adults Accreditation by the joint commission for the accreditation of healthcare organizations - the joint commission for the accreditation of healthcare organizations sets the standards by which healthcare quality is measured in America and around the world It is an independent, not-for-profit organization that accredits and certifies over 17,000 healthcare organizations and programs To maintain and earn accreditation, organizations must have an extensive on-site review by a team of top healthcare professionals, at least once every three years HMC was ranked among the top five hospitals in New Jersey for patient safety in Consumer Reports magazine and was named one of the 100 Great Community Hospitals in the nation by Becker's Hospital Review HMC was also recently named a recipient of the Women's Choice Award as one of America's Best Breast Centers, acknowledging its dedication to providing exceptional patient care and treatment HMC received three-year full accreditation by The National Accreditation Program for Breast Centers (NAPBC) Website transparency excellence award with honors - URAC announced today the recipients of the 2012 acknowledgement of excellence in hospital website transparency, presented in conjunction with the leapfrog group The acknowledgement comes as part of an overall excellence in hospital website transparency awards program, which identifies outstanding hospital websites promoting transparency of safety and quality measures in a manner that is useful and user-friendly for consumers All hospitals who publically report their leapfrog hospital survey results were eligible "these awards are a unique celebration of hospitals that show initiative in protecting consumers through transparency and quality reporting It is encouraging to see so many hospitals that have implemented leading initiatives in an effort to make a difference in the lives of the consumers they serve," said John D. Jones, URAC chairman of the board The acknowledgement of excellence in hospital website transparency is an evaluation of a hospital's overall website transparency including elements related to design, credibility, literacy and connectivity This acknowledgement is based on a set of objective criteria established in accordance with the national quality forum's guidelines for consumer-focused, internet-based public reporting of health performance data as well as the model public report elements prepared for the Agency for Healthcare Research and Quality ("ahrq") and other research-based criteria All hospitals applying and qualifying for the acknowledgement were eligible to apply for the best practices in hospital website transparency award Winners of this award will be announced at a later date Seven hospitals received the 2012 acknowledgement of excellence in hospital website transparency, with two of those hospitals also receiving a distinction with honors for their outstanding work in hospital website transparency</p> <p>Clinical service lines =====</p> <p>Heart and vascular care ----- Heart and vascular care at HMC combines a knowledgeable staff of physicians and specialists with state-of-the-art technology to bring the patient the best cardiovascular care in Hunterdon and its surrounding counties Our superior staff and technological support enables us to diagnose heart and vascular disease and perform interventional procedures on patients suspected of heart and/or vascular disease The Emergency PTCA door to balloon time is under sixty minutes</p> <p>Cancer care ----- Hunterdon Regional Cancer Center is accredited by the American College of Surgeons' Commission on Cancer as a Community Hospital Cancer Program The Commission has recognized the cancer program at Hunterdon Medical Center as offering high quality cancer care Only one in four hospitals that treat cancer receives this special approval The recognition of this quality and commitment allows th</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>e patient access to the expert medical specialists who are involved in diagnosing and treating cancer</p> <p>Approval by the commission is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer. To meet the standards necessary for commission approval, each cancer program, and the organization that controls it, must undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an on-site review every three years. Receiving care at an approved cancer program ensures that the patient will receive - quality care close to home - comprehensive care offering a range of state-of-the-art services and equipment - a multidisciplinary team approach to coordinate the best treatment options available - access to cancer-related information, education, and support - a cancer registry that collects data on type and stage of cancers and treatment results, and offers lifelong patient follow-up - ongoing monitoring and improvement of care - information about ongoing cancer clinical research studies and new treatment options</p> <p>Surgical care ----- Hunterdon medical center provides the patient access to the most advanced technology, expert surgeons and personalized patient care in a comforting environment. Skilled professional staff work as a team with the physician to individualize patient care and recovery with the goal to improve bodily function and return the patient to daily activities as safely and quickly as possible. Hunterdon medical center's surgery department performs slightly more than 5,000 surgeries per year. Types of surgery include, among others - abdominal surgery - appendectomy - arthroscopy - bariatric surgery - breast surgery - cataract surgery - dilation &amp; curettage (d&amp;c) - gallbladder surgery - hernia surgery - hysterectomy - laminectomy - neurosurgery - plastic surgery - spine surgery - total joint replacement surgery - vascular surgery - urologic surgery. The center for bone and joint health offers a comprehensive approach that revolves around health and wellness. The center offers preventive therapies, nutrition counseling and a full spectrum of non-invasive treatments that may completely eliminate the need for surgical options. But if surgery is ultimately needed, the center's wellness approach gets you back to a normal quality of life weeks sooner than with traditional options. The circle of care refers to the coordinated, comprehensive services that the center for bone and joint health offers to patients. The program coordinator can guide patients through all of their options and help coordinate these services.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Neurosciences ----- The neurosciences clinical service line's main focus is to evaluate and stage strategic initiatives related to stroke care, sleep medicine, spine care, neurological disorders, and behavioral health. The service line's stroke subcommittee has fully implemented the primary stroke center designation, including staff and community education programs. A spine care program has been developed. Steps needed for inception of a concussion care program are being addressed. They will continue to identify programs and services which are most in alignment with the system's overall mission and meet the needs of our patients, address patient care efficiencies and enhance the patient care experience.</p> <p>Primary care ----- At the heart of the primary care service line is the patient centered medical home which aims to give the right care in the right place the first time. Medical home certification is granted to practices that go through a voluntary recognition process by a non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model. The National Committee for Quality Assurance (NCQA) has granted patient centered medical home certification at the highest level to certain Hunterdon Healthcare physician practices. In a patient centered medical home certified practice, a team headed by the patient's personal physician delivers care. The personal physician tracks and coordinates the patient's care over time. The physician and the patient create a partnership and make decisions about healthcare together. Quality and safety drive the decisions, using guidelines based on evidence rather than tradition. Of course, this may mean that more care is not always better care. Hunterdon Healthcare Partners has worked hard to ensure that evidence-based guidelines are used in our system. Hunterdon healthcare is committed to care that is coordinated and integrated across all elements of the complex healthcare system (subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (family, public and private community-based services). Hunterdon healthcare's collaboration guideline and agreement among primary care and specialty care physicians is integral to this, recognizing the importance of transitions of care in the outpatient setting, the emergency department, and during hospitalization. Hunterdon healthcare's medical home practices provide distinctly different options for their patients to support their personal health goals. We emphasize self-management support. The patient, with support from a team of physician, nurses, social workers, care managers, dietitians, pharmacists, physical and occupational therapists, and other healthcare professionals, becomes engaged in his healthcare.</p> <p>Women's &amp; children's service line ----- Hunterdon healthcare's women's circle of care is a comprehensive approach to women's needs. We offer resources related to a woman's reproductive, gynecological and overall health, support for growing families, prevention and treatment for diseases and conditions, emotional support, and resources for menopause and healthy aging. As primary caregivers, women often assume responsibility for making healthcare decisions for themselves and their families. Hunterdon healthcare offers a full range of healthcare services and educational programs to support women in this critical role. The Hunterdon Healthcare System offers services to meet the needs of the growing family from a child's birth through college graduation. Offerings include well visits, sick care, sports medicine, behavioral health services and emergency care to meet all of your child's growing needs. The full circle of care means comprehensive, coordinated, seamless services that offer the best patient experience possible.</p> <p>Other services ===== Behavioral health - ----- Hunterdon behavioral health ("HBH") provides high-quality, comprehensive mental health and addiction services. HBH diagnoses, treats and cares for adolescents and adults with mental illness, emotional difficulties or addiction. Expert clinical staff is highly trained in treating individuals in need of psychiatric and psychological support or addiction treatment. Hunterdon behavioral health offers - evaluation, medication monitoring and therapy for individuals with mental health issues - counseling for families in crisis to help provide a stable home environment - support for adolescents and adults struggling with alcohol or drug addiction - employee assistance to work with employers to resolve personal issues. Hunterdon behavioral health provides treatment for children, adolescents and adults who experience - mental illness - drug or alcohol addiction - family crises - difficulties in their work or school environment - depression - anxiety disorders - attention disorders - sleep disorders - eating disorder.</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>s - emotional and behavioral issues - peer pressure Cardiopulmonary rehabilitation &amp; cardiac catheterization lab ----- Cardio pulmonary rehabilitation is a medically supervised program of health education and physical activity for women and men of any age Their mission is to treat the body, mind, and spirit of people with heart or lung disease so they may lead satisfying, productive, and healthy lives Their professional team includes physicians, respiratory therapists, registered nurses, and exercise physiologists specially trained in exercise therapy and disease management National recognition Both the cardiac and pulmonary rehabilitation program are nationally certified by the American Association of Cardiovascular and Pulmonary Rehabilitation This certification process is designed to review and monitor adherence to the highest standards and guidelines developed by the American Association of Cardiovascular and Pulmonary Rehabilitation and other professional societies to best serve the patients Programs include - phase II cardiac rehabilitation - phase II pulmonary rehabilitation - phase III cardiopulmonary rehabilitation The cardiac catheterization laboratory offers state-of-the-art technology to bring you the best cardiovascular care in Hunterdon county and its surrounding counties Superior staff and technological support enable the diagnosis of heart and vascular disease The lab performs interventional procedures on patients suspected of heart or vascular disease Hunterdon Medical Center has been designated a primary stroke center by the New Jersey State Department of Health and Senior Services Sleep disorders ----- Sleep disorders are associated with a long list of medical problems, including - heart attack - stroke - irregular heartbeat - high blood pressure - heart failure - obesity - diabetes The Sleep Disorders Center at Hunterdon Medical Center and Clinton Health &amp; Wellness Center treats many types of sleep disorders, including - sleep apnea which is a medical disorder in which a person, usually a loud snorer, experiences an obstruction in the throat during sleep Lack of sufficient air causes the individual to awaken, usually with a cough or a gasp that opens the airway Airflow is re-established and breathing resumes during the next episode People with sleep apnea have to wake up briefly to breathe, sometimes hundreds of times during the night, although there is no memory of these brief awakenings - periodic limb movement syndrome may coexist with obstructive sleep apnea Multiple jerking movements, typically of the legs, awaken those with the disorder repeatedly through the night - restless legs syndrome is a condition involving sensations in the legs, and sometimes arms, while the individual is awake The sensations usually occur when the individual is lying down and the only relief is to move the limbs, keeping the individual awake - narcolepsy is a neurological disorder characterized by excessive daytime sleepiness Individuals with narcolepsy fall asleep at inappropriate, and occasionally, dangerous times - insomnia refers to a chronic inability to initiate or sustain sleep, resulting in sleep deprivation and daytime fatigue There are numerous causes for insomnia, including stress, anxiety, depression, chronic illness, medications, poor sleep habits and circadian rhythm disorders Occasionally, a sleep study may be part of the evaluation, especially if obstructive sleep apnea is contributing</p>

Return Reference	Explanation	
	<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Hospital owned physician specialty services ===== - endocrinology - gastroenterology - infectious disease - dermatology - psychiatry - center for health aging - pulmonary &amp; critical care - cardiology - urology - breast surgery Community care services ===== The hunterdon health and wellness center -----</p> <p>The hunterdon health and wellness center has two premier fitness facilities located in whitehouse station and clinton, new jersey in hunterdon county Members benefit from access to hunterdon healthcare staff for guidance in attaining their optimal health Access to health education staff and wellness classrooms for programs which focus on a variety of topics designed to improve lifestyle is also a community benefit Bright tomorrow's child care center ----- The quality of the staff at bright tomorrow's childcare center is an important element in the quality of the program that our center offers Bright tomorrow's provides - a developmentally appropriate curriculum - daily nutritious lunch and snacks - monthly themes, class trips and special guests - diapers and wipes provided for infants and toddlers - an annual back to school night Bright tomorrow's strives to maintain superior staffing by providing competitive wages within our industry and by ensuring that each staff member is actively engaged in ongoing professional development A preventative approach to discipline teaches positive behaviors, rather than punishing for misbehaviors The goal is to provide children with motivation and an opportunity to make choices Learning social skills through gentle, encouraging guidance, the children learn to respect the needs of others, to adapt to routines and simple rules, and they become responsible group members Parent involvement is a very important part of the program The center maintains an "open door" policy at all times allowing parents to come and observe their child at any time Parents are also warmly invited to join us as a chaperone on a field trip At bright tomorrow's, communication with the families is one of the most important aspects of our job Home health services ----- Home health services is a non-profit home health agency certified by the federal government, licensed by the new jersey department of health, and accredited by the joint commission on accreditation of healthcare organizations At home health services, each patient's program is carefully guided and planned so that all care is integrated for maximum benefit The team includes - home care nurses - physical therapists - occupational therapists - speech pathologists - medical social worker - home health aides Physician patient educator In order to be eligible for admission to home health services, patients - must be homebound (unable to leave home without assistance) - have ongoing medical supervision and orders from a physician - require periodic visits from at least one of four primary services 1 Skilled nursing 2 Physical therapy 3 Occupational therapy 4 Speech language therapy If home health services are not indicated, a referral may be made to another community agency or service through Hunterdon Regional Community Health (HRCH), a wholly owned subsidiary of Hunterdon Healthcare They can provide the following services to the community - home health aides - home infusion - hospice - respite care - companion service - lifeline personal emergency response service HRCH is an alliance of professional, caring home care service providers Their specialty is in identifying, planning and providing the best care to meet the special needs of their patients HRCH may have the help that is needed if - an aging parent requires help with the activities of daily living - employees are concerned with an elderly family member who is home alone - a family is exploring the options in end-of-life care Whether it's an assessment of physical capability, blood testing, or a personal emergency response system, HRCH has the skill and the staff to provide the in-home support that caregivers family members are looking for Hunterdon family medicine residency ===</p> <p>===== The primary mission of the hunterdon medical center family medicine residency program is to educate residents utilizing the values and precepts which are fundamental to the way medicine is practiced by family physicians in hunterdon county, new jersey, so that they themselves may graduate as family physicians who can provide this model of exemplary primary care to their patients, their patients' families and the communities which they serve Because of the respect that family medicine enjoys in hunterdon county, residents have a unique opportunity to see how effective a family physician can be Every facet of hunterdon's integrated delivery system is utilized to enhance the resident's understanding of the full impact of family</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>practice in this country Our mission allows us to move toward our ultimate vision in family medicine education This vision is to create a humanistic and compassionate form of education which models completely the humanism and compassion that we teach in the doctor-patient relationship Our competency-based curriculum is central to both our mission and our vision It is recognized that every resident has unique educational styles and needs Our educational system is designed to create a "core" curriculum for every resident and a unique educational experience based on their passions and interests Residents can develop an area of concentration and focus during their third year with a range of opportunities including sports medicine, global health, geriatrics, palliative care, and others University affiliation ----- Hunterdon medical center has enjoyed a major teaching affiliation with the university of medicine and dentistry of new jersey-robert wood johnson medical school since 1972 and has been involved with the teaching of medical students in physical diagnosis, office preceptorships, third-year clinical rotations and fourth-year electives and sub-internships This affiliation allows extended learning beyond hunterdon, including a variety of exceptional programs such as advanced lifesaving in obstetrics, conferences on professionalism, career development, medical-legal issues, contracting and negotiations, research and other scholarly activities Community support and education ===== - alcoholics anonymous meetings - alzheimers support group - arthritis &amp; osteoporosis support group - bereavement support group - brain injury support group - breastfeeding support group - caregiver support groups - celiac disease support group - children of divorce - depression support group - diabetes support group - family cancer risk assessment program - family support group - look good Feel better educational group - mental illness family support groups - narcotics anonymous meetings - overeaters anonymous - "smart" recovery discussion group - social skills group - momtime support group ( postpartum adjustment/depression support - baby steps, family support group - toddler steps, for families of toddlers - alzheimer's group - anger management group - anger management group for adolescents - multifamily support group, addictions treatment - new beginnings support group for post bariatric surgery patients - bariatric surgery support group for potential clients considering bariatric surgery - weight to go, weight management program for kids - why can't I lose weight, weight management program for adults - monthly health education series at the hunterdon health and wellness centers - living with a medical condition for adolescents - hospice art bereavement program - adult bereavement program through hunterdon hospice</p>

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

**Return Reference****Explanation**

CORE FORM, PART VI, SECTION A, QUESTION 2

PAUL MADURA, M D AND ROBERT COATES, M D - BUSINESS RELATIONSHIP

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>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") AND AFTER PRESENTATION AND REVIEW BY THE ORGANIZATION'S AUDIT COMMITTEE. AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH 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 AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW. AFTER THIS REVIEW THE FORM 990 WAS PRESENTED TO THE MEMBERS OF THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.</p>

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE IN 2013, THE EXECUTIVE COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE IN ADDITION, THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE GEOGRAPHIC AREA AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S COMPENSATION ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MINUTES THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE HUNTERDON HEALTHCARE SYSTEM, INC 'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT <a href="http://WWW.DACBOND.COM">WWW.DACBOND.COM</a> THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY 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 THIS ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF HUNTERDON HEALTHCARE SYSTEM, INC AND AFFILIATES, INCLUDING HUNTERDON MEDICAL CENTER, AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	<p>THIS ORGANIZATION IS PART OF HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND KEY EMPLOYEES LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT 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 IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THREE HOURS. 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 HUNTERDON HEALTHCARE SYSTEM, INC AND ALL AFFILIATES AND NOT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ONLY HUNTERDON MEDICAL CENTER.</p>

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN FUND BALANCE INCLUDE - TRANSFER TO HUNTERDON MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, (\$1,950,000), - PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, \$78,668,790, - NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS, \$2,389,610, - NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS, (\$1,876,910), AND - NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS, \$1,486,336

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, INCLUDING THIS ORGANIZATION, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE HUNTERDON MEDICAL CENTER'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

**Employer identification number**

22-1537688

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

(a) Name, address, and EIN (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

**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	No
<b>(1)</b> HUNTERDON HEALTHCARE SYSTEM INC 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2537411	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		No
<b>(2)</b> HUNTERDON HOSPICE 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2276083	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
<b>(3)</b> VISITING HEALTH & SUPPORTIVE SERVICES 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-1636709	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
<b>(4)</b> HUNTERDON MEDICAL CENTER FOUNDATION 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2526895	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		No
<b>(5)</b> HUNTERDON REGIONAL COMMUNITY HEALTH INC 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-3453318	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		No
<b>(6)</b> BRITESIDE ADULT DAY CENTERS INC 2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2113056	ADLT DAY CARE	NJ	501(C)(3)	509(A)(2)	HRCH		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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HUNT IMAGING ASSOC  2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3126699	HEALTHCARE	NJ	NA									
(2) DELVALLEY OFF ASSOC  2100 WESCOTT DR FLEMINGTON, NJ 08822 22-2878037	PROPERTY MGMT	NJ	NA									
(3) HUNT HEALTHCARE LLC  2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3642089	HEALTHCARE	NJ	NA									
(4) HC FOR SURGERY LLC  2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3401213	HEALTHCARE	NJ	NA									
(5) HUNT CARDVSC HEALTH  1100 WESTCOTT DRIVE SUITE G3 FLEMINGTON, NJ 08822 22-3665435	HEALTHCARE	NJ	NA									

**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
(1) MIDJERSEY HEALTH CORPORATION  2110 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2713664	HEALTHCARE	NJ	HHS	C CORP					No
(2) HUNTERDON COMMUNITY CARE INC  2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-3453281	HEALTHCARE	NJ	HRCH	C CORP					No
(3) HUNTERDON REGIONAL PHARMACY INC  2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 74-3055633	HEALTHCARE	NJ	HRCH	C CORP					No

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

**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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> HUNTERDON HEALTHCARE SYSTEM INC	D	615,518	cost



**Part VII Supplemental Information**

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

**Return Reference****Explanation**

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 22-1537688  
**Name:** HUNTERDON 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) HUNTERDON HEALTHCARE SYSTEM INC  2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2537411	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		No
(1) HUNTERDON HOSPICE  2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2276083	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
(2) VISITING HEALTH & SUPPORTIVE SERVICES  2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-1636709	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
(3) HUNTERDON MEDICAL CENTER FOUNDATION  2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2526895	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		No
(4) HUNTERDON REGIONAL COMMUNITY HEALTH INC  2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-3453318	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		No
(5) BRITESIDE ADULT DAY CENTERS INC  2100 WESTCOTT DRIVE FLEMINGTON, NJ 08822 22-2113056	ADLT DAY CARE	NJ	501(C)(3)	509(A)(2)	HRCH		No

# **Hunterdon Medical Center**

Financial Statements

December 31, 2013 and 2012



# Hunterdon Medical Center

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December 31, 2013 and 2012

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## **Independent Auditors' Report**

The Board of Trustees  
Hunterdon Medical Center

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Hunterdon Medical Center (the "Medical Center"), which comprise the balance sheet as of December 31, 2013, and the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the balance sheet of Hunterdon Medical Center as of December 31, 2013, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America

## **Other Matter**

The financial statements of the Medical Center as of December 31, 2012, were audited by other auditors whose report dated April 30, 2013 expressed an unmodified opinion on those financial statements

*ParenteBeard LLC*

Clark, New Jersey  
May 27, 2014

**Hunterdon Medical Center**

Balance Sheet

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>		<u>2013</u>	<u>2012</u>
<b>Assets</b>			<b>Liabilities and Net Assets</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and cash equivalents	\$ 32,054,316	\$ 43,385,865	Current portion of long-term debt	\$ 1,520,000	\$ 1,460,000
Short-term investments	38,446,401	14,813,789	Current portion of capital lease obligation	172,775	80,694
Patient accounts receivable, net of allowance for doubtful accounts of \$16,958,000 and \$16,730,000 in 2013 and 2012, respectively	29,915,253	33,035,037	Accounts payable and accrued expenses	15,433,258	12,160,740
Assets whose use is limited	1,226,280	1,071,958	Accrued payroll and payroll taxes	9,994,895	10,183,484
Inventories	1,133,593	1,336,715	Estimated third-party payor settlements	1,305,221	2,105,123
Other receivables, net	3,106,304	1,694,261	Accrued interest payable	996,533	1,000,969
Due from affiliates	479,677	438,900			
Prepaid expenses and other current assets	2,020,147	1,579,996	Total current liabilities	<u>29,422,682</u>	<u>26,991,010</u>
			Estimated third-party payor settlements, net	4,125,791	4,254,093
Total current assets	<u>108,381,971</u>	<u>97,356,521</u>	Long-term debt, net	45,259,064	46,814,953
Assets whose use is limited (exclusive of current portion)			Capital lease obligation, net	556,393	378,629
Board-designated funds	41,434,997	45,507,259	Pension liability	-	68,375,559
Donor-restricted assets	16,499,859	15,054,589	Other liabilities	7,164,876	7,626,480
Funds held by trustee under bond indenture agreement	3,245,640	3,245,635	Total liabilities	<u>86,528,806</u>	<u>154,440,724</u>
			<b>Net Assets</b>		
Total assets whose use is limited, net	<u>61,180,496</u>	<u>63,807,483</u>	Unrestricted	201,179,716	116,282,312
Due from affiliates	2,523,205	1,907,688	Temporarily restricted	3,523,237	5,400,147
Property and equipment, net	106,189,483	102,436,826	Permanently restricted	16,733,199	15,246,863
Beneficial interest in trusts	2,244,119	2,003,084	Total net assets	<u>221,436,152</u>	<u>136,929,322</u>
Beneficial interest in net assets of Hunterdon Medical Center Foundation, Inc	7,288,918	8,876,041			
Deferred financing costs, net	927,819	977,366			
Real estate held for investment	213,099	213,099			
Pension asset	4,651,170	-			
Other assets	14,364,678	13,791,938			
			Total liabilities and net assets	<u>\$ 307,964,958</u>	<u>\$ 291,370,046</u>
Total assets	<u>\$ 307,964,958</u>	<u>\$ 291,370,046</u>			

See notes to financial statements

# Hunterdon Medical Center

## Statement of Operations

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>Revenues</b>		
Patient service revenue (net of contractual allowances and discounts)	\$ 261,617,873	\$ 264,739,392
Less provision for bad debts	13,775,060	10,147,469
Net patient service revenue less provision for bad debts	<u>247,842,813</u>	<u>254,591,923</u>
Other Revenue	15,974,804	13,411,031
Net assets released from restrictions	672,723	546,353
Total revenues	<u>264,490,340</u>	<u>268,549,307</u>
<b>Expenses</b>		
Salaries and benefits	166,189,563	161,038,747
Physicians' fees	6,414,549	6,622,011
Supplies and services	76,258,945	74,624,393
Depreciation and amortization	13,174,959	13,604,914
Interest	2,297,896	2,403,925
Total expenses	<u>264,335,912</u>	<u>258,293,990</u>
Operating income	<u>154,428</u>	<u>10,255,317</u>
<b>Nonoperating Revenues and Gains (Losses)</b>		
Interest and dividend income	1,136,352	1,294,231
Net realized gains on investments	3,772,639	131,800
Change in value of derivatives	215,542	13,809
Gain on sale of assets	14,616	14,733
Total nonoperating revenues and gains, net	<u>5,139,149</u>	<u>1,454,573</u>
Excess of revenues and gains over expenses and losses	<u>5,293,577</u>	<u>11,709,890</u>
<b>Change in Net Unrealized Gains and Losses on Investments, Other Than Trading Securities</b>	495,427	3,019,249
<b>Transfer to Affiliate</b>	(1,950,000)	(2,279,938)
<b>Pension-related Changes Other Than Net Periodic Pension Cost</b>	78,668,790	(13,606,277)
<b>Net Assets Released from Restrictions for Capital Acquisitions</b>	<u>2,389,610</u>	<u>4,420,714</u>
Increase in unrestricted net assets	<u>\$ 84,897,404</u>	<u>\$ 3,263,638</u>

See notes to financial statements

## Hunterdon Medical Center

Statement of Changes in Net Assets  
Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>Unrestricted Net Assets</b>		
Excess of revenues and gains over expenses and losses	\$ 5,293,577	\$ 11,709,890
Change in net unrealized gains and losses on investments, other than trading securities	495,427	3,019,249
Transfer to affiliate	(1,950,000)	(2,279,938)
Pension-related changes other than net periodic pension cost	78,668,790	(13,606,277)
Net assets released from restrictions for capital acquisitions	<u>2,389,610</u>	<u>4,420,714</u>
Increase in unrestricted net assets	<u>84,897,404</u>	<u>3,263,638</u>
<b>Temporarily Restricted Net Assets</b>		
Grants and contributions	265,690	-
Investment income from donor-restricted assets	136,929	166,354
Net realized gains on investment securities	165,907	24,567
Net assets released from restrictions	(3,062,333)	(4,967,067)
Change in value of beneficial interest in net assets of Hunterdon Medical Center Foundation, Inc	<u>616,897</u>	<u>3,180,794</u>
Increase (decrease) in temporarily restricted net assets	<u>(1,876,910)</u>	<u>(1,595,352)</u>
<b>Permanently Restricted Net Assets</b>		
Net realized gains on investments	106,727	170,234
Change in net unrealized gains and losses on investments	1,138,574	717,832
Change in value of beneficial interest in trusts	<u>241,035</u>	<u>130,901</u>
Increase in permanently restricted net assets	<u>1,486,336</u>	<u>1,018,967</u>
Increase in net assets	84,506,830	2,687,253
<b>Net Assets, Beginning</b>	<u>136,929,322</u>	<u>134,242,069</u>
<b>Net Assets, Ending</b>	<u>\$ 221,436,152</u>	<u>\$ 136,929,322</u>

See notes to financial statements

## Hunterdon Medical Center

### Statement of Cash Flows

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>Cash Flows from Operating Activities</b>		
Increase in net assets	\$ 84,506,830	\$ 2,687,253
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	13,174,959	13,604,914
Transfer to affiliate	1,950,000	2,279,938
Accretion of bond premium	(35,889)	(34,722)
Provision for bad debts, net	13,775,060	10,147,469
Net realized gains on investments	(4,045,273)	(326,601)
Gain on sale of assets	(14,616)	(14,733)
Pension-related changes other than net periodic pension cost	(78,668,790)	13,606,277
Change in net unrealized (gains) losses on investments, other than trading securities	(1,634,001)	(3,737,081)
Change in value of derivatives	(215,542)	(13,809)
Change in value of beneficial interest in Foundation and trusts, net	1,346,088	(2,961,966)
Changes in assets and liabilities		
Patient accounts receivable	(10,655,276)	(14,346,065)
Due from affiliates	(2,706,294)	(1,506,653)
Inventories, other receivables, prepaid expenses and other current assets and other assets	(2,240,020)	(4,069,271)
Estimated third-party payor settlements	(928,204)	(2,754,985)
Accounts payable and accrued expenses, accrued payroll and payroll taxes, accrued interest payable, pension benefit liabilities and other liabilities	8,475,492	(953,453)
	<u>22,084,524</u>	<u>11,606,512</u>
<b>Net cash provided by operating activities</b>		
	<u>22,084,524</u>	<u>11,606,512</u>
<b>Cash Flows from Investing Activities</b>		
(Purchases of) proceeds from the sale of assets whose use is limited and short-term investments, net	(15,480,673)	1,682,359
Purchases of property, plant, and equipment	(16,198,412)	(10,704,849)
Proceeds from sale of assets	2,400	237,849
(Repayment) issuance of loan receivable, net	(64,392)	17,220
Purchase of physician practice	(178,580)	(4,123,000)
	<u>(31,919,657)</u>	<u>(12,890,421)</u>
<b>Net cash used in investing activities</b>		
	<u>(31,919,657)</u>	<u>(12,890,421)</u>
<b>Cash Flows from Financing Activities</b>		
Payment of deferred financing costs	(15,499)	-
Repayment of long-term debt	(1,460,000)	(1,455,000)
Repayment of capital lease obligations	(120,917)	(303,029)
Repayment of a note	100,000	100,000
	<u>(1,496,416)</u>	<u>(1,658,029)</u>
<b>Net cash used in financing activities</b>		
	<u>(1,496,416)</u>	<u>(1,658,029)</u>
<b>Net decrease in cash and cash equivalents</b>	(11,331,549)	(2,941,938)
<b>Cash and Cash Equivalents, Beginning</b>	<u>43,385,865</u>	<u>46,327,803</u>
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 32,054,316</u>	<u>\$ 43,385,865</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Interest paid	<u>\$ 2,302,332</u>	<u>\$ 2,348,101</u>
<b>Supplemental Disclosure of Non-Cash Investing and Financing Activities</b>		
Acquisition of property, plant and equipment through capital lease obligations	<u>\$ 390,762</u>	<u>\$ 499,000</u>

See notes to financial statements

# Hunterdon Medical Center

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Notes to Financial Statements  
December 31, 2013 and 2012

## 1. Organization and Summary of Significant Accounting Policies

Hunterdon Medical Center (the "Medical Center"), located in Flemington, New Jersey, is a not-for-profit acute care medical center. The Medical Center provides inpatient, outpatient and emergency care services for the residents of Hunterdon County and surrounding areas. The Medical Center is an affiliated member of Hunterdon Healthcare System, Inc (the "System"). The System is also the controlling entity for Hunterdon Medical Center Foundation, Inc (The "Foundation"), Hunterdon Regional Community Health, Inc ("HRCH"), and Midjersey Health Corporation ("Midjersey"). The System owns 100% of the outstanding stock of Midjersey Health Corporation and 50% of the outstanding stock of Hunterdon Health Care, LLC, which are for-profit entities. Only the Medical Center's financial statements are presented herein.

During 2012, the Medical Center acquired an imaging center for a total purchase price of \$4,123,000. Assets acquired consisted of equipment valued at \$872,000, and the remainder of the purchase price was allocated to goodwill in the amount of \$3,251,000.

The following items comprise the significant accounting policies which are followed by the Medical Center:

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and highly liquid investments with an original maturity of twelve months or less.

The Medical Center has balances with financial institutions that exceed federal depository insurance limits. Management does not believe the credit risk related to these deposits to be significant.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

### Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Medical Center's allowance for doubtful accounts for self-pay patients was 91% and 93% of self-pay accounts receivable at December 31, 2013 and December 31, 2012, respectively. In addition, the Medical Center's self-pay account write-offs (net of recoveries) increased to \$14,812,461 in 2013 from \$13,684,491 in 2012. The increase was the result of higher levels of patient co-pays and deductibles during 2013.

### Net Patient Service Revenue

The Medical Center has agreements with third-party payors that provide for payment at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenues on the basis of its standard rates, discounted in accordance with the Medical Center's policy. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a significant provision of bad debts related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts and patient service revenues, net of contractual allowances and discounts and provision for bad debts, recognized in 2013 and 2012 from these major payor sources, are as follows:

	<b>Patient Service Revenues</b> <b>(Net of Contractual Allowances and Discounts)</b>			
	<b>Third-Party Government Payors</b>	<b>Third-Party Commercial Payors</b>	<b>Self-Pay</b>	<b>Total</b>
December 31, 2013	<u>\$ 67,617,422</u>	<u>\$ 177,285,946</u>	<u>\$ 16,714,505</u>	<u>\$ 261,617,873</u>
December 31, 2012	<u>\$ 72,367,189</u>	<u>\$ 179,602,671</u>	<u>\$ 12,769,532</u>	<u>\$ 264,739,392</u>

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

	<b>Patient Service Revenues (Net of Contractual Allowances and Discounts and Provision for Bad Debts)</b>			
	<b>Third-Party Government Payors</b>	<b>Third-Party Commercial Payors</b>	<b>Self-Pay</b>	<b>Total</b>
December 31, 2013	<u>\$ 66,603,573</u>	<u>\$ 173,878,750</u>	<u>\$ 7,360,490</u>	<u>\$ 247,842,813</u>
December 31, 2012	<u>\$ 71,702,779</u>	<u>\$ 176,987,797</u>	<u>\$ 5,901,347</u>	<u>\$ 254,591,923</u>

### **Inventories**

Inventories are stated at the lower of cost, determined using the first-in, first-out method, or market

### **Short-Term Investments, Assets Whose Use is Limited and Investment Risk**

Assets whose use is limited primarily include assets held by trustees under indenture agreements, designated assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and donor-restricted assets. Amounts required to meet current liabilities of the Medical Center have been classified as current assets.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. Investments in commingled funds are recorded at fair value based on the net asset value of the fund as estimated by the external investment managers. The Medical Center reviews and evaluates the values provided by the external investment managers for reasonableness. Investment income or loss (including realized gains and losses on investments and interest and dividends) is included in excess of revenues and gains over expenses and losses unless donor stipulation or law restricts the income or loss. Gains and losses on the sale of investments are based on an identified cost basis. Unrealized gains and losses on investments are excluded from excess of revenues and gains over expenses and losses unless the investments are trading securities. Donated investments are reported at fair value at the date of receipt.

A decline in the fair value below the cost that is deemed to be other than temporary results in a reduction in carrying amount to fair value. The impairment is charged to excess of revenues and gains over expenses and losses and a new cost basis for the security is established.

The Medical Center's investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair values reported in the balance sheet are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying financial statements could change materially in the near term.

## **Hunterdon Medical Center**

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Notes to Financial Statements  
December 31, 2013 and 2012

### **Property and Equipment**

Property and equipment are carried at cost, except donated assets, which are recorded at fair market value at the date of donation. Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Depreciation expense is calculated on all depreciable assets using the straight-line method based on estimated useful lives ranging from 3 to 40 years.

Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

### **Impairment of Long-Lived Assets and Long-Lived Assets to Be Disposed Of**

Long-lived assets, such as property and equipment and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future net cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the balance sheet and reported at the lower of the carrying amount or fair value less costs to sell and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the balance sheet.

### **Beneficial Interests in Trusts**

Beneficial interests in trusts are arrangements whereby a donor establishes and funds a trust, and the assets are held in perpetuity with the income earned distributed annually to the Medical Center for both restricted and unrestricted use. The Medical Center recognizes the contribution and receivable as permanently restricted net assets in the period the trust is established at its present value, which equals the fair value of the underlying assets. The fair value of these assets is based on the net asset values reported by the fund manager, which are reviewed by management for reasonableness. Adjustments to the receivable to reflect changes in fair value are recognized as additional contributions to permanently restricted net assets.

### **Deferred Financing Costs**

Deferred financing costs consist principally of debt acquisition costs, which are being amortized over the life of the related debt using the effective interest method.

## **Hunterdon Medical Center**

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Notes to Financial Statements  
December 31, 2013 and 2012

### **Goodwill**

Goodwill is a result of acquisitions of physician practices and is included in other assets in the accompanying balance sheet and amounts to approximately \$3,251,000 at December 31, 2013 and 2012. The Medical Center does not amortize the carrying value of goodwill. Rather, an impairment test is performed at least annually on the recorded amounts.

### **Self Insured Health Benefits**

The Medical Center is self insured for employee health benefits. The provision for estimated employee health benefits includes estimates for the ultimate cost for both reported claims and claims incurred by not reported and is included in accounts payable and accrued expenses in the accompanying balance sheet.

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Medical Center in perpetuity.

The Foundation raises or holds contributions on behalf of the Medical Center and other affiliates. The Medical Center periodically requests funds from the Foundation for capital and other needs. The Medical Center's beneficial interest in the temporarily and permanently restricted net assets of the Foundation and its share of the change in those net assets are reported in the accompanying financial statements in temporarily restricted and permanently restricted net assets, respectively.

### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. In the absence of donor specification that income and gains on donated funds are restricted, such income and gains are reported as unrestricted nonoperating revenues and gains.

## **Hunterdon Medical Center**

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Notes to Financial Statements  
December 31, 2013 and 2012

### **Excess of Revenues and Gains Over Expenses and Losses**

The Medical Center's operating income includes all unrestricted revenues and expenses. Nonoperating revenues and gains (losses) include unrestricted interest and dividend income, unrestricted net realized gains (losses) on investments, changes in the value of derivatives, and gain (loss) on sale of assets. The statement of operations also includes the excess of revenues and gains over expenses and losses, which is the performance indicator. Changes in unrestricted net assets that are excluded from the performance indicator, consistent with industry practice, include unrealized gains and losses on investment securities other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, pension-related changes other than net periodic pension cost, and contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets).

### **Estimated Medical Malpractice Liability**

The liability for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Anticipated insurance recoveries associated with reported claims are reported separately in the Medical Center's balance sheet at net realizable value.

### **Derivative Instruments and Hedging Activities**

Derivative financial instruments are utilized to manage risks. The principal financial instruments used for cash flow hedging purposes are interest rate swaps. The Medical Center enters into interest rate swap agreements to manage its exposure to interest rate changes. The Medical Center recognizes all financial instruments in the balance sheet at fair value. Changes in the fair value of derivatives are recognized either within the performance indicator or in other changes in unrestricted net assets, which is excluded from the performance indicator, depending on whether the derivative financial instrument qualifies for hedge accounting. Gains and losses on derivatives designated as cash flow hedges, to the extent they are effective, are recorded in other changes in the statement of operations and statement of changes in net assets. Changes in the fair value of derivatives not qualifying hedges, and for any portion of a hedge that is ineffective, are reported within the performance indicator.

### **Income Taxes**

The Medical Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its exempt income under Section 501(a) of the Code.

The Medical Center accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. There were no tax uncertainties that met the recognition threshold in 2013 or 2012.

The Medical Center's federal tax-exempt organization business income tax returns are no longer subject to examination by the Internal Revenue Service for years before 2010.

## Hunterdon Medical Center

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Notes to Financial Statements  
December 31, 2013 and 2012

### Reclassifications

Certain amounts in the 2012 financial statements have been reclassified to conform to the current year's presentation

### Subsequent Events

The Medical Center evaluated subsequent events for recognition or disclosure through May 27, 2014, the date the financial statements were issued

## 2. Charity and Uncompensated Care

In furtherance of its charitable purpose, the Medical Center provides a wide variety of benefits to the community, including offering various community-based programs, such as lifeline, health screenings, training for emergency service personnel, social service, support counseling for patients and families, pastoral care, and crisis intervention. Additionally, a large number of health-related educational programs are provided for the benefit of the community, including health enhancements and wellness, classes on specific conditions, and telephone information services designed to improve the general standards of the health of the community.

The Medical Center also provides medical care without charge or at reduced costs to residents of its community who meet the criteria under state regulation for charity care. The Medical Center's definition of charity care includes services provided at no charge or at a reduced charge to patients who are uninsured or underinsured. The Medical Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services and supplies furnished under its charity care policy. An overall cost to charge ratio was applied to arrive at the cost of charity care, and as a result the cost of charity care amounted to \$9,654,590 and \$9,808,923 in 2013 and 2012, respectively. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The state provides certain subsidy payments to qualified hospitals to partially fund uncompensated care and certain other costs. Subsidy payments recognized as revenue amounted to \$1,557,787 and \$1,633,480 in 2013 and 2012, respectively, and are included in other revenue in the accompanying statement of operations.

## Hunterdon Medical Center

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Notes to Financial Statements  
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### 3. Net Patient Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A significant portion of the Medical Center's net patient service revenues is derived from these third-party payor programs. A summary of the principal payment arrangements with major third-party payors follows:

- **Medicare:** Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. In addition, the Medical Center is reimbursed for certain cost reimbursable items at tentative interim rates, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been settled by the Medicare fiscal intermediary through December 31, 2007 with the exception of the 2005 cost report, which has not been settled.
- **Medicaid:** Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are paid based on a published fee schedule, with final settlement determined after submission of annual cost reports. The Medicaid cost reports have been settled through December 31, 2010.
- **Other Payors:** The Medical Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, and various other prospectively determined rates.

Revenue received under third-party arrangements is subject to audit and retroactive adjustments. Net patient service revenues include favorable adjustments of approximately \$1,070,000 in 2013 and \$2,423,000 in 2012 related to tentative and/or final settlements of prior year cost reports and other third-party payor adjustments. In the opinion of management, adequate provision has been made for any adjustments which may result from the final settlement of open cost reports.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

### 4. Short-term Investments and Assets Whose Use is Limited

The composition of short-term investments and assets whose use is limited at December 31, 2013 and 2012 is set forth in the following table

	<u>2013</u>	<u>2012</u>
Short-term investments		
Cash and cash equivalents	\$ 99,981	\$ -
Certificates of deposit	3,672,442	9,101,232
Government bonds	4,614,510	-
Investment-grade corporate bonds	24,377,868	-
Mutual funds - fixed income	5,406,315	5,395,714
Accrued interest receivable	275,285	316,843
	<u>\$ 38,446,401</u>	<u>\$ 14,813,789</u>
Total short-term investments		
Assets whose use is limited		
Board-designated funds,		
Cash and cash equivalents	\$ 4,411,577	\$ -
Certificates of deposit	3,656,643	4,726,264
Mutual funds - short-term treasuries	-	2,103,179
Mutual funds - international equity	3,540,777	1,603,992
Mutual funds - fixed income	14,290,237	13,540,847
Mutual funds - domestic equity	15,477,130	23,402,521
Accrued interest receivable	58,633	130,456
	<u>41,434,997</u>	<u>45,507,259</u>
Total		
Donor-restricted assets,		
Cash and cash equivalents	4,896,277	4,445,895
Commingled funds - U S large cap equities	4,845,128	4,386,885
Commingled funds - U S bonds	3,609,557	3,284,349
Mutual funds - international equity	1,525,545	1,375,957
Mutual funds - fixed income	297,321	-
Mutual funds - domestic equity	1,326,031	1,561,503
	<u>16,499,859</u>	<u>15,054,589</u>
Total		
Funds held by trustee under bond indenture agreement,		
Cash and cash equivalents	4,471,920	4,317,593
	<u>62,406,776</u>	<u>64,879,441</u>
Total assets whose use is limited		
Less current portion	1,226,280	1,071,958
	<u>\$ 61,180,496</u>	<u>\$ 63,807,483</u>
Noncurrent portion of assets whose use is limited		

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

Funds held by trustee under bond indenture agreements are maintained for the following purposes

	<u>2013</u>	<u>2012</u>
Debt service funds for principal and interest	\$ 1,226,280	\$ 1,071,958
Debt service reserve funds	<u>3,245,640</u>	<u>3,245,635</u>
Total funds held by trustee under bond indenture agreement	4,471,920	4,317,593
Less current portion	<u>1,226,280</u>	<u>1,071,958</u>
Noncurrent portion	<u>\$ 3,245,640</u>	<u>\$ 3,245,635</u>

Investment return includes the following for the years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Interest and dividend income	\$ 1,273,281	\$ 1,460,585
Net realized gains on investments	4,045,273	326,601
Change in net unrealized gains (losses) on investments, other than trading securities	<u>1,634,001</u>	<u>3,737,081</u>
Total investment return	<u>\$ 6,952,555</u>	<u>\$ 5,524,267</u>

There were no gross unrealized losses on assets whose use is limited at December 31, 2013 and 2012

### 5. Fair Value Measurements and Financial Instruments

The Medical Center measures its short-term investments and assets whose use is limited on a recurring basis in accordance with accounting principles generally accepted in the United States of America

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Medical Center for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

The following tables present financial instruments measured at fair value at December 31, 2013 and 2012.

	Fair Value as of December 31, 2013			
	Total	Level 1	Level 2	Level 3
<b>Reported at Fair Value</b>				
Assets				
Short-term investments				
Cash and cash equivalents	\$ 99,981	\$ 99,981	\$ -	\$ -
Certificates of deposit	3,672,442	3,672,442	-	-
Government bonds	4,614,510	-	4,614,510	-
Investment-grade corporate bonds	24,377,868	-	24,377,868	-
Mutual funds - fixed income	5,406,315	5,406,315	-	-
Assets whose use is limited				
Cash and cash equivalents	13,779,774	13,779,774	-	-
Certificates of deposit	3,656,643	3,656,643	-	-
Mutual funds - international equity	5,066,322	5,066,322	-	-
Mutual funds - fixed income	14,587,558	14,587,558	-	-
Mutual funds - domestic equity	16,803,161	16,803,161	-	-
Commingled funds - U S large cap equities	4,845,128	-	4,845,128	-
Commingled funds - U S bonds	3,609,557	-	3,609,557	-
Beneficial interest in trusts	2,244,119	-	-	2,244,119
<b>Total assets</b>	<b>\$ 102,763,378</b>	<b>\$ 63,072,196</b>	<b>\$ 37,447,063</b>	<b>\$ 2,244,119</b>

# Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

	Fair Value as of December 31, 2013			
	Total	Level 1	Level 2	Level 3
<b>Liabilities</b>				
Swap agreement	\$ 296,943	\$ -	\$ 296,943	\$ -
<b>Disclosed at Fair Value</b>				
Cash and cash equivalents	\$ 32,054,316	\$ 32,054,316	\$ -	\$ -
Long-term debt (carrying value of \$46,779,064)	\$ 46,970,637	\$ -	\$ 46,970,637	\$ -
<b>Fair Value as of December 31, 2012</b>				
<b>Reported at Fair Value</b>				
<b>Assets</b>				
<b>Short-term investments</b>				
Certificates of deposit	\$ 9,101,232	\$ 9,101,232	\$ -	\$ -
Mutual funds - fixed income	5,395,714	5,395,714	-	-
<b>Assets whose use is limited</b>				
Cash and cash equivalents	8,763,488	8,763,488	-	-
Certificates of deposit	4,726,264	4,726,264	-	-
Mutual funds - short-term treasuries	2,103,179	2,103,179	-	-
Mutual funds - international equity	2,979,949	2,979,949	-	-
Mutual funds - fixed income	13,540,847	13,540,847	-	-
Mutual funds - domestic equity	24,964,024	24,964,024	-	-
Commingled funds - U S large cap equities	4,386,885	-	4,386,885	-
Commingled funds - U S bonds	3,284,349	-	3,284,349	-
Beneficial interest in trusts	2,003,084	-	-	2,003,084
<b>Total assets</b>	<b>\$ 81,249,015</b>	<b>\$ 71,574,697</b>	<b>\$ 7,671,234</b>	<b>\$ 2,003,084</b>

## Hunterdon Medical Center

Notes to Financial Statements  
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	Fair Value as of December 31, 2012			
	Total	Level 1	Level 2	Level 3
Liabilities				
Swap agreement	\$ 512,485	\$ -	\$ 512,485	\$ -
<b>Disclosed at Fair Value</b>				
Cash and cash equivalents	\$ 43,385,865	\$ 43,385,865	\$ -	\$ -
Long-term debt (carrying value of \$48,274,956)	\$ 53,144,722	\$ -	\$ 53,144,722	\$ -

### Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents and certificates of deposit approximate fair value at December 31, 2013 and 2012 due to the short maturity of those financial instruments

Mutual funds are valued at the net asset value ("NAV") of shares held by the Medical Center at year end

Government bonds and investment-grade corporate bonds are valued at fair value, which are the amounts reported in the balance sheet, based on quoted market prices, if available, or estimated using quoted market process of similar securities

The Medical Center measures its commingled funds at fair value based on the net asset value of the fund held at the end of the year. The fair value is based on the funds' underlying investments using observable inputs (Level 2) in accordance with accounting principles generally accepted in the United States of America

Beneficial interest in perpetual trusts is valued using discounted cash flow methodologies

The fair value of the interest rate swap derivative financial instrument is determined by an independent third party valuation specialist based on proprietary models of discounted cash flow. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instruments and the credit risk of the Foundation. The value represents the estimated exit price the Medical Center would pay or receive upon termination of the agreements

The fair value of long-term debt is calculated based on quoted market prices, if available, or estimated using quoted market prices of similar securities

## Hunterdon Medical Center

Notes to Financial Statements  
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Changes to the beneficial interest in trusts in 2013 and 2012 were as follows

	<u>2013</u>	<u>2012</u>
Beginning balance	\$ 2,003,084	\$ 1,872,183
Investment income from beneficial interest in trusts	75,724	87,690
Distributions from beneficial interest in trusts	(75,724)	(87,690)
Change in value of beneficial interest in trusts	<u>241,035</u>	<u>130,901</u>
Ending balance	<u>\$ 2,244,119</u>	<u>\$ 2,003,084</u>

Change in value of beneficial interest in trusts is reported as changes in permanently restricted net assets within the statement of changes in net assets

### 6. Property and Equipment

Property and equipment and accumulated depreciation at December 31, 2013 and 2012 are as follows

	<u>2013</u>	<u>2012</u>
Land	\$ 6,796,849	\$ 6,796,849
Land improvements	6,438,111	6,047,265
Buildings	99,093,906	95,179,067
Fixed equipment	38,462,242	38,294,603
Major moveable equipment	106,894,374	99,824,251
Leasehold improvements	3,389,139	3,389,139
Minor equipment	51,244	51,244
Construction in progress	<u>9,876,181</u>	<u>4,833,190</u>
	271,002,046	254,415,608
Less accumulated depreciation and amortization	<u>164,812,563</u>	<u>151,978,782</u>
Property and equipment, net	<u>\$ 106,189,483</u>	<u>\$ 102,436,826</u>

The construction in progress primarily relates to the Medical Center's cardiac expansion project, development of an electronic medical records system and relocation of the cardiopulmonary rehabilitation facility. At December 31, 2013, the Medical Center has approximately \$17,227,000 in outstanding commitments for the completion of these initiatives.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

### 7. Long-Term Debt and Capital Lease Obligations

#### Bonds Payable

Bonds payable at December 31, 2013 and 2012 consist of the following

	<u>2013</u>	<u>2012</u>
Serial Bonds, payable annually through July 1, 2014, bearing interest at a rate of 4% (b)	\$ 260,000	\$ 460,000
Serial Bonds, payable annually from July 1, 2015 to 2017, bearing interest at a rate of 4 5% (b)	1,155,000	1,155,000
Serial Bonds, payable annually from July 1, 2018 to 2020, bearing interest at a rate of 5% (b)	1,790,000	1,790,000
Private Placement Issue, payable monthly through December 1, 2019 (c)	7,560,000	8,820,000
Term Bonds, payable July 1, 2025 bearing interest at 5 25% (a)	5,455,000	5,455,000
Term Bonds, payable July 1, 2035 bearing interest at 5 125% (a)	16,070,000	16,070,000
Term Bonds, payable July 1, 2026 bearing interest at 5% (b)	3,260,000	3,260,000
Term Bonds, payable July 1, 2036 bearing interest at 5% (b)	10,135,000	10,135,000
	<u>45,685,000</u>	<u>47,145,000</u>
Less current portion due within one year	1,520,000	1,460,000
Plus unamortized bond premium	<u>1,094,064</u>	<u>1,129,953</u>
Long-term portion	<u>\$ 45,259,064</u>	<u>\$ 46,814,953</u>

#### Capital Lease Obligations

Capital lease obligations at December 31, 2013 and 2012 consist of the following

	<u>2013</u>	<u>2012</u>
Siemens/Lumins Agile (e)	\$ 362,717	\$ 459,323
Siemens/Symbia S-Series (f)	<u>366,451</u>	<u>-</u>
Subtotal	729,168	459,323
Less portion due within one year	<u>172,775</u>	<u>80,694</u>
Long-term portion	<u>\$ 556,393</u>	<u>\$ 378,629</u>

## Hunterdon Medical Center

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Notes to Financial Statements  
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- (a) The Medical Center issued \$22,500,000 of Revenue Bonds, Series 2006A (Series 2006A bonds), dated January 1, 2006, through the New Jersey Health Care Facilities Financing Authority (the Authority). The loan agreement requires principal payments beginning in July 2008 and ending on July 1, 2035. There are two term bonds, totaling \$21,525,000, the first of which matures in 2025 bearing interest at 5.25%, and the second of which matures in 2035 bearing interest at 5.125%. The bonds bear interest, which is payable semiannually on July 1 and January 1. The loan agreement required the establishment of a debt service reserve fund.

Proceeds from the bonds were used for the payment of the costs of the construction of a new parking garage consisting of 449 parking spaces, the undertaking of various building improvements, the acquisition of radiology and clinical information systems, the payment of preconstruction costs related to the planned construction of health and wellness center, acquisition of certain capital equipment items, and the repayment of a \$1,535,000 line of credit that was used to retire a portion of the Series 1990 bonds. As security for the repayment of the bonds, the Medical Center has granted a security interest in its gross revenues and a mortgage on the property in Raritan Township on which the Medical Center is located. The agreement requires the Medical Center to comply with certain financial covenants and ratios.

- (b) The Medical Center issued \$17,085,000 of Revenue Bonds, Series 2006B (Series 2006B bonds), dated December 21, 2006, through the Authority. The loan agreement requires principal payments beginning in July 2010 and ending on July 1, 2036. There are serial bonds maturing each year beginning in 2010 through 2020 totaling \$3,690,000 bearing interest from 4% to 5% and two term bonds, totaling \$13,395,000, the first of which matures in 2026 bearing interest at 5%, and the second of which matures in 2036 bearing interest at 5%. The bonds bear interest, which is payable semiannually on July 1 and January 1. The loan agreement required the establishment of a debt service reserve fund.

Proceeds from the bonds were used for the construction of a Clinton campus primarily to include a health and wellness center. As security for the repayment of the bonds, the Medical Center has granted a security interest in its gross revenues and a mortgage on the Clinton campus property. The agreement requires the Medical Center to comply with certain financial covenants and ratios.

- (c) On December 1, 2009, the Authority signed a loan agreement with the Medical Center that allowed for the issuance of \$12,765,000 Revenue Bonds, Series 2009 (Series 2009 bonds), in the name of Hunterdon Medical Center.

The Series 2009 bonds are special and limited obligations of the Authority, payable in monthly installments ranging from \$105,000 to \$110,000 from January 2010 to December 2019. The bonds were initially issued in the Index Floating Rate Mode and were subsequently converted to a fixed rate of 4.107% through an interest rate swap.

Proceeds from the bonds were used to refund the Series 1990 bonds, and to finance the acquisition of various equipment for use at the Medical Center's facilities in Flemington, New Jersey and Clinton, New Jersey, and to pay costs incidental to the issuance and sale of the Series 2009 Bonds. As security for the repayment of the bonds, the Medical Center has granted a security interest in its gross revenues and a mortgage of the property in Raritan Township on which the Medical Center is located. The agreement requires the Medical Center to comply with certain financial covenants and ratios.

## Hunterdon Medical Center

Notes to Financial Statements  
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Effective December 1, 2009, the Hospital entered into an interest rate swap exchange agreement with TD Bank, N A. The swap agreement has a notional amount equal to the aggregate matching the projected principal amortization of the Series 2009 bonds. The Medical Center entered into this agreement with the intention of lowering its effective interest rate. At December 31, 2013 and 2012, the fair value of the derivative financial instrument was (\$296,943) and (\$512,485), respectively, and is included in other liabilities in the accompanying balance sheet. The change in fair value recognized during the years ended December 31, 2013 and 2012, in the amount of \$215,542 and \$13,809 is recorded in the statement of operations and is included in the performance indicator.

Future principal debt payments at December 31, 2013 follow:

Years ending December 31	
2014	\$ 1,520,000
2015	1,580,000
2016	1,645,000
2017	1,710,000
2018	1,780,000
Thereafter	<u>37,450,000</u>
Total	<u>\$ 45,685,000</u>

- (d) The Medical Center has a \$6,000,000 unsecured line of credit with a bank. The interest rate at December 31, 2013 and 2012 is 4.0% and the term was extended to December 31, 2014. There is no balance in the line of credit as of December 31, 2013 and 2012.
- (e) During 2012, the Medical Center entered into a capital lease with Siemens for a piece of radiology equipment. The term of the lease is five years with lease payments of \$8,753, including interest, required monthly beginning August 22, 2012. The lease includes interest at 2.03% and a purchase option of \$1 at the end of the term.
- (f) During 2013, the Medical Center entered into two capital leases with Siemens for two pieces of radiology equipment. The terms of both leases is five years with a total monthly lease payment of \$6,883, including interest, required monthly beginning October 11, 2013. The leases include interest at 2.93% and purchase options of \$1 each at the end of the terms.

### 8. Pension Plan

The Medical Center sponsors a noncontributory defined benefit pension plan (the "Plan") that covers all eligible employees. The plan provides for benefits to be paid to eligible employees at retirement, based primarily upon years of service and compensation. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future. The Medical Center's funding policy is to contribute annually an amount equal to or greater than the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Medical Center uses a December 31 measurement date. In November 2013, the Board of Trustees approved an amendment to freeze the Plan effective January 15, 2014. In accordance with generally accepted accounting principles, the Medical Center reduced the Plan's projected benefit obligation as of December 31, 2013 by \$26,447,004 for this curtailment and recognized a loss of \$220,610 which is included as a component of the net periodic benefit cost for the year ended December 31, 2013.

## Hunterdon Medical Center

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The Medical Center recognizes the funded status of the benefit plan, which is measured as the difference between plan assets at fair value and the benefit obligation, in the balance sheet. Additionally, the Medical Center recognizes changes in the funded status of the Plan in the year in which the changes occur through a separate line within changes in unrestricted net assets, apart from expenses, to the extent those changes are not included in the net periodic benefit cost.

The following tables set forth the plan's funded status, amounts recognized in the Medical Center's balance sheet, and components of net periodic pension cost for 2013 and 2012.

	<u>2013</u>	<u>2012</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 232,568,502	\$ 192,151,135
Service cost	10,605,170	10,524,456
Interest cost	9,537,056	9,582,828
Amendments	54,190	44,154
Benefits paid	(5,195,755)	(4,563,337)
Plan curtailment	(26,447,044)	-
Actuarial (gain) loss	(31,584,112)	24,829,266
	<u>189,538,007</u>	<u>232,568,502</u>
Benefit obligation at end of year		
Change in plan assets		
Fair value of plan assets at beginning of year	164,192,943	134,546,931
Actual return on plan assets	27,491,989	16,209,349
Employer contributions	7,700,000	18,000,000
Benefits paid	(5,195,755)	(4,563,337)
	<u>194,189,177</u>	<u>164,192,943</u>
Fair value of plan assets at end of year		
Funded status	<u>4,651,170</u>	<u>(68,375,559)</u>
Amounts recognized in accumulated unrestricted net assets consist of		
Net actuarial gain (loss)	78,455,778	(13,601,864)
Prior service credit (cost)	213,012	(4,413)
	<u>\$ 78,668,790</u>	<u>\$ (13,606,277)</u>

## Hunterdon Medical Center

Notes to Financial Statements  
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The accumulated benefit obligation for the Plan was \$189,538,007 and \$190,799,063 at December 31, 2013 and 2012, respectively

	<u>2013</u>	<u>2012</u>
Weighted average assumptions used to determine benefit obligations at December 31		
Discount rate	5.00 %	4.34 %
Rate of compensation increases	N/A	5.25
Weighted average assumptions used to determine net periodic benefit cost		
Discount rate	4.34 %	5.01 %
Expected long-term rate of return on plan assets	8.00	8.00
Rate of compensation increases	3.25	5.25
	grading to 4.0 in 2017	
Components of net periodic benefit cost		
Service cost	\$ 10,605,170	\$ 10,524,456
Interest cost	9,537,056	9,582,828
Expected return on plan assets	(13,393,979)	(11,231,460)
Amortization of prior service cost	46,592	39,741
Amortization of unrecognized actuarial loss	6,326,612	6,249,513
Recognized loss due to plan curtailment	220,610	-
Net periodic benefit cost	<u>\$ 13,342,061</u>	<u>\$ 15,165,078</u>
Amounts expected to be recognized in net periodic benefit cost in 2014 are as follows		
Net actuarial loss	\$ -	\$ 7,252,703
Prior service cost	\$ -	\$ 39,741

The expected long-term rate of return on pension assets is selected by taking into account the expected duration of the projected benefit obligation ("PBO") for the plan and the asset mix of the plan. The rate of return is expected to be the rate earned over the period until the benefits represented by the current PBO are paid. The expected return on plan assets is based on the Medical Center's expectation of historical long-term average rates of return on the different asset classes held in the pension fund. This is reflective of the current and projected asset mix of the funds and considers the historical returns earned on the Medical Center's asset allocation and the duration of the plan liabilities. Thus, the Medical Center has taken a historical approach to the development of the expected return on asset assumption. The Medical Center believes the fundamental changes in the markets cannot be predicted over the long term. Rather, historical returns, realized across numerous economic cycles, should be representative of the market return expectations applicable to the funding of a long-term benefit obligation.

Actual year-by-year returns can deviate substantially from the long-term expected return assumption. However, over time it is expected that the amount of over-performance will equal the amount of under-performance.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

The fair value hierarchy for the Medical Center's pension plan assets at December 31, 2013 are as follows

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pension assets				
Mutual funds - domestic fixed income	\$ 78,451,595	\$ 78,451,595	\$ -	\$ -
Mutual funds - domestic equity	87,793,946	87,793,946	-	-
Mutual funds - international equity	27,180,344	27,180,344	-	-
Cash and cash equivalents	763,292	763,292	-	-

The fair value hierarchy for the Medical Center's pension plan assets at December 31, 2012 are as follows

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pension assets				
Commingled fund, U S core equities	\$ 52,841,125	\$ -	\$ 52,841,125	\$ -
Commingled fund, U S small & mid-cap equities	17,071,011	-	17,071,011	-
Commingled fund, U S bonds	48,307,529	-	48,307,529	-
Mutual/commingled funds invested in international equity securities	21,694,248	10,681,887	11,012,361	-
Mutual fund, high yield bonds	8,094,774	8,094,774	-	-
Mutual fund, all asset fund	12,446,438	12,446,438	-	-
Cash and cash equivalents	3,737,818	3,737,818	-	-

The Medical Center had the ability to redeem its investments in the commingled funds at its year-end with one day notice and therefore, classified these funds as Level 2. There were no transfers between Level 1 and Level 2 financial assets in 2013. The Plan changed investment managers during 2013 and, as a result, there was a change in the composition of the investments.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

The Plan's actual weighted average asset allocations and target asset allocations by asset category are as follows

<u>Asset Category</u>	<u>Target Allocations</u>	<u>2013</u>	<u>2012</u>
Mutual and commingled funds invested in equity securities	55.0 %	59 %	56 %
Mutual and commingled funds invested in debt securities	42.5	40	42
Other	2.5	1	2
		<u>100 %</u>	<u>100 %</u>

In determining the asset allocation, the Medical Center's investment manager recognizes its desire for funding and expense stability, the long-term nature of the pension obligation, and current and projected cash needs for retiree benefit payments. An asset allocation analysis is performed to determine the long-term targets for the major asset classes of equity, debt and cash using an efficient frontier model. The asset allocation is reviewed quarterly and rebalanced if the variance to the targets exceeds 2.5%.

The Medical Center does not expect to contribute to the Plan during 2014.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Years ending December 31	
2014	\$ 6,430,387
2015	7,244,699
2016	8,005,903
2017	8,611,345
2018	9,466,926
Thereafter	58,271,889

In addition to the defined benefit plan, the Medical Center also provides a deferred compensation plan for certain employees and physicians. At December 31, 2013 and 2012, the assets related to this plan are included in other assets and the related liability is included in other liabilities in the amount of \$2,374,138 and \$2,426,199, respectively.

In addition, certain of the Medical Center's key employees participate in a split dollar life insurance plan. Under the insurance policy, all premium payments are divided between the participant's portion and the Medical Center's portion. Any withdrawal or death benefit must first be used to repay the Medical Center's portion of the policy. At December 31, 2013 and 2012, the assets related to this plan are included in other assets in the amount of \$4,119,609 and \$3,396,416, respectively.

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

### 9. Related-Party Transactions

Distributions of restricted funds from the Foundation are recorded as decreases to beneficial interest in net assets of Hunterdon Medical Center Foundation, Inc in the balance sheet. These restricted distributions consisted of the following for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Restricted for capital acquisitions	\$ 1,629,711	\$ -
Restricted for program support	574,309	349,729
Total	<u>\$ 2,204,020</u>	<u>\$ 349,729</u>

The Medical Center has entered into various financing and operating arrangements with its affiliates. Interest is not charged under these arrangements. The following net amounts are due from (to) affiliates at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Hunterdon Healthcare System, Inc	\$ 2,523,205	\$ 1,907,687
Hunterdon Medical Center Foundation, Inc	193,001	-
Hunterdon Regional Community Health, Inc	648,349	493,940
Midjersey Health Corporation and Subsidiaries	<u>(361,673)</u>	<u>(55,039)</u>
	3,002,882	2,346,588
Less amounts classified as current assets	<u>479,677</u>	<u>438,900</u>
Total	<u>\$ 2,523,205</u>	<u>\$ 1,907,688</u>

The System has entered into a noninterest-bearing loan agreement with the Medical Center. The System used the funds borrowed to purchase all of the outstanding stock of Midjersey Health Corporation. The outstanding balance of this note is \$930,000 and \$1,030,000 at December 31, 2013 and 2012, respectively. The System makes payments on this note to the Medical Center as Midjersey Health Corporation declares dividends to the System. Payments made during 2013 and 2012 were \$100,000. The remaining balance owed by the System of \$1,593,205 and \$877,687 at December 31, 2013 and 2012, respectively, primarily represents operating expenses paid by the Medical Center on the System's behalf.

The amounts due from the Foundation, HRCH, and Midjersey primarily represent salaries and benefits paid by the Medical Center on the affiliate organization's behalf. In 2013 and 2012, the Medical Center recorded equity transfers to the Foundation in the amount of \$1,950,000 and \$2,279,938, respectively. These transfers pertained to the reduction of amounts due to the Medical Center from the Foundation.

## Hunterdon Medical Center

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Notes to Financial Statements  
December 31, 2013 and 2012

HRCH has a contractual agreement to provide patient care services on behalf of the Medical Center. Fees associated with these contracted services in the amounts of \$393,681 and \$415,117 were recorded by the Medical Center during 2013 and 2012, respectively, and are included in supplies and services expenses in the accompanying statement of operations. HRCH also provides various management services such as billing, building maintenance, and other services to the Medical Center. The Medical Center recorded management fees of \$1,147,375 and \$1,131,376 for the years ended December 31, 2013 and 2012, respectively, that are included in supplies and services expenses in the accompanying statement of operations. These amounts represent fair value for services charged.

Midjersey has a service agreement with the Medical Center. Fees associated with the services provided under this agreement in the amounts of \$3,196,102 and \$2,653,184 for the years ended December 31, 2013 and 2012, respectively, were recorded by the Medical Center and are included in supplies and services expenses in the accompanying statement of operations.

### 10. Professional Liability Insurance

The Medical Center has annually purchased a claims-made professional liability insurance policy, which provides coverage of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. In addition, the Medical Center has purchased an additional layer of insurance above the base policy of \$15,000,000. Each individual employed physician is provided an individual limit of coverage in the amount of \$3,000,000 per occurrence and \$5,000,000 annual aggregate through a group purchased policy. Employed physicians are not covered by the Medical Center's policy or additional layer of insurance. The Medical Center has estimated losses and recorded an undiscounted liability of \$1,343,000 and \$1,429,000 at December 31, 2013 and 2012, respectively, relating to unasserted claims and incidents not yet reported to the insurance carrier, which are included in other liabilities in the accompanying balance sheet. In addition, the Medical Center has recorded a receivable (included in other assets), and related claim liability (included in other liabilities), for anticipated insurance recoveries of approximately \$2,852,000 and \$2,960,000 at December, 2013 and 2012, respectively.

### 11. Operating Leases

The Medical Center is obligated under noncancelable operating leases with terms in excess of one year for certain office space and equipment. Rental expense was \$5,243,397 and \$4,759,412 during 2013 and 2012, respectively. The required minimum lease payments at December 31, 2013 are as follows (rounded):

Years ending December 31	
2014	\$ 3,118,000
2015	2,645,000
2016	2,528,000
2017	2,073,000
2018	1,745,000
Thereafter	<u>8,393,000</u>
Total	<u>\$ 20,502,000</u>

## **Hunterdon Medical Center**

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Notes to Financial Statements  
December 31, 2013 and 2012

### **12. Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets in the amount of \$3,523,237 and \$5,400,147 at December 31, 2013 and 2012, respectively, are available for use by the Medical Center, as specified by the donor, for capital acquisitions, research, and education. Permanently restricted net assets of \$16,733,199 and \$15,246,863 at December 31, 2013 and 2012, respectively, are funds to be held in perpetuity by the Medical Center and consist of the Medical Center's beneficial interest in trusts and permanently restricted endowments. The income earned on these funds is expendable either to support patient care services or as specified by the donor. Realized gains and losses are retained in either unrestricted net assets or permanently restricted net assets in accordance with the donors' wishes.

The Medical Center's endowment consists of eight funds that have been established by the Medical Center and one fund that has been established by the Foundation to support the Medical Center in providing health care services. These funds are invested by the Medical Center and Foundation. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based upon the existence or absence of donor-imposed restrictions.

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor requires the Medical Center to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are to be reported in unrestricted net assets as of year-end. There were no such deficiencies as of December 31, 2013 and 2012.

#### **Interpretation of Relevant Law**

The Board of Trustees of the Medical Center and the Foundation have interpreted the New Jersey Uniform Prudent Management of Institutional Funds Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The interest and dividend income earned on the accumulations to the permanently restricted endowment funds is classified as temporarily restricted net assets until the donor-imposed restrictions have been met and the amounts have been appropriated for expenditure.

#### **Spending Policy**

The Foundation distributes to the Medical Center funds from its endowment account when donor-imposed restrictions have been met. The Medical Center spends earnings on donor-restricted endowment funds when expenses have been incurred that satisfy the donor-imposed restrictions.

# Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

## Return Objectives and Risk Parameters

The Foundation and Medical Center have adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of income and growth, while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center and Foundation must hold in perpetuity under this policy, as approved by the Medical Center's and Foundation's Boards of Trustees, the endowment assets are invested in a manner that is intended to produce moderate to high rates of return while assuming a moderate to low level of investment risk.

The Medical Center has no board-designated endowment funds. The following represents the net asset classes of the Medical Center's donor-restricted endowment funds at December 31, 2013 and 2012.

	2013		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ 1,658,952	\$ 14,489,080	\$ 16,148,032

  

	2012		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ 1,667,400	\$ 13,243,779	\$ 14,911,179

## Hunterdon Medical Center

Notes to Financial Statements  
December 31, 2013 and 2012

The following table presents changes in endowments for the years ended December 31, 2013 and 2012

	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets at December 31, 2011	\$ 1,728,128	\$ 12,355,713	\$ 14,083,841
Investment income	46,792	-	46,792
Change in net unrealized gains (losses) on investments	-	717,832	717,832
Net realized gains on investments	-	170,234	170,234
Appropriation of endowment assets for expenditure	<u>(107,520)</u>	<u>-</u>	<u>(107,520)</u>
Endowment assets at December 31, 2012	1,667,400	13,243,779	14,911,179
Investment income	65,441	-	65,441
Change in net unrealized gains (losses) on investments	-	1,138,574	1,138,574
Net realized gains on investments	-	106,727	106,727
Appropriation of endowment assets for expenditure	<u>(73,889)</u>	<u>-</u>	<u>(73,889)</u>
Endowment net assets at December 31, 2013	<u>\$ 1,658,952</u>	<u>\$ 14,489,080</u>	<u>\$ 16,148,032</u>

### 13. Functional Expenses

The Medical Center provides general healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended December 31, 2013 and 2012 are as follows

	<u>2013</u>	<u>2012</u>
Health services	\$ 229,972,243	\$ 225,103,212
General and administrative	<u>34,363,669</u>	<u>33,190,778</u>
Total	<u>\$ 264,335,912</u>	<u>\$ 258,293,990</u>

## Hunterdon Medical Center

Notes to Financial Statements  
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### 14. Concentration of Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements. The significant concentrations of accounts receivable for services to patients include the following at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Medicare	26.4 %	33.7 %
Medicaid	2.8	2.8
Blue Cross	15.2	14.9
Aetna	10.4	8.9
HMO/PPO payors	14.2	13.5
Other third-party payors	7.6	9.7
Self-pay patients	<u>23.4</u>	<u>16.5</u>
	<u>100 %</u>	<u>100 %</u>

### 15. Contingencies

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance, however, the possible future financial effects of this matter on the Medical Center, if any, are not presently determinable.

### 16. Meaningful Use of Electronic Health Records

The American Recovery and Reinvestment Act of 2009 established one-time incentive payments under the Medicare and Medicaid programs for hospitals that meaningfully use certified electronic health records ("EHR") technology. In general, a hospital may receive an incentive payment for up to four years, provided it successfully demonstrates meaningful use of certified EHR technology for the EHR reporting period. The key component of receiving the EHR incentive payments is "demonstrating meaningful use," which means meeting a series of objectives that make use of an EHR's potential related to the improvement of quality, efficiency, and patient safety. Meaningful use will be assessed on a year-by-year basis.

## Hunterdon Medical Center

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Notes to Financial Statements  
December 31, 2013 and 2012

Once the Medical Center meets the requirements for an incentive payment, a preliminary payment is made by The Centers for Medicare & Medicaid Services based on discharge data from the Hospital's most recently filed cost report. The final amount of the payment is determined at the time the cost report for the period beginning in the payment year is settled, based on discharge data from that cost report. The Medical Center recognized EHR incentive funds of \$2,292,000 and \$450,000 for the years ended December 31, 2013 and 2012, respectively. The EHR incentive funds are included in other revenue in the statement of operations.

The other revenue recognized is based on management's estimate and it is reasonably possible that the estimates used could change materially in the near term. Any such changes would affect operations in the period in which they occur. The Medical Center's attestation as a meaningful user is subject to audit by the Federal Government or its designee.

### 17. Subsequent Event

During January 2014, the Medical Center issued Revenue Bonds, Hunterdon Medical Center Obligated Group Issue, Series 2014 (Series 2014 bonds) dated January 1, 2014, through the New Jersey Health Care Facilities Authority (the Authority). The Series 2014 bonds were issued under a Loan Agreement between the Authority and the Medical Center dated January 1, 2014. The aggregate principal amount of the Series 2014 Bonds shall not exceed \$23,725,000 and proceeds from the Series 2014 bonds will be disbursed to the Medical Center in accordance with terms of the Hunterdon Medical Center Obligated Group Promissory Note Series 2014 (Series 2014 Note). The Authority also entered in a Trust Agreement with TD Bank, National Association, dated January 1, 2014, in which the Authority assigned all of its rights, title and interest in the Loan Agreement to TD Bank.

Bond proceeds will be used to finance various capital improvements to the Medical Center, including, but not limited to, the planning, development, acquisition, construction and equipping of the cardiovascular center and vertical expansion ("the Project"), fund capitalized interest on the Series 2014 Bonds payable during the period of the constructing and equipping of the Project, and to pay costs incurred in connection with the issuance and sale of the Series 2014 Bonds. As security for the repayment of the bonds, the Medical Center has granted a security interest in its gross revenues and a mortgage of the property in Raritan Township on which the Medical Center is located. The Loan Agreement requires the Medical Center to comply with certain financial covenants and ratios.

The Loan Agreement requires principal payments beginning in July 2019 and the Series 2014 bonds bear interest at a variable rate as defined in the Trust Agreement. As of May 27, 2014, bond proceeds of \$4,983,080 have been disbursed to the Medical Center in accordance with the provisions of the Loan Agreement.



**Hunterdon Healthcare**

*Your full circle of care.*

**HUNTERDON  
MEDICAL  
CENTER**

**2013 - 2015**

**COMMUNITY  
NEEDS  
IMPLEMENTATION  
PLAN**

## Introduction

Hunterdon Medical Center (HMC), part of the Hunterdon Healthcare System (HHS) and the only hospital in Hunterdon County, opened its doors in 1953 and has since evolved into a sophisticated center for medical excellence. HMC serves residents in Hunterdon and its neighboring counties. It is a 178-bed teaching hospital that provides a full range of preventive, diagnostic and therapeutic inpatient and outpatient hospital and home and community health services. It treats over 8,600 inpatients annually, with 33,000 Emergency Department visits and over 292,000 outpatient visits per year. In addition, HHS is the largest employer in the county with approximately 2,050 full-time and part-time employees and over 600 volunteers.

Hunterdon Healthcare's mission and vision reaffirm HMC's commitment to provide the best healthcare possible and drive it to fulfill the needs of the community. This commitment to improve the health of the Hunterdon community has remained constant over its 60 year history, and will continue to do so.

***Mission:** Hunterdon Healthcare System delivers compassionate and exceptional care that improves the health of the community.*

***Vision:** Hunterdon Healthcare System is recognized as a national model for offering community focused health improvement that is consumer-centered and driven by a passion for excellence.*

## Community Health Needs Assessment

The Hunterdon County *Partnership for Health*, a collaboration that includes HMC and other county agencies such as schools, government and non-profit, business and faith-based organizations completed in June 2013 a comprehensive Community Health Needs Assessment (CHNA) to identify the health needs and issues of the Hunterdon County community. This round of CHNA was not only initiated to comply with current IRS requirements for tax-exempt healthcare organizations, but also to further the work of the *Partnership for Health* and the commitment of HMC to ensure a healthier Hunterdon community. The complete report can be found at <http://hunterdonhealthcare.org> under Needs Assessment.

The CHNA identified eight potential health priorities for Hunterdon. The list includes: Obesity/Overweight, Integration of Physical and Mental Health, Substance Abuse, Disparities with Hispanic/Latino Population, Gang Activity, Prenatal Care, Dental Care, and Aging-related Issues. After much discussion and deliberation, the members of the *Partnership for Health* voted and identified the following four health issues (in no particular order) to be key priorities for 2013-2015 based on the seriousness and ability to impact the issue:

1. Obesity/Overweight
2. Substance Abuse
3. Latino Health Disparity
4. Aging-related Issues

Action Teams, comprised of *Partnership for Health* and other community members, have been formed. Action Team members are individuals with the expertise, passion and knowledge of the four identified priority health issues. They are tasked to define attainable goals and objectives, and develop clear strategies to address their respective health issues. In addition, Action Team members will also discuss and identify broad measures to track and measure both short-term and long-term progress and success in addressing each of the identified issues.

## Strategies to Address Identified Priority Community Health Issues

Hunterdon Medical Center understands that collaboration is important in maintaining a healthy community. Working with other agencies enables the community to tackle complex issues more efficiently and effectively. HMC is a key partner of the *Partnership for Health* and the four Action teams which developed the 2013 Community Health Improvement Plan [available at <http://partnershipforhealth.hunterdonhealthcare.org/>]. HMC plans to continue its efforts and collaboration with various agencies through the *Partnership for Health* and the four action teams. In addition to the action teams' activities, HMC will address the following issues as described:

### *1 Obesity/Overweight*

*Goal: Reduce the prevalence of obesity among Hunterdon County residents.*

Obesity is growing at an alarming rate in Hunterdon County. HMC understands that there are multiple factors – behavioral, socioeconomic, environmental and genetic – that play a role in obesity, making it an extremely complex issue to address. With this in mind, HMC has initiated numerous weight and chronic disease management programs to respond to this growing public health concern. It will continue to support the expansion and development of all these programs that promote healthy eating and active living moving forward.

### **Strategies:**

- Provide a wide array of weight loss and weight management programs for adults and children. Programs include:
  - *OptiFast* – a comprehensive weight management program that combines lifestyle education and medical monitoring with meal replacement
  - *Why Can't I Lose Weight* – an 8-week adult weight management program addressing a variety of topics such as healthy eating, meal planning, label reading, and exercise
  - *Weigh to Go* – a 4-week nutrition and exercise program created through collaboration between Hunterdon Pediatric Associates, HMC's Center for Nutrition and Diabetes Management and the Hunterdon County YMCA, for kids ages 7-14
  - *Nutrition Counseling and Education Services* – these services provided by registered dietitians help individuals develop a plan that will allow long-term lifestyle changes to meet their health goals.

- *Pre-diabetes Group Classes* – provide strategies to prevent or delay the onset of type 2 diabetes with lifestyle modification including weight management
- If surgery is ultimately needed, HMC performs a variety of surgical and minimally invasive options such as gastric banding, Roux-en-Y gastric bypass and sleeve gastrectomy.
- Offer comprehensive diabetes education and support programs for the client and his/her family. These sessions will equip them with the skills they need to make positive choices and manage their diabetes, which is usually linked to obesity.
- Maintain an appropriate level of registered dietitians, certified diabetes educators and other health care professionals to provide nutrition counseling, and to help individuals lose weight and manage their diabetes.
- Support and enhance workplace wellness initiatives that provide opportunities for employees to adopt healthy behaviors and improve their health. Initiatives include:
  - Provide employees with discounted membership to the Hunterdon Health and Wellness Centers
  - Make the nutrition information of food served in the cafeteria easily available and accessible to employees
  - Offer employees the *Commit to be FIT* program – provides participants with healthy eating and physical activity tips as well 50% off the cafeteria salad bar
  - Develop and initiate additional employee wellness programs that address their weight, lipids, high blood pressure and pre-diabetes.
  - Employee Insurance Wellness Rewards Program – encourages employees to be more proactive with their health, by offering financial incentives (payment applied towards their Health Savings Account) for healthy behaviors such as going for an annual physical/well visit, completing biometric screening through Occupational Health, participating in no or low-cost nutrition and/or diabetes education workshops offered by HMC, exercising regularly and others.
- Provide educational and informational resources regarding healthy eating, fitness and diabetes and make them available and easily accessible to everyone
- Hunterdon Healthcare System is developing an Integrative Medicine program which will focus on the areas of nutrition, exercise and healthy living.
- HMC employees will actively participate in the Obesity/Overweight Action Team. In addition, an HMC employee will serve as an Action Team co-leader. Team co-leader responsibilities include coordinating meetings, leading the team's discussion and brainstorming of goals, objectives, strategies and action plan related to obesity prevention.

**Measurable Objectives/Expected Outcomes:**

- Stop and eventually reverse the rising obesity trend among Hunterdon County residents. Hunterdon Healthcare will analyze the Electronic Health Records (EHR) to obtain aggregate BMI data, break it down by zip code to monitor progress and trend on an annual basis. This data would also allow HMC to better target appropriate populations in the county, who need interventions the most.
- Increase the number of people participating in the various wellness and weight and diabetes management programs by 10% over a three-year period.

**Some of the Agencies which HMC will collaborate with on the issue of Obesity/Overweight:**

- YMCA
- Grow-A-Row
- Francis Desmares Elementary School
- Hunterdon Land Trust
- Rutgers Cooperative Extension
- Hunterdon and Mercer Chronic Disease Coalition
- Hunterdon County Chamber of Commerce

*2. Substance Abuse*

*Goal: Reduce the prevalence and incidence of substance abuse among Hunterdon County residents.*

HMC recognizes that substance abuse is a growing problem in Hunterdon that cuts across age, gender and income level. There are numerous organizations in Hunterdon that provide substance abuse prevention and treatment services. HMC will continue to provide high-quality, comprehensive mental health and addiction services, two commonly co-occurring conditions, through its Hunterdon Behavioral Health (HBH) department.

**Strategies:**

- HBH will continue to strengthen its programs and services, which include:
  - *Inpatient Psychiatric Services* – 14-bed open voluntary facility that provides psychiatric stabilization or detoxification
  - *Psychiatric Emergency Services* – a 24/7 service that provides crisis interventions, referral to appropriate services
  - *Outpatient Addictions Counseling Services* – offers individual, group and family counseling as well as substance abuse evaluations
  - *Acute Addictions Intervention Program* – an intensive outpatient substance abuse treatment
  - *Alcohol and Substance Abuse Education Program* – a 16-week educational and early intervention program that provides information and insight into alcoholism and substance abuse and their effects on the individual and their relationships
  - *Mobile Outreach* – visits individuals who are in need of hospitalization but are unwilling or unable to come to the screening center
- Enhance a recently developed initiative wherein physicians screen patients on the floors for substance abuse issues and refer them for addiction consult, if necessary
- Continue Employee Assistance Program, a free, confidential counseling and referral program designed to help employees and their eligible family members resolve their personal problems
- Enhance substance abuse awareness training among physicians enabling them to effectively assess and manage substance abuse disorders. Beginning September 2013, resident physicians will be required, as part of their rotation curriculum, to sit in and observe a substance abuse group counseling session led by an addiction counselor.
- Educate the community on substance abuse and inform the community about HMC's inpatient and outpatient mental health and substance abuse services

- HMC employees will actively participate in the Substance Abuse Action Team. In addition, an HMC employee will serve as an Action Team co-leader. Team co-leader responsibilities include coordinating meetings, leading the team's discussion and brainstorming of goals, objectives, strategies and action plan related to substance abuse prevention and treatment.

**Measurable Objectives/Expected Outcomes:**

- Increase the number of clients who are referred to addiction programs and/or for addiction consults by 5% over a three-year period.
  - Increase the number of patients referred for addiction consults who actually sought HBH services.
- Reduce Emergency Department (ED) visits due to substance abuse and/or drug overdose.
- Reduce the percentage of Hunterdon residents who abuse substances. Data will be obtained from the Behavioral Risk Factor Surveillance System (BRFSS).

**Some of the Agencies which HMC will collaborate with on the issue of Substance Abuse:**

- Anderson House
- Freedom House
- Hunterdon Drug Awareness Program
- Hunterdon County Department of Human Services
- Hunterdon County Division of Health
- Readington Township Board of Health
- Hunterdon and Somerset County Safe Communities Coalition
- Hunterdon Prevention Resources

*3 Latino Health Disparity and Prenatal Care*

*Goal: Reduce health disparities among the Latino population in Hunterdon County*

The Latino population in Hunterdon County has more than doubled over the last decade and is expected to continue to grow over the next few decades. Latinos experience significant barriers to care such as cultural and language differences. Data shows that Hunterdon Latinos tend to have poorer health outcomes compared to the general Hunterdon population, particularly as it relates to access to prenatal services. Although initially considered a separate issue, it was determined that lack of or limited access to prenatal care predominantly affects Latino mothers. Therefore, prenatal care will be addressed as part of the broader Latino Health Disparity issue. HMC is committed to addressing the gaps in care and treatment among the Latino population in Hunterdon to reduce health disparity.

**Strategies:**

- Provide brochures and information resources/materials in Spanish.
- Offer group prenatal care at Phillips-Barber Family Health Center.
- Ensure that Charity Care Applications for pregnant women continue to be processed as a priority

- Provide health education workshops such as sun safety, cancer prevention and healthy eating in Spanish
- Hire a bilingual patient navigator The patient navigator's responsibilities will include:
  - Coordinating and enhancing the volunteer medical interpreter program
  - Assisting Latinos to independently navigate the Hunterdon Healthcare System and Resources
  - Identifying barriers to accessing and receiving care and gaps in health care services among the county's Latino population
  - Training/educating healthcare providers and staff both at HMC and all Hunterdon Healthcare System locations on translation services that are available to them.
- Translating patient satisfaction surveys in Spanish and making it available to patients whose preferred language is Spanish
- Provide free or low-cost comprehensive screening for breast, cervical, prostate and colorectal cancer to low-income individuals who are uninsured or under-insured
- Using the EHR, identify age-appropriate Latino women who have not had a mammogram. And through telephone outreach and education classes, encourage them to get screened for breast cancer
- HMC employees will actively participate in the Latino Health Disparity action team In addition, an HMC employee will serve as an action team co-leader. Team co-leader responsibilities include coordinating meetings, leading the team's discussion and brainstorming of goals, objectives, strategies and action plan regarding Latino health disparity issues.

**Measurable Objectives/Expected Outcomes:**

- Increase the number of Latino moms attending the group prenatal care program at Phillips-Barber by 10% over a three-year period.
- Increase the proportion of Latino moms in Hunterdon receiving early and adequate prenatal care by 5% over a three-year period.
- Increase the number of Latinos participating in the health education workshops by 10% over a three-year period.
- Increase the percentage of Latinos receiving age-appropriate screening for breast, cervical, prostate and colorectal cancer by 10% over a three-year period.

**Some of the Agencies which HMC will collaborate with on the issue of Latino Health Disparity:**

- United Way of Hunterdon County
- Hunterdon County Division of Health, Public Health Nursing and Education
- Faith-based organizations
- YMCA
- HART
- Family Success Center

#### *4 Aging-related Issues*

*Goal: Improve the health, function and quality of life of seniors (65 years and over) living in Hunterdon County*

HMC is committed to elder care excellence and is a “*Nurses Improving Care for Healthsystem Elders*” (NICHE) designated hospital. Recognizing that the proportion of seniors is growing, HMC offers a variety of programs and services focused on promoting and improving the health and overall quality of life of the elderly population in Hunterdon.

#### **Strategies:**

- Offer caregiver support groups and respite programs which provide caregivers and family members an opportunity to socialize and discuss common topics of concern and a break from the emotional and physical toll of caring for their elderly loved ones.
- Collaborate with Hunterdon Hospice to educate physicians and the community regarding the benefits of hospice.
- Brideside Adult Day Center, which cares for older adults in need of some supervision during the day, was experiencing significant financial issues. Through its recent acquisition, Hunterdon Healthcare will ensure that this valuable service could be continued and enhanced in the Hunterdon area
- Collaborate with Hunterdon HealthCare Partners to include in the Pre-Visit Health Review of patients 65 years and older a reminder for them to get their annual physical exam or wellness visit
- Enhance Emergency Department (ED) rooms with a more of a senior focus
- Educate nurses about delirium and provide them with the tools needed to properly assess and address delirium among older patients and engage their family members
- HMC employees will actively participate in the Aging-related Issues action team. In addition, an HMC employee will serve as an action team co-leader. Team co-leader responsibilities include coordinating meetings, leading the team’s discussion and brainstorming of goals, objectives, strategies and action plan related to aging and the health and wellness of older adults.

#### **Measurable Objectives:**

- Increase the percentage of seniors who receive an Annual Wellness Visit or Annual Physical Exam by 10% over a three-year period.
- Increase the percentage of seniors who have completed an Advanced Directive and provided a copy to their primary care physician by 10% over a three-year period.
- Increase hospice utilization by 10% over a three-year period.
- Increase average daily census of Brideside Adult Day Center by 10% over a three-year period.

#### **Some of the Agencies which HMC will collaborate with on Aging-related Issues:**

- Hunterdon Care Center
- Hunterdon Helpline
- Hunterdon County Senior, Disabilities and Veterans Services
- Hunterdon HealthCare Partners

- Employed and non-employed primary care practices/physicians
- Hunterdon County Division of Health, Public Health Nursing and Education
- United Way of Hunterdon County

## Strategies to Address Other Community Health Needs Not Included in the Partnership for Health's Plan

### *1. Integration of Physical and Mental Health*

Although not identified by the *Partnership for Health* as a key priority, HMC recognizes that physical health and mental health are inextricably linked. Therefore, these two issues need to be looked at and at times managed together. Many of the strategies mentioned under Substance Abuse also address this issue. The additional strategy listed below focuses on providing a more holistic approach to patient care and wellness, taking into account both mind and body.

#### **Strategy:**

- Hunterdon Healthcare will develop an Integrative Medicine (IM) program, a holistic approach to health and wellness, combining conventional Western Medicine with what has typically been referred to as Complementary and Alternative Medicine.

#### **Measurable Objective:**

- Develop and implement the IM program

## Community Needs Not Directly Addressed by HMC

HMC recognizes the importance of the needs identified by the *Partnership for Health*, regardless of priority ranking. However, it will not be directly addressing and developing specific strategic plans for gang activity and dental care. Other agencies/organizations in Hunterdon are more appropriately qualified to address these community needs. However, HMC will support their initiatives.

### *1. Gang Activity*

Although HMC understands the severity of this problem, it is beyond the hospital's scope of expertise to handle this issue. The County Prosecutor's Office is spearheading efforts to combat drug trafficking and gang activity in Hunterdon.

### *2. Dental Care*

HMC recognizes that dental health is important to overall health and quality of life. However, basic dental care is beyond the hospital's scope of expertise. Zufall Health Center is addressing this need in Hunterdon. It will be opening a dental clinic in Flemington in Fall 2013, which will provide services on a sliding-fee scale to low-income patients who have no dental insurance.

## Additional Strategies

HMC will continue its collaboration with the *Partnership for Health* and Action Team members. It will also seek to build new relationships with other organizations to help better address the identified community health needs. In addition, a partnership coordinator, employed by HMC, will remain to assist in coordinating *Partnership for Health* activities.

## Conclusion

Hunterdon has been ranked the healthiest county in New Jersey by the University of Wisconsin Population Health Institute's County Health Rankings. However, there are still a range of concerns and problems that impact the health and welfare of the community. This implementation plan provides a broad view of HMC's goals and objectives, the activities it plans to implement, and the partnerships it will enhance to address the identified needs. Activities, programs and interventions will continuously be monitored, evaluated and improved, to ensure that they are effectively promoting the quality of life and the health status of the Hunterdon community.

## Approval

Hunterdon Medical Center Board Approval:

By: Deborah Mleczko

Deborah Mleczko  
Assistant Secretary  
Hunterdon Medical Center Board of Trustees

Date: Sept. 26, 2013