Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
HOLY NAME MEDICAL CENTER

% RYAN KENNEDY CPA

Doing business as

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

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

D Employer identification number
22-1487322

E Telephone number
(201) 833-7016

G Gross receipts $ 351,991,486

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HOLYNAME ORG

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

L Year of formation 1958 | **M** State of legal domicile NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SVCS TO INDIVIDUALS IN THE COMMUNITY REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, NAT'L ORIGIN, AGE, DISABILITY OR ABILITY TO PAY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,025
6	Total number of volunteers (estimate if necessary)	6	735
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	574,625	431,496
	9	Program service revenue (Part VIII, line 2g)	314,241,680	344,215,689
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,144,762	3,003,735
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,486,361	3,621,599
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,447,428	351,272,519
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	101,542	10,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	161,039,825	167,670,032
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	137,571,186	153,370,685
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	298,712,553	321,051,217
	19	Revenue less expenses Subtract line 18 from line 12	21,734,875	30,221,302

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	333,952,585	346,432,320
	21	Total liabilities (Part X, line 26)	183,402,268	185,931,328
	22	Net assets or fund balances Subtract line 21 from line 20	150,550,317	160,500,992

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

****** | 2016-11-02
Signature of officer | Date

RYAN KENNEDY CPA CFO
Type or print name and title

Paid Preparer Use Only

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

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

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

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 148,402,976 including grants of $ 0) (Revenue $ 149,761,700)

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

4b (Code) (Expenses $ 126,783,193 including grants of $ 0) (Revenue $ 162,124,647)

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

4c (Code) (Expenses $ 13,760,975 including grants of $ 0) (Revenue $ 24,024,014)

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

4d Other program services (Describe in Schedule O)
(Expenses $ 0 including grants of $ 10,500) (Revenue $ 8,305,328)

4e **Total program service expenses ▶** 288,947,144

Part IV Checklist of Required Schedules

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

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

		Line	Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	149			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,025			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶RYAN KENNEDY CPA 718 TEANECK ROAD TEANECK, NJ 07666 (201) 833-7016

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total ▶			
c	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c) ▶	7,470,713	0	1,242,034

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 285

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLAUDIO BOZZO SON INC, 503 FARLEY ROAD WHITEHOUSE STATION, NJ 08889	CONSTRUCTION	3,085,316
ALOYSIUS BUTLER CLARK, 2 NORTH STREET WALDWICK, NJ 07463	ADVERTISING	2,775,321
MAYO COLLABORATIVE SERVICES INC, PO BOX 9146 MINNEAPOLIS, MN 55480	LABORATORY	1,441,149
NEW JERSEY PERINATAL ASSOCIATES, 94 OLD SHORT HILLS ROAD SUITE 402 LIVINGSTON, NJ 07039	MEDICAL	847,740
POLYMATH MEDICAL LLC, 128 WOODLAND AVENUE LITTLE FERRY, NJ 07643	MEDICAL	816,016

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 79

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	33,347				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	398,149				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶		431,496			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	541900	335,890,615	335,890,615		
	b OTHER HEALTHCARE RELATED REVENUE	541900	5,965,345	5,965,345		
	c SCHOOL OF NURSING	900099	2,359,729	2,359,729		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		344,215,689			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . ▶		2,025,693			2,025,693
	4 Income from investment of tax-exempt bond proceeds . . ▶		388,046			388,046
	5 Royalties . . . . ▶		0			
		(i) Real / (ii) Personal				
	6a Gross rents	836,565 /				
	b Less rental expenses	625,719 /				
	c Rental income or (loss)	210,846 / 0				
	d Net rental income or (loss) . . . . ▶		210,846			210,846
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	159,125 / 524,119				
	b Less cost or other basis and sales expenses	/ 93,248				
	c Gain or (loss)	159,125 / 430,871				
	d Net gain or (loss) . . . . ▶		589,996			589,996
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	900099	2,102,328			2,102,328
	b DAY CARE	624410	975,572			975,572
	c TELEVISION & TELEPHONE	517000	332,853			332,853
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . . ▶		3,410,753			
	12 **Total revenue.** See Instructions . . . . . ▶		351,272,519	344,215,689		6,625,334

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,500	10,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,178,066	6,460,259	717,807	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	134,651,758	121,186,582	13,465,176	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,595,878	3,236,290	359,588	
9	Other employee benefits	11,019,076	9,917,168	1,101,908	
10	Payroll taxes	11,225,254	10,102,729	1,122,525	
11	Fees for services (non-employees)				
a	Management	25,000	22,500	2,500	
b	Legal	688,429	619,586	68,843	
c	Accounting	232,354	209,119	23,235	
d	Lobbying	112,951	101,656	11,295	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	349,388	314,449	34,939	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,897,253	3,507,528	389,725	
12	Advertising and promotion	4,896,115	4,406,503	489,612	
13	Office expenses	9,640,009	8,676,008	964,001	
14	Information technology	26,996	24,296	2,700	
15	Royalties . .	0			
16	Occupancy	4,715,379	4,243,841	471,538	
17	Travel	419,068	377,161	41,907	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	311,198	280,078	31,120	
20	Interest	5,586,644	5,027,980	558,664	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,804,076	16,023,668	1,780,408	
23	Insurance	1,974,153	1,776,738	197,415	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	66,762,832	60,086,549	6,676,283	
b	PURCHASED SERVICES	12,193,545	10,974,190	1,219,355	
c	REPAIRS & MAINTENANCE	8,946,682	8,052,014	894,668	
d	PHYSICIAN FEES	8,345,888	7,511,299	834,589	
e	All other expenses	6,442,725	5,798,453	644,272	
25	**Total functional expenses.** Add lines 1 through 24e	321,051,217	288,947,144	32,104,073	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		536,118	1	772,127
	2	Savings and temporary cash investments		26,181,496	2	31,140,016
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		33,942,669	4	38,371,136
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,746,602	8	5,947,675
	9	Prepaid expenses and deferred charges		3,429,980	9	2,843,323
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 385,139,710			
	b	Less accumulated depreciation	10b 253,049,054	137,488,836	10c	132,090,656
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		92,086,480	13	93,081,000
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		34,540,404	15	42,186,387
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		333,952,585	16	346,432,320
Liabilities	17	Accounts payable and accrued expenses		42,745,685	17	45,659,464
	18	Grants payable		0	18	0
	19	Deferred revenue		252,356	19	689,597
	20	Tax-exempt bond liabilities		110,626,868	20	106,268,910
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		6,919,129	23	5,099,863
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		22,858,230	25	28,213,494
	26	**Total liabilities.** Add lines 17 through 25		183,402,268	26	185,931,328
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		137,222,578	27	142,715,992
	28	Temporarily restricted net assets		13,317,739	28	17,775,000
	29	Permanently restricted net assets		10,000	29	10,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		150,550,317	33	160,500,992
	34	Total liabilities and net assets/fund balances		333,952,585	34	346,432,320

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	351,272,519
2	Total expenses (must equal Part IX, column (A), line 25)	2	321,051,217
3	Revenue less expenses Subtract line 2 from line 1	3	30,221,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150,550,317
5	Net unrealized gains (losses) on investments	5	-2,821,271
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,449,356
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	160,500,992

Part XII **Financial Statements and Reporting**

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT G BRITZ CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
JOHN GERAGHTY VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
SISTER BARBARA MORAN CSJP SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
EDWIN H RUZINSKY CPA TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
ARNOLD BALSAM TRUSTEE	1 0 0 0	X						0	0	0
DAVID BUTLER MD TRUSTEE	1 0 0 0	X						0	0	0
TED A CARNEVALE CPA TRUSTEE	1 0 0 0	X						0	0	0
DALE A CREAMER TRUSTEE	1 0 0 0	X						0	0	0
JOSEPH FRASCINO MD TRUSTEE	1 0 0 0	X						0	0	0
DAVID E LANDERS MD TRUSTEE	1 0 0 0	X						0	0	0

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
SALVATORE LARAIA MD TRUSTEE	1 0 0 0	X						0	0	0
DANIEL LEBER TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL MARON TRUSTEE - PRESIDENT/CEO	55 0 0 0	X		X				2,212,105	0	518,467
SISTER ANTOINETTE MOORE CSJP TRUSTEE	1 0 0 0	X						0	0	0
JOSEPH PARISI JR TRUSTEE	1 0 0 0	X						0	0	0
SISTER ANN TAYLOR CSJP TRUSTEE	1 0 0 0	X						0	0	0
LEON TEMIZ TRUSTEE	1 0 0 0	X						0	0	0
RONALD WHITE MD TRUSTEE - PRES MEDICAL STAFF	1 0 0 0	X						0	0	0
FRANK BRUNETTI ESQ DIRECTOR (1/1/15 - 10/15/15)	1 0 0 0	X						0	0	0
RYAN KENNEDY CPA VP, CHIEF FINANCIAL OFFICER	55 0 0 0			X				521,737	0	92,283

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ADAM JARRETT MD EVP, CHIEF MEDICAL OFFICER	55 0 0 0				X			758,188	0	149,259
SHERYL SLONIM EVP, PATIENT CARE & CNO	55 0 0 0				X			588,599	0	163,356
MARYANN KICENUIK SVP, GENERAL COUNSEL	55 0 0 0				X			536,829	0	100,328
SEAN O'ROURKE VP, ADMINISTRATION	55 0 0 0				X			379,562	0	11,024
STEVEN MOSSER VP, FACILITIES	55 0 0 0				X			323,661	0	32,212
MICHAEL SKVARENINA VP, CHIEF INFORMATION OFFICER	55 0 0 0				X			289,996	0	32,370
RICHARD VAN EERDE VP, FINANCE	55 0 0 0				X			260,085	0	18,424
MANUEL GONZALEZ VP, HUMAN RESOURCES	55 0 0 0				X			183,319	0	6,264
SHARAD WAGLE MD MEDICAL DIRECTOR	55 0 0 0					X		355,967	0	26,328
RAVIT BARKAMA AVP, CLINICAL DEVELOPMENT	55 0 0 0					X		348,256	0	35,273

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
KYUNG-HEE CHOI VP, ASIAN HEALTH SERVICES	55 0 0 0					X		247,520	0	8,934
ALLAN J CAGGIANO PHYSICIST	55 0 0 0					X		235,221	0	31,737
DEBORAH ZAYAS VP, NURSING SERVICES	55 0 0 0					X		229,668	0	15,775

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ______

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . . . ______			
d From 2014. . . . . . . ______			
e From 2015. . . . . . . ______			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493319042776

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a) Filing organization's totals**	**(b) Affiliated group totals**
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		78,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		34,951
j	Total Add lines 1c through 1i			112,951
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1G AND 1I	DURING 2015, HOLY NAME MEDICAL CENTER PAID AN OUTSIDE INDEPENDENT LOBBYING FIRM $78,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF TOTAL 2015 COMPENSATION PAID TO THE VICE PRESIDENT OF PLANNING AND GOVERNMENT AFFAIRS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO $13,241 HOLY NAME MEDICAL CENTER IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AND THE NEW JERSEY HOSPITAL ASSOCIATION ("NJHA") 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 $21,710 DURING 2015 THE ORGANIZATION IS ALSO A MEMBER OF FAIR SHARE HOSPITALS COLLABORATIVE, INC TO WHICH IT PAID DUES IN THE AMOUNT OF $15,000 IN 2015 ONE OF THE FUNCTIONS OF FAIR SHARE HOSPITALS COLLABORATIVE, INC IS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ITS MEMBER HOSPITALS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶________

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

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

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

		(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a	Beginning of year balance	13,327,739	10,939,467	9,434,352	7,897,777	8,479,363
b	Contributions	4,641,462	4,169,163	2,874,632	3,782,260	442,431
c	Net investment earnings, gains, and losses	8,013	89,883	233,966	193,148	-46,614
d	Grants or scholarships					
e	Other expenditures for facilities and programs	192,843	1,870,774	1,603,483	2,438,833	977,403
f	Administrative expenses					
g	End of year balance	17,784,371	13,327,739	10,939,467	9,434,352	7,897,777

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 ▶ 0 060 %

c Temporarily restricted endowment ▶ 99 940 %

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

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

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

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		3,471,294		3,471,294
b Buildings		193,698,985	106,798,864	86,900,121
c Leasehold improvements		3,192,114	2,387,604	804,510
d Equipment		182,146,013	143,862,586	38,283,427
e Other		2,631,304		2,631,304
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . . . ▶				132,090,656

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	93,081,000	

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	25,167,294
(2) DEFERRED FINANCING COSTS	1,330,715
(3) OTHER RECEIVABLES	2,470,959
(4) OTHER ASSETS	13,217,419
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	42,186,387

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO THIRD-PARTY PAYORS	20,205,741
OTHER LIABILITIES	8,007,753
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	28,213,494

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES THE MEDICAL CENTER HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO THE ENDOWMENT FUNDS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
(1)LIMITED USE	9,331,830	F
(2)LIMITED USE	248,578	F
(3)LIMITED USE	695,198	F
(4)EQUITIES, LIMITED USE	207,997	F
(5)CORPORATE BONDS, LIMITED USE	372,814	F
(6)LIMITED USE	3,032,105	F
(7)LIMITED USE	2,349,528	F
(8)LIMITED USE	178,914	F
(9)ACCRUED INTEREST, LIMITED USE	113,664	F
(10)LIMITED USE	4,484,715	F
(11)CASH & CASH EQUIVALENTS	4,528,502	F
(12)MUTUAL FUNDS - FIXED INCOME	12,027,784	F
(13)MUTUAL FUNDS - EQUITY	20,205,203	F
(14)EQUITIES	6,056,152	F
(15)CORPORATE BONDS	10,855,072	F
(16)U S GOVERNMENT OBLIGATIONS	6,192,946	F
(17)CERTIFICATES OF DEPOSIT	697,676	F
(18)ALTERNATIVE INVESTMENTS	5,209,359	F
(19)BONDS	2,000	F
(20)ACCRUED INTEREST	2,963	F
(21)ASSETS HELD BY RELATED ORG	6,288,000	F

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I General Information on Activities Outside the United States.

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

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1)	Central America and the Caribbean			Investments		295,989
(2)	Central America and the Caribbean			Investments		52,047
(3)						
(4)						
(5)						
3a	Sub-total					348,036
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					348,036

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

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	**(a)** Number of activities or programs (optional)	**(b)** Persons served (optional)	**(c)** Total community benefit expense	**(d)** Direct offsetting revenue	**(e)** Net community benefit expense	**(f)** Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,017,220	632,079	3,385,141	1 050 %
b Medicaid (from Worksheet 3, column a)			43,149,879	34,332,149	8,817,730	2 750 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	
d **Total** Financial Assistance and Means-Tested Government Programs			47,167,099	34,964,228	12,202,871	3 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,741,646	0	2,741,646	0 850 %
f Health professions education (from Worksheet 5)			516,337	1,150	515,187	0 160 %
g Subsidized health services (from Worksheet 6)			31,748,876	19,463,083	12,285,793	3 830 %
h Research (from Worksheet 7)			1,587,257	465,613	1,121,644	0 350 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			544,990	1,250	543,740	0 170 %
j **Total.** Other Benefits			37,139,106	19,931,096	17,208,010	5 360 %
k **Total.** Add lines 7d and 7j			84,306,205	54,895,324	29,410,881	9 160 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			5,182		5,182	
3	Community support			7,469		7,469	
4	Environmental improvements						
5	Leadership development and training for community members			16,004		16,004	0 010 %
6	Coalition building			3,048		3,048	
7	Community health improvement advocacy						
8	Workforce development						
9	Other			915		915	
10	**Total**			32,618		32,618	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

					Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?			1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	12,330,357			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	4,854,474			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements					

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	129,927,241
6	Enter Medicare allowable costs of care relating to payments on line 5	6	143,616,077
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-13,688,836

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BERGEN RENAL CARE				
2 CENTER LLC	HEALTHCARE SERVICES	6 %		35 %
3 BERGEN RENAL CARE				
4 HOME PD CENTER LLC	HEALTHCARE SERVICES	6 %		35 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW HOLYNAME ORG			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW HOLYNAME ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) WWW HOLYNAME ORG			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

			Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

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

			Yes	No
19	Did the hospital facility or other authorized 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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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) f ☐ None of these efforts were made			
	Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	Yes	
	If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			
	Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	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 Section C)			
23	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?	23		No
	If "Yes," explain in Section C			
24	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?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B.
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	INCOME-BASED CRITERIA USED TO DETERMINE ELIGIBILITY ARE IN ACCORDANCE WITH THE NJ ADMINISTRATIVE CODE 10 52 SUB-CHAPTERS 11, 12 AND 13 FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE FOLLOWING CRITERIA ARE USED IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE - ASSET LEVEL, - MEDICAL INDIGENCE, - INSURANCE STATUS, - UNDERINSURANCE STATUS, AND - RESIDENCY

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED

Form and Line Reference	Explanation
SCHEDULE H, PART II	ACTIVITIES CLASSIFIED AS COMMUNITY BUILDING INCLUDE USE OF HOLY NAME MEDICAL CENTER'S ("HNMC") FACILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT - PROMOTE THE POSITIVE GROWTH OF THE COMMUNITY, - ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENEFIT, AND - SEEK TO PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE HEALTH AND WELL-BEING OF THE COMMUNITY HNMC ALSO ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY AID IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME AMONG THE ORGANIZATIONS AIDED ARE NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, BATTERED WOMEN'S SHELTERS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS AND SCHOOLS HNMC ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS CONFERENCE CENTER FOR EVENTS CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS ALTHOUGH HNMC'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED HNMC WAS ONE OF NINE HOSPITALS IN NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("NJDOH") AS A REGIONAL MEDICAL COORDINATION CENTER ("MCC") THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC WAS ABLE TO BE ACTIVATED IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND/OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION THE MCC ALSO MONITORED, ON A DAILY BASIS, SITUATIONAL AWARENESS OF LOCAL ACTIVITY IN 2014, THE NJDOH LOST MUCH OF ITS FEDERAL FUNDING FOR THE STATEWIDE PROGRAM, CUTTING IN HALF THE NUMBER OF MCC'S IT COULD SUPPORT HNMC CHOSE NOT TO APPLY TO RENEW ITS DESIGNATION BUT HAS MAINTAINED MOST OF ITS CAPABILITIES ON ITS OWN GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I E , FIVE MILES NORTH OF THE GEORGE WASHINGTON BRIDGE) EMERGENCY PREPAREDNESS IS DEEMED NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY, REGARDLESS OF THE MCC DESIGNATION CENTRAL TO THIS COMMITMENT IS A HNMC-FUNDED VICE PRESIDENT WHOSE JOB FUNCTION INCLUDES SUBSTANTIAL INVOLVEMENT IN PREPAREDNESS BOTH ON-CAMPUS AND IN THE COMMUNITY HNMC HAS LONG BEEN RECOGNIZED BY STATE AND FEDERAL SECTORS FOR ITS EXPERTISE IN EMERGENCY PREPAREDNESS AND RESPONSE A FREQUENT PARTICIPANT IN LOCAL AND NEW YORK CITY DISASTER DRILLS, HNMC HAS PARTICIPATED IN SEVERAL LARGE SCALE DISASTER DRILLS, AS WELL AS DRILLS CONDUCTED BY THE CENTERS FOR DISEASE CONTROL INVOLVING LOCAL, COUNTY, STATE AND FEDERAL AGENCIES' EMERGENCY RESPONSE TO THREATS OF PUBLIC HEALTH SIGNIFICANCE HNMC MAINTAINS ITS DESIGNATION BY THE FEDERAL DIVISION OF GLOBAL MIGRATION AND QUARANTINE TO DEAL WITH POSSIBLE COMMUNICABLE DISEASES AND ACTS OF BIOTERRORISM OCCURRING ON PUBLIC HEALTH CONVEYANCES HNMC IS ALSO ACTIVE IN THE NORTHERN NEW JERSEY URBAN AREA SECURITY INITIATIVE MEMBERS OF HOLY NAME EMS SERVE ON THE STATEWIDE NJ EMS TASK FORCE THE MEDICAL CENTER MAINTAINS A SPECIAL OPERATIONS TEAM COMPRISED OF PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DAY, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES DURING 2014, HNMC PREPARED AND TAUGHT COURSES IN RESPONDING TO AN ACTIVE SHOOTER SITUATION DEVISED IN CONJUNCTION WITH THE POLICE DEPARTMENT OF TEANECK, NJ, HNMC'S VIDEO TRAINING WAS USED DURING OVER 2,000 HOURS OF TRAINING

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES HNMC AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE ATTACHED TEXTS WERE OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF HNMC AND SUBSIDIARIES PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE --- PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE FROM THIRD-PARTY PROGRAMS FOR WHICH THE COMPANY RECEIVES PAYMENT UNDER VARIOUS REIMBURSEMENT FORMULAE OR NEGOTIATED RATES ARE STATED AT THE ESTIMATED NET AMOUNTS REALIZABLE AND RECEIVABLE FROM SUCH PAYERS, WHICH ARE GENERALLY LESS THAN THE COMPANYS ESTABLISHED BILLING RATES THE AMOUNT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS RESULT FROM THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR DOUBTFUL ACCOUNTS NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED AND INCLUDE RETROACTIVE REVENUE ADJUSTMENTS DUE TO ONGOING AND FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS UNCOMPENSATED CARE AND COMMUNITY BENEFIT -------------------------------------- CHARITY CARE FOR PATIENTS THAT DO NOT RECEIVE FREE CARE AND WHO ARE DEEMED ELIGIBLE FOR CHARITY CARE, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE MANAGEMENT BELIEVES THAT, BECAUSE OF THE DIFFICULTIES INVOLVED WITH OBTAINING PATIENT COOPERATION, THE PRESENT CHARITY CARE GUIDELINES UNDERSTATE THE MEDICAL CENTERS CHARITY CARE AMOUNTS AND OVERSTATE THE LEVEL OF BAD DEBTS REPORTED THE COST OF CHARITY CARE IS ESTIMATED BY UTILIZING A COST ACCOUNTING SYSTEM, AND INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING CHARITY CARE SERVICES FUNDS RECEIVED FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUND (HCSF) TO OFFSET CHARITY SERVICES PROVIDED TOTALED APPROXIMATELY $621,000 AND $1,181,000 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY FREE CARE AND MEDICAL CENTERS COMPASSIONATE CARE PROGRAM IN ADDITION TO CHARITY CARE REPORTED UNDER THE DOH CRITERIA, THE MEDICAL CENTER PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE, WHICH INCLUDES FREE CARE, CARE PROVIDED TO PATIENTS AT REDUCED PRICES, AND BAD DEBT PROVISION BEGINNING IN 2009, THE MEDICAL CENTER INITIATED A COMPASSIONATE CARE PROGRAM TO MAKE AVAILABLE FREE AND REDUCED FEE CARE PROGRAMS FOR QUALIFYING PATIENTS UNDER ITS FINANCIAL AID POLICY THE COST OF FREE AND COMPASSIONATE CARE IS ESTIMATED BY UTILIZING A COST ACCOUNTING SYSTEM, AND INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES BAD DEBT PROVISION TO RECORD NET PATIENT SERVICE REVENUE AT AN ESTIMATED NET REALIZABLE AMOUNT, MANAGEMENT DETERMINES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON EXPECTED PAYMENT FROM PATIENTS AND OTHER PAYERS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE RECOGNIZED THROUGH THE BAD DEBT PROVISION, AS REPORTED IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS THE COST OF THE PATIENT SERVICES TO WHICH BAD DEBT RELATES IS ESTIMATED BY UTILIZING A COST ACCOUNTING SYSTEM, AND INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING MEDICAL AND PROFESSIONAL SERVICES

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM MEDICARE UNDERPAYM ENTS AND BAD DEBT ARE CONSIDERED TO BE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDAB LE ON THE FORM 990, SCHEDULE H, PART I THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE R ENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMI NATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABIL ITY 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 MED ICAL CENTER IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE," A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STAT ES THAT "[T]HE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGA L SENSE,PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNP RIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AN D 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 HOSPIT ALS, 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 W HICH 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, FRE E OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAY MENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PA TIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DI D 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 PUBL ICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECA USE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HO SPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEM ANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REM OVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHO UT 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 P ROMOTE 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, PRI VATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY R OOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE O RGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED TH AT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW O F CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," A S REQUIRED BY TREASURY REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ON E 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 FR OM 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 BENEFI T TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLA SS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WA S OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS O

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	F THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USE D TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCA TION, 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 PHYS ICIANS MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") HOLDS THE POSITION THAT MEDICARE UNDERPAYMENTS (OR, "SHORTFALLS") AND BAD DEBT ARE COMMUN ITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE MEDICAL CENTER AG REES WITH THE AHA'S POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 20 07 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA S TATED THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT PROVIDED BY HOSPITALS BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - THE PROVISION OF CARE FOR THE ELDERLY AND SERVING MEDICARE P ATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT FUND THE FULL COST OF CARE MEDICARE'S REIMBURSEMENT TO HOSPITALS EQUATES TO ONL Y 92 CENTS FOR EVERY DOLLAR SPENT BY THE HOSPITALS ON CARE OF MEDICARE PATIENTS THE MEDIC ARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL WORSEN - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERP ARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOM E IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID, THE SO CALLED ELIGIBLES " THERE IS A VERY COMPELLING PUBLI C POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A H OSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDIC ARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMM UNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNI TY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THE MEDICAL CENT ER ALSO REGARD PATIENT BAD DEBT AS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990 , SCHEDULE H, PART I SIMILAR TO MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPEL LING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS NOTED BELOW - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFF ICE ("CBO") REPORT, NON-PROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TW O STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WIT H INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANT IAL PORTION OF BAD DEBT IS ACTUALLY PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTR IES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO T HE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENTS, REGAR DLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, IN SHARP CONTRAST TO OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUG HLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPOR T THE VALIDITY OF THE USE OF UNCOMPENSATED CARE (BAD DEBT AND CHARITY CARE) AS A MEASURE O F COMMUNITY BENEFITS," ASSUM

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE BUT, RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF HOLY NAME MEDICAL CENTER ("HNMC") AND SUBSIDIARIES' BUSINESS OFFICE TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY ADDITIONALLY, HNMC IS COMMITTED TO BILL PATIENTS AND INSURANCE CARRIERS IN A MANNER THAT IS UNDERSTANDABLE, PROFESSIONAL, COMPASSIONATE AND IN COMPLIANCE WITH ALL STATE, LOCAL AND FEDERAL RULES IT IS THE INTENTION THAT THE BILLING AND COLLECTION POLICY BE CONSISTENT WITH HNMC'S FINANCIAL ASSISTANCE POLICY ("FAP") AND ANY INCONSISTENCIES SHALL BE GUIDED BY THE FAP AND APPLIED IN A MANNER THAT BENEFITS THE PATIENT At the time of the patient visit, and as part of the registration process at the medical center, the following options are made available to patients - financial counseling for possible eligibility for medical assistance, including medicaid and ssi, - financial counseling for possible eligibility for the new jersey hospital care payment assistance program, and - financial arrangements FOR SELF-PAY INDIVIDUALS HNMC WILL FOLLOW THE FOLLOWING PROCEDURES WHEN PURSUING BILLING AND COLLECTION ACTIONS (1) PATIENTS SHALL BE REGISTERED IN THE HOSPITAL'S INFORMATION SYSTEM IN A MANNER THAT ENSURES THE CAPTURE OF THE INFORMATION NECESSARY TO EFFECTIVELY PROVIDE MEDICALLY NECESSARY CARE AND TO PROFESSIONALLY BILL FOR SERVICES RENDERED, (2) AFTER SERVICES ARE RENDERED THE PATIENTS OR GUARANTOR'S INSURANCE (IF ANY) SHALL BE BILLED IF THE PATIENT HAS NO INSURANCE AND WAS REGISTERED SELF-PAY THE BILL FOR SERVICES WILL BE ADJUSTED IN ACCORDANCE WITH THE HOSPITAL'S FAP, (3) THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO COLLECT FROM AN INSURANCE CARRIER PRIOR TO BILLING THE PATIENT FOR SERVICES RENDERED IF AFTER REASONABLE EFFORTS ARE MADE TO COLLECT FROM THE INSURANCE CARRIER THE HOSPITAL SHALL SEEK ASSISTANCE FROM THE PATIENT TO CONTACT THE INSURANCE CARRIER AND RESOLVE THE OUTSTANDING CLAIM IF THESE EFFORTS ARE NOT SUCCESSFUL THEN THE ACCOUNT MAY BE CHANGED TO A SELF-PAY ACCOUNT, (4) AFTER THE ACCOUNT, OR ANY PORTION OF SUCH ACCOUNT, IS DEEMED SELF-PAY THE HOSPITAL, OR IT'S DESIGNATED AGENT, WILL BILL THE PATIENT OR GUARANTOR FOR THE REMAINING BALANCE ON THE ACCOUNT, (5) ACCOUNTS THAT ARE DEEMED SELF-PAY WILL RECEIVE STATEMENTS AND/OR NOTICES ASKING THAT THE ACCOUNT BALANCE BE PAID

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	HOLY NAME MEDICAL CENTER ("HNMC") UTILIZES A VARIETY OF MEANS BY WHICH IT IDENTIFIES AND ANALYZES PATIENT CARE NEEDS AMONG THEM ARE - PATIENT SATISFACTION DATA, - ANALYSIS OF DEMOGRAPHICS, - ANALYSIS OF UTILIZATION AND MARKET TRENDS, - REVIEW OF EXTERNALLY PUBLISHED DATA AND INFORMATION, - ACUITY LEVELS (DAILY PLANNING OF STAFFING), AND - INDIVIDUAL PROJECTS/EVALUATION/REVIEWS HNMC ALSO COMMISSIONS EXTERNAL SPECIALISTS TO CONDUCT SURVEYS AND FOCUS GROUPS OF INDIVIDUALS, HOUSEHOLDS, PHYSICIANS AND OTHERS ADDITIONALLY, HNMC IS A MEMBER OF THE BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAM ("CHIP"), WHOSE MISSION IS TO EVALUATE AND ADDRESS THE HEALTH NEEDS OF THE COUNTY THE CHIP PRODUCES AN EXTENSIVE, VERY USEFUL, DATABASE DEMONSTRATING THE NEEDS OF THE COUNTY'S RESIDENTS HNMC IS A FOUNDING MEMBER OF THE NORTHERN NEW JERSEY MATERNAL-CHILD HEALTH CONSORTIUM (NOW THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY), WHOSE MISSION IS TO EDUCATE AND PROMOTE APPROPRIATE HEALTHCARE TO WOMAN AND INFANTS IN THE AREA IN ADDITION, US CENSUS BUREAU DATA IS UTILIZED, AS IS PURCHASED MARKET DATA AND DATABASES OF ALL ACUTE AND SAME-DAY CARE THROUGHOUT BOTH NEW JERSEY AND NEW YORK, THE SOURCE OF WHICH IS BILLING DATA PROVIDED TO THE RESPECTIVE STATE DEPARTMENTS OF HEALTH SUCH DATABASES PROVIDE PERHAPS THE GREATEST WEALTH OF CLINICAL, DEMOGRAPHIC, FINANCIAL AND OTHER INFORMATION, AND ARE EXTREMELY VALUABLE IN UNDERSTANDING AND ADDRESSING THE NEEDS OF THE COMMUNITIES SERVED BY HNMC DATA FROM THE COUNTY AND STATE HEALTH DEPARTMENTS, AND FROM THE NEW JERSEY HOSPITAL ASSOCIATION, ARE ALSO USED IN ACCORDANCE WITH PROVISIONS OF THE AFFORDABLE CARE ACT, ENACTED MARCH 23, 2010, HNMC BEGAN A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IN LATE 2011 IN COOPERATION WITH THE BERGEN COUNTY "CHIPFOUR OTHER HOSPITALS WHOSE SERVICE AREAS ALSO INCLUDE MUNICIPALITIES IN BERGEN COUNTY THIS CHNA WAS COMPLETED IN 2013 THE MEDICAL CENTER ALSO CREATED A HNMC-SPECIFIC CHNA THAT ADDRESSES ITS SERVICE AREAS IN NORTHERN HUDSON COUNTY, INCORPORATES THE BERGEN COUNTY CHNA, AND PROVIDES AN IMPLEMENTATION PLAN FOR ALL AREAS THE TWO DOCUMENTS PROVIDE A WEALTH OF INFORMATION WITH RESPECT TO THE NEEDS OF THE COMMUNITY SERVED AND ARE POSTED ON HNMC'S WEBSITE A COMPLETE NEEDS ASSESSMENT IS PERFORMED EVERY THREE YEARS AND IS PROVIDED TO MEMBERS FOR THEIR USE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	Prior to or during an admission, all patients without insurance are screened for possible assistance from other sources (e g , medicaid, veteran administration, s s i , or municipal welfare) If the patient is found to be ineligible for any or all of the aforementioned, the patient will be screened for charity care The education of patients at hnmc is provided in-person by knowledgeable medical center personnel at the time of the initial screening, and accompanied by a packet of information that includes all contact information as well Arrangements for follow up are typically made immediately If the patient qualifies for charity care, the patient is not billed for services The medical center's billing and collection policy includes specific language stating that charity care patients are not billed Through its compassionate care program, hnmc further assists uninsured patients who do not qualify for charity care and who are ineligible for medicare, medicaid or other federal and state insurance programs The purpose of the program is to decrease the financial burden of patients in the community served by hnmc If the patient meets certain eligibility requirements for financial assistance as described below, further discounts will be applied to the patient's bill IN ADDITION, THE MEDICAL CENTER INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE IN AN EFFORT TO PUBLICIZE THE AVAILABILITY OF FINANCIAL ASSISTANCE THE MEDICAL CENTER INCLUDES A COPY OF THEIR FINANCIAL ASSISTANCE POLICY ON THEIR WEBSITE THEY ALSO MAKE THE FINANCIAL ASSISTANCE POLICY AVAILABLE UPON REQUEST AND WITHOUT CHARGE WITHIN THE HOSPITAL FACILITY LASTLY, THE MEDICAL CENTER INCLUDES NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE DISPLAYED THROUGHOUT THE HOSPITAL FACILITY FOR PATIENTS TO READ

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	LOCATED IN TEANECK, IN THE SOUTHERN PORTION OF BERGEN COUNTY AND APPROXIMATELY FIVE MILES TO THE NORTHWEST OF NEW YORK CITY, HNMC'S PRIMARY SERVICE AREA ("PSA") COMPRISES 15 MUNICIPALITIES IN BERGEN COUNTY AND 3 MUNICIPALITIES IN HUDSON COUNTY, NEW JERSEY HNMC'S SECONDARY SERVICE AREA ("SSA") INCLUDES 17 MUNICIPALITIES IN BERGEN COUNTY AND 2 MUNICIPALITIES IN HUDSON COUNTY TOGETHER, THE PSA AND SSA ACCOUNT FOR APPROXIMATELY 80 PERCENT OF THE MEDICAL CENTER'S ADMISSION VOLUME AS THE SOLE CATHOLIC HOSPITAL IN AN AREA THAT IS ESTIMATED AT MORE THAN 50% ROMAN CATHOLIC, HNMC ALSO DRAWS FROM TOWNS WELL BEYOND BOTH THE PSA AND SSA THE MAJORITY OF PSA TOWNS HAVE AN AVERAGE POPULATION OF 27,500, AND ARE LOCATED IN THE SOUTHERN HALF OF BERGEN COUNTY OVERALL, THE SERVICE AREA IS 44% HISPANIC, ALTHOUGH THE PROPORTIONS DIFFER MARKEDLY BETWEEN BERGEN AND HUDSON 76% OF THE RESIDENTS OF BERGEN PSA TOWNS ARE NOT HISPANIC, WHILE THE FOUR HUDSON COUNTY TOWNS TOGETHER COUNT 76% OF THEIR RESIDENTS AS HISPANIC THE RACIAL MIX OF THE PSA IS APPROXIMATELY 60% WHITE, 22% ASIAN, 10% BLACK, AND 8% OTHER, INCLUDING MULTI-RACIAL PERSONS CERTAIN TOWNS IN THE REGION ARE HEAVILY KOREAN, KOREAN/ASIAN PRESENCE IS MUCH LESS PRONOUNCED IN THE FOUR HUDSON COUNTY TOWNS THE BROAD AGE MAKE-UP OF THE PRIMARY SERVICE AREA INCLUDES 23% AGED UP TO 19, 50% AGED 20-54, AND 27% AGED 55 AND OLDER THE LAST CATEGORY IS PROJECTED TO SEE THE MOST SIGNIFICANT GROWTH DURING THE NEXT FIFTEEN YEARS WITH THE EXCEPTION OF TWO HUDSON COUNTY TOWNS, ALL SSA ZIP CODES ARE LOCATED THROUGHOUT BERGEN COUNTY THE TOWNS IN THIS SERVICE AREA ARE MUCH SMALLER THAN THOSE OF THE PSA, AVERAGING ONLY 14,000 RESIDENTS EACH IN STARK CONTRAST TO THE LARGELY HISPANIC HUDSON COUNTY PSA TOWNS, THE TWO HUDSON SSA TOWNS ARE ONLY 20% HISPANIC THE OVERALL RACIAL MIX OF THE SERVICE AREA IS 76% WHITE, 13% ASIAN, 4% BLACK, AND 7% OTHER, INCLUDING MULTI-RACIAL PERSONS THE OVERALL KOREAN PRESENCE IS SIGNIFICANT, BUT ONLY HALF THAT SEEN IN THE PRIMARY SERVICE AREA THE AREA'S AGE MIX IS SIMILAR TO THE PSA, WITH 23% AGED UP TO 19, 51% AGED 20-54, AND 26% AGED 55 AND OLDER THE MEDICAL CENTER'S SERVICE AREA IS PRIMARILY SUBURBAN, WITH MANY RESIDENTS WORKING OUTSIDE BERGEN COUNTY IN PLACES SUCH AS NEW YORK CITY HOWEVER, THERE ARE LARGE EMPLOYERS IN THE SERVICE AREA, E G , OTHER HOSPITALS, A LARGE SPORTS CHAIN, A LARGE COMMUNICATIONS FIRM, A LARGE PHARMACEUTICAL FIRM, AND A LARGE COMMERCIAL LABORATORY RESIDENTS OF HNMC'S SERVICE AREA ARE ALSO SERVED BY ANOTHER COMMUNITY HOSPITAL AND A TERTIARY CARE FACILITY WITH TRAUMA SERVICES HNMC'S PSA COVERS A MAJORITY OF THE TOWNS SERVICED BY THE OTHER COMMUNITY HOSPITAL, WHEREAS THE TERTIARY CARE FACILITY'S PRIMARY SERVICE AREA ALSO INCLUDES MANY TOWNS TO THE WEST THAT ARE NOT PART OF HNMC'S SERVICE AREA GIVEN THE NUMBER OF SERVICE AREA RESIDENTS WHO WORK IN NEARBY NEW YORK CITY, IT IS NOT SURPRISING THAT A SMALL PORTION OF THESE RESIDENTS ALSO RECEIVE THEIR HEALTHCARE IN MANHATTAN WHILE THE SERVICE AREA IS PREDOMINANTLY NON-HISPANIC CAUCASIAN, BOTH HISPANICS (OF ANY RACE) AND ASIAN POPULATIONS (PRINCIPALLY KOREAN) ARE THE FASTEST GROWING GROUPS IN RESPONSE, THE MEDICAL CENTER HAS PROGRAMS ADDRESSING THESE GROUPS' NEEDS, AND PHYSICIANS AND NURSES FLUENT IN THE APPLICABLE LANGUAGES IN 2008, APPROXIMATELY 75 KOREAN PHYSICIANS JOINED THE MEDICAL STAFF, ADDING TO THE NEED FOR STAFF AND SERVICES TO MEET THIS GROWING SEGMENT OF THE COMMUNITY IN 2014, THE MEDICAL CENTER EXPANDED ITS KOREAN MEDICAL PROGRAM TO INCLUDE A FOCUS ON CHINESE AND FILIPINO RESIDENTS AS WELL, RENAMING THE SERVICE "ASIAN HEALTH SERVICES "

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS THE MAJORITY OF THE BOAR D OF TRUSTEES LIVE IN BERGEN COUNTY, NEW JERSEY, WHERE HNMC IS LOCATED, WITH MOST LIVING I N THE MUNICIPALITIES OF THE MEDICAL CENTER'S DEFINED SERVICE AREA THE TRUSTEES' UNDERSTAN DING OF THE SERVICE AREA IS THUS ENHANCED, AS IS THEIR UNDERSTANDING OF THE NEED TO REINVE ST FUNDS IN IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH AS PART OF ITS C HARITABLE PURPOSE, HNMC PROVIDES A WIDE ARRAY OF SERVICES TO THE COMMUNITY, TARGETED TOWAR D IMPROVING THE HEALTH OF THE COMMUNITY THE MAJORITY OF SUCH SERVICES ARE FREE A SMALL S AMPLING OF SUCH ACTIVITIES IS PROVIDED BELOW - FREQUENT HEALTH FAIRS THROUGHOUT THE REGIO N ARE GIVEN AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MANY IN SPANISH AND KOREAN, AS WELL AS ENGLISH), - IMMUNIZATIONS ARE PROVIDED, - FREE AND/OR V ERY LOW FEE TRANSPORTATION (E G , FOR CANCER TREATMENT, DIALYSIS) IS AVAILABLE, - COMMUNIT Y HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED, - STAFF FROM VARIOUS DEPARTMENTS TH ROUGHOUT THE MEDICAL CENTER VISITS LOCAL SCHOOLS TO PROVIDE HEALTH CLASSES, - SCREENINGS, E G , BLOOD PRESSURE, CANCER, STROKE, DIABETES, PROSTATE CANCER, BREAST CANCER, OSTEOPOROS IS, PERIPHERAL ARTERY DISEASE, SKIN CANCER, COLON CANCER, AND OTHER CLINICAL SCREENING AND EDUCATION ARE PROVIDED, OFTEN AS PART OF COMMUNITY PROGRAMS SPECIFIC TO THE PARTICULAR DI SEASE GROUP, - SENIOR CENTERS ARE SUPPORTED WITH FREE EXERCISE CLASSES, LECTURES AND SCREE NINGS, - SUPPORT GROUPS ARE PROVIDED, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAVE MENT, NEW MOTHERS, DIABETES, SMOKING, AND CARDIAC DISEASE, - HNMC'S ALS BIKE TEAM, ALS AND BLS VEHICLES AND/OR SPECIAL OPERATIONS VEHICLES ARE PRESENT AT EVENTS OCCURRING IN MUNICI PALITIES IN HNMC'S SERVICE AREA WITHOUT CHARGE, - COURSES (PROVIDED EITHER FREE OR FOR A L OW FEE) ARE PROVIDED THROUGHOUT THE YEAR EXAMPLES INCLUDE CPR CERTIFICATION, DEFENSIVE D RIVING, GENERAL AND SPECIALTY (E G , OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, ST RESS MANAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENT ING, - CLASSES TO PROMOTE BETTER HEALTH ARE ABUNDANT YOGA, WEIGHT REDUCTION, OSTEOPOROSIS , PROPER HAND-WASHING, TAI CHI, COOKING FOR CARDIAC PATIENTS, - LECTURES, OFTEN INVOLVING HNMC'S MEDICAL STAFF AS PRESENTERS, ARE PROVIDED, THE MAJORITY OF WHICH ARE FREE MEN'S HE ALTH, WOMEN'S HEALTH, A MID-LIFE AND MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES, DEPRESSION, ASTHMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL WELLNESS, CARDIA C ISSUES, ALZHEIMERS, JOINT REPLACEMENT, SLEEP APNEA, CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS PRESENTED, - HNMC'S FULLY UPDATED AND REDESIGNED WEBSITE (WWW HOLYNAME ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION THE SITE INCLUDES AN ON-LINE MEDICAL LIBRARY HOUSING INFORMATION ON D ISEASES AND CONDITIONS, SURGERIES AND PROCEDURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WEL LNESS, AND A DRUG REFERENCE ON-LINE RISK ASSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS I S THE ABILITY TO SET UP A PERSONAL HEALTH PAGE INFORMATION IS ALSO PRESENTED IN SPANISH, AND A KOREAN LANGUAGE VERSION IS ALSO AVAILABLE (WWW KHOLYNAME ORG) A NEW INTERACTIVE BOD Y GUIDE ("SYMPTOM CHECKER") TO RESEARCH HEALTH INFORMATION ABOUT THE SYMPTOMS THE USER IS EXPERIENCING, - HNMC'S "ASK-MY-NURSE" PROGRAM, WHICH PROVIDES 24/7 PHONE ACCESS TO REGISTE RED NURSES, IS PROVIDED FREE OF CHARGE, AND - BLOOD DRIVES ARE HOSTED REGULARLY AT HNMC M ANY HEALTH SERVICES ARE SUBSIDIZED BY HNMC, SUCH AS ITS CLINICS, HOSPICE AND HEMODIALYSIS PROGRAMS EACH YEAR THE MEDICAL CENTER CONTRIBUTES TO AIRFARE, SUPPLIES AND OTHER SUPPORT FOR HNMC NURSES AND DOCTORS TO TRAVEL TO THIRD WORLD COUNTRIES (E G , HAITI) TO PROVIDE ME DICAL CARE, INCLUDING SURGERY, TO PERSONS WHO OTHERWISE WOULD NEVER RECEIVE ADEQUATE TREAT MENT DUE TO POVERTY AND LACK OF ACCESS HNMC SUPPORTS THE BERGEN VOLUNTEER MEDICAL INITIAT IVE ("BVMI"), WHICH PROVIDES FREE CARE TO PERSONS IN NEED AND OTHER SIMILAR PROGRAMS HNMC ALSO PARTICIPATES IN THE WOMEN, INFANTS AND CHILDREN ("WIC") AND HEALTH START PROGRAMS, P ROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICI PANTS INEXPENSIVE MEDICALLY SUPERVISED DAY CARE FOR ILL CHILDREN IS AVAILABLE ON CAMPUS T O WORKING PARENTS IN THE COMMUNITY AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK SENIOR OR DISABLED PERSONS REQUIRING MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARG E TO HNMC'S ADULT DAY CARE PROGRAM, REDUCING THE BURDEN ON FAMILY CARETAKERS HNMC'S EMERG ENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR ALTHOUGH THE ED GENE RALLY IS ABLE TO COVER ITS COSTS, IT PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE A ND IS A WELL-USED RESOURCE FOR MANY WITHOUT INSURANCE WHO RELY ON IT FOR CARE OTHER SERVI CES, SUCH AS CLINICS, DO NOT COVER THEIR COSTS, AN

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	D HNMC ABSORBS THE ADDITIONAL EXPENSE LANGUAGE INTERPRETATION IS AVAILABLE FOR APPROXIMAT ELY 220 LANGUAGES AT THE MEDICAL CENTER THROUGH USE OF A COMMERCIAL SERVICE THAT PROVIDES A LIVE TRANSLATOR 24/7 FREE OF CHARGE TO THE PATIENT AND FAMILY HNMC HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA HNMC HAS INTENTIO NALLY SOUGHT OUT PHYSICIANS FLUENT IN SPANISH AND WHO CARE FOR HISPANIC POPULATIONS, AND P ROVIDES FREE TRANSPORTATION FOR SUCH POPULATIONS (AS WELL AS OTHERS) UNABLE TO ACCESS CARE ON THEIR OWN HNMC HAS ALSO ADDED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROVIDE S A KOREAN CLINIC WEEKLY, WITH KOREAN SPEAKING PHYSICIANS AND NURSES, AS THE ASIAN COMMUNI TY IS ONE OF THE FASTEST GROWING SECTORS IN THE COUNTY RECENT ADDITIONS OF STAFF TO SUPPO RT THE EXPANDED CHINESE AND FILIPINO POPULATIONS ADDRESS NEEDS SPECIFIC TO THESE GROUPS C ARE IS PROVIDED IN A CULTURALLY SENSITIVE MANNER THE INSTITUTE FOR CLINICAL RESEARCH AT H NMC PROVIDES EXCEPTIONAL INVESTIGATORS, FACILITIES, AND SERVICES FOR SPONSORING AGENCIES T HAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESEARCH THE INSTITUTE IS DEDI CATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS TO TEST NEW MEDICATIONS, DEV ICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS AS A DYNAMIC HEALTHCARE INSTITUTION T HAT HAS RECEIVED MANY HONORS OF DISTINCTION FOR ITS CLINICAL EXCELLENCE AND COMPASSIONATE PATIENT CARE, HNMC IS WELL-SUITED TO PARTICIPATE IN THE QUEST FOR SCIENTIFIC BREAKTHROUGHS HNMC'S STATE-OF-THE-ART FACILITIES MATCH THE HIGHEST STANDARDS FOR CARRYING OUT TODAY'S MOST PROMISING CLINICAL RESEARCH THE INSTITUTE PROVIDES SPONSORS WITH RESEARCH SUPPORT TH ROUGHOUT ALL THE STAGES OF THEIR CLINICAL TRIALS SINCE ITS INCEPTION, HNMC HAS BEEN ACTIV ELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUCATING AND MENTORING HEALTHCARE PROFESSIONALS THE HOLY NAME SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DEDICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SICK OR WELL THE REGISTERED NURS E ("RN") PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM, AND IS ACCREDIT ED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING CO MMISSION IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE ("LPN") PROGRAM AS WELL , WHICH IS A 12-MONTH PRACTICAL NURSE DIPLOMA PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING BOTH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES O F MANY ETHNICITIES AND AGE GROUPS IN ADDITION TO ITS OWN NURSING SCHOOL, HNMC PROVIDES, F REE OF CHARGE, BOTH A TRAINING GROUND AND MENTORING FOR STUDENTS FROM VARIOUS HEALTH ACADE MIC PROGRAMS OF SEVERAL COLLEGES AND UNIVERSITIES A VARIETY OF "EXTERNSHIPS" ARE ALSO OFF ERED WITHOUT CHARGE CAREER DAYS ARE ALSO HELD ON CAMPUS, AND THE MEDICAL CENTER PARTICIPA TES IN HEALTH CAREER DAYS THROUGHOUT VARIOUS SCHOOLS AND COMMUNITIES HNMC HAS A NUMBER OF ACADEMIC RELATIONSHIPS THROUGH WHICH IT SERVES AS AN EDUCATIONAL ENVIRONMENT FOR STUDENTS AFFILIATION AGREEMENTS ARE MAINTAINED WITH SEVERAL COLLEGES AND UNIVERSITIES FOR NURSING STUDENTS, AND FOR RADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, RESPIRATORY, AND SURGICAL TECH NICIANS TRAINEES FROM A UNIVERSITY WHO ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS COMP LETE ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMIN ISTRATION COMMUNITY HEALTH STUDENTS ROTATE THROUGH THE MEDICAL CENTER AS WELL PHYSICAL A ND/OR OCCUPATIONAL THERAPY STUDENTS FROM WITH TEN COLLEGES IN NEW JERSEY AND OTHER STATES COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER, HNMC EMPLOYEES SERVE AS SUPERVISORS AND CLINICAL INSTRUCTORS FOR THESE STUDENTS UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DO CTORAL STUDENTS FROM YET ANOTHER UNIVERSITY COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION EACH YEAR, HNMC ACCEPTS A SMALL NUMBER OF RESIDENTS IN HE ALTH POLICY, HEALTH FINANCE, AND HEALTH

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	HOLY NAME MEDICAL CENTER IS THE SOLE MEMBER OF SEVEN ENTITIES (1) HOLY NAME HEALTH CARE FOUNDATION, INC , A NON-PROFIT CORPORATION WHICH SEEKS VOLUNTARY DONATIONS TO SUPPORT THE HEALTH CARE SERVICES PROVIDED BY THE MEDICAL CENTER, (2) HOLY NAME REAL ESTATE CORP , A NON-PROFIT CORPORATION WHICH MANAGES, AND IN SOME CASES POSSESSES TITLE TO AND ENGAGES IN LEASING ARRANGEMENTS WITH RESPECT TO, REAL ESTATE HOLDINGS OF THE MEDICAL CENTER AND ITS RELATED ENTITIES, (3) HEALTH PARTNER SERVICES, INC , A FOR-PROFIT CORPORATION ENGAGED IN PROVIDING MANAGEMENT SERVICES FOR HEALTH CARE PROVIDERS, (4) HOLY NAME EMS, INC , A NON-PROFIT CORPORATION WHICH OWNS AND OPERATES THE MEDICAL CENTER'S BASIC LIFE SUPPORT ("BLS") AND ADVANCED LIFE SUPPORT ("ALS") VEHICLES AND SERVICES, (5) MS COMPREHENSIVE CARE CENTER, A NON-PROFIT AMBULATORY CARE PROGRAM FOR MS PATIENTS, (6) HNMC HOSPITAL/PHYSICIAN ACO, L L C , A NON-PROFIT LIMITED LIABILITY COMPANY FORMED AS AN ACCOUNTABLE CARE ORGANIZATION, AND (7) HNH FITNESS, L L C , A FOR-PROFIT LIMITED LIABILITY COMPANY THAT OPERATES A MEDICALLY BASED FITNESS AND WELLNESS CENTER, LOCATED IN THE BOROUGH OF ORADELL, BERGEN COUNTY, NEW JERSEY INCLUDED IN THE FACILITY IS A SATELLITE NON-PROFIT PHYSICAL THERAPY PRACTICE THAT IS OPERATED BY THE MEDICAL CENTER HNMC IS ALSO A 40% OWNER OF HOLY NAME RENAL CARE, L L C , A FOR-PROFIT LIMITED LIABILITY COMPANY THAT OPERATES AN AMBULATORY RENAL DIALYSIS SERVICE ON THE MEDICAL CENTER'S CAMPUS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY SUBMIT A COMMUNITY BENEFIT REPORT

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	HOLY NAME MEDICAL CENTER 718 TEANECK ROAD TEANECK,NJ 07666 WWW HOLYNAME ORG 10205	X	X					X			1

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

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

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	10	10,500			

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

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493319042776

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT INCLUDED IN COLUMN B(III) FOR MICHAEL MARON, THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER, INCLUDES PARTICIPATION IN THE MEDICAL CENTER'S DEFERRED INVESTMENT PLAN THE DEFERRED INVESTMENT PLAN WAS IMPLEMENTED IN 2001 TO ATTRACT AND RETAIN THE HIGHEST QUALITY EMPLOYEES FOR POSITIONS OF SUBSTANTIAL RESPONSIBILITY AND TO PROVIDE INCENTIVES TO A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE MEDICAL CENTER SO AS TO PROMOTE THE SUCCESS OF THE MEDICAL CENTER MICHAEL MARON WAS ISSUED OPTIONS UNDER THE PLAN PURSUANT TO AN OPTION AGREEMENT WHICH WERE EXERCISABLE UNDER THE PLAN ON THE DATE THEY WERE GRANTED AND UP TO 20 YEARS FOLLOWING THIS DATE THE PLAN WAS FUNDED FROM 2002 THROUGH 2006 DURING 2015, MICHAEL MARON EXERCISED OPTIONS IN THE AMOUNT OF $512,408 WHICH WERE INCLUDED IN COLUMN B(III) HEREIN AND IN HIS 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES 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 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MICHAEL MARON, $485,636, RYAN KENNEDY, CPA, $56,952, ADAM JARRETT, M D , $114,928, SHERYL SLONIM, $138,063 AND MARYANN KICENUIK, $75,000
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO 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 MICHAEL MARON INCLUDES VESTED BENEFITS IN DEFERRED INVESTMENT PLAN AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS OTHER DEFERRED COMPENSATION ON THE FORMS 990 DURING THE YEARS IN WHICH THE CONTRIBUTIONS WERE ACCRUED THIS AMOUNT, $512,408, WAS TREATED AS TAXABLE INCOME AND REPORTED IN HIS 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MICHAEL MARON TRUSTEE - PRESIDENT/CEO	(i)	1,117,058	550,000	545,047	496,236	22,231	2,730,572	512,408
	(ii)	0	0	0	0	0	0	0
1 RYAN KENNEDY CPA VP, CHIEF FINANCIAL OFFICER	(i)	376,173	125,000	20,564	67,552	24,731	614,020	0
	(ii)	0	0	0	0	0	0	0
2 ADAM JARRETT MD EVP, CHIEF MEDICAL OFFICER	(i)	428,096	300,000	30,092	125,528	23,731	907,447	0
	(ii)	0	0	0	0	0	0	0
3 SHERYL SLONIM EVP, PATIENT CARE & CNO	(i)	379,791	175,000	33,808	148,663	14,693	751,955	0
	(ii)	0	0	0	0	0	0	0
4 MARYANN KICENUIK SVP, GENERAL COUNSEL	(i)	501,928	0	34,901	85,600	14,728	637,157	0
	(ii)	0	0	0	0	0	0	0
5 SEAN O'ROURKE VP, ADMINISTRATION	(i)	300,287	75,000	4,275	4,873	6,151	390,586	0
	(ii)	0	0	0	0	0	0	0
6 STEVEN MOSSER VP, FACILITIES	(i)	246,273	75,000	2,388	9,981	22,231	355,873	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL SKVARENINA VP, CHIEF INFORMATION OFFICER	(i)	248,268	25,000	16,728	7,639	24,731	322,366	0
	(ii)	0	0	0	0	0	0	0
8 RICHARD VAN EERDE VP, FINANCE	(i)	221,986	35,000	3,099	9,000	9,424	278,509	0
	(ii)	0	0	0	0	0	0	0
9 MANUEL GONZALEZ VP, HUMAN RESOURCES	(i)	148,228	35,000	91	5,897	367	189,583	0
	(ii)	0	0	0	0	0	0	0
10 SHARAD WAGLE MD MEDICAL DIRECTOR	(i)	353,193	0	2,774	10,600	15,728	382,295	0
	(ii)	0	0	0	0	0	0	0
11 RAVIT BARKAMA AVP, CLINICAL DEVELOPMENT	(i)	305,840	40,000	2,416	10,600	24,673	383,529	0
	(ii)	0	0	0	0	0	0	0
12 KYUNG-HEE CHOI VP, ASIAN HEALTH SERVICES	(i)	223,348	20,000	4,172	8,934	0	256,454	0
	(ii)	0	0	0	0	0	0	0
13 ALLAN J CAGGIANO PHYSICIST	(i)	234,402	300	519	9,506	22,231	266,958	0
	(ii)	0	0	0	0	0	0	0
14 DEBORAH ZAYAS VP, NURSING SERVICES	(i)	207,771	20,000	1,897	8,351	7,424	245,443	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,025,558	47,290,816	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	64,942,560	55,971,117	7,039,950	
4	Gross proceeds in reserve funds	5,746,408	0	0	
5	Capitalized interest from proceeds	0	0	416,077	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	1,014,001	1,242,174	103,703	
8	Credit enhancement from proceeds	0	0	43,900	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	42,313,332	7,560,834	6,476,266	
11	Other spent proceeds	15,831,828	47,290,816	5	
12	Other unspent proceeds	32,390	0	0	
13	Year of substantial completion	2009	2010	2006	

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

Part III Private Business Use

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

Part III **Private Business Use** *(Continued)*

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

Part IV **Arbitrage**

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

Part IV **Arbitrage** *(Continued)*

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K	SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATIONS WERE PERFORMED ON JULY 6, 2011 FOR BOND A AND ON DECEMBER 1, 2011 FOR BOND C ADDITIONALLY, THE REBATE COMPUTATIONS WERE AGAIN PERFORMED ON JUNE 15, 2016 FOR BOND A AND NOVEMBER 22, 2016 FOR BOND C

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Return Reference	Explanation
CORE FORM, PART III	HOLY NAME MEDICAL CENTER ("HNMC") IS A PRIVATE, 361-BED NEW JERSEY-LICENSED GENERAL ACUTE CARE MEDICAL CENTER THE MEDICAL CENTER IS A NON-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEW JERSEY, AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE PURSUANT TO ITS CHARITABLE PURPOSES, HNMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, NATIONAL ORIGIN, AGE, DISABILITY OR ABILITY TO PAY MOREOVER, HNMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN INTERNAL REVENUE SERVICE ("IRS") REVENUE RULING 69-545 1 HNMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 HNMC OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 HNMC MAINTAINS A MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF HNMC RESTS WITH ITS BOARD OF TRUSTEES AND THE SISTERS OF ST JOSEPH OF PEACE BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF HNMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT HNMC PROVIDES SUBSTANTIAL COMMUNITY BENEFIT, THAT THE USE AND CONTROL OF HNMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY THE SISTERS OF ST JOSEPH OF PEACE HEALTH CARE SYSTEM CORPORATION (THE "HOLDING COMPANY") IS A NON-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEW JERSEY AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE THE HOLDING COMPANY IS THE SOLE MEMBER OF THE MEDICAL CENTER THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OF EACH ENTITY IS EITHER THE HOLDING COMPANY OR HNMC MISSION ======= WE ARE A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENTIOUS STEWARDSHIP WE HELP OUR COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMENT HISTORY ======= THE MEDICAL CENTER WAS FOUNDED BY THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF PEACE (THE "SISTERS") IN 1925, AND IN 1958 WAS INCORPORATED AS AN INDEPENDENT NEW JERSEY NON-PROFIT CORPORATION, SPONSORED BY THE SISTERS IT WAS THE DEDICATION OF TWO TEANECK SURGEONS AND THE LEADERSHIP OF A SISTER THAT MADE HNMC A REALITY IN 1925 RECOGNIZING THE NEED TO SERVE THE SICK AND INDIGENT OF THE COMMUNITY, DR FRANK MCCORMACK AND DR GEORGE PITKIN APPEALED TO MOTHER GENERAL AGATHA BROWN OF THE SISTERS FOR HELP IN FINDING A SUITABLE MEDICAL CENTER SITE AND PROVIDING ADMINISTRATIVE AND NURSING STAFF THE SISTERS PURCHASED THE ESTATE OF THE LATE WILLIAM WALTER PHELPS AND ERECTED THE MEDICAL CENTER THERE, STAFFING IT WITH SISTERS AT ITS OPENING IN 1925, HNMC HAD 115 BEDS FIVE YEARS LATER, A 90-BED CLINIC BUILDING WAS BUILT TO MEET THE NEEDS OF AREA RESIDENTS WHO HAD BEEN IMPOVERISHED BY THE GREAT DEPRESSION TEANECK WAS LITTLE MORE THAN A RURAL VILLAGE THEN, IN ALL OF BERGEN COUNTY THERE WERE SOME 250,000 INHABITANTS WITH THE COMPLETION OF THE GEORGE WASHINGTON BRIDGE IN 1931, A SURGE OF DEVELOPMENT FOLLOWED WORLD WAR II AND THE AREA SOON BECAME A THRIVING RESIDENTIAL AND BUSINESS COMMUNITY HNMC THRIVED AS WELL IN 1955 A SECOND ADDITION WAS COMPLETED THE FOUR-STORY, 110-BED MARIAN BUILDING, WITH TWO MORE STORIES ADDED TO THE FACILITY WITHIN THE NEXT TEN YEARS DURING THE 1960'S, THE WEST WING OF THE MARIAN BUILDING WAS ENLARGED BY THREE MORE UNITS FACED AGAIN WITH THE THREAT OF OVERCROWDING IN THE 1980'S, THE MEDICAL CENTER COMPLEX WAS ONCE MORE ENLARGED WITH CONSTRUCTION OF THE BRESLIN/KENNEDY BUILDING IN 1993 THE "NEW ADDITION" WAS CONSTRUCTED, PRINCIPALLY TO ACCOMMODATE THE INCREASING AMBULATORY AND SAME-DAY-STAY PATIENTS, AND A NEW PHYSICAL MEDICINE BUILDING WAS ADDED A FOUR-LEVEL REGIONAL CANCER CENTER WAS COMPLETED IN THE LATE 1990'S MORE RECENT ADDITIONS INCLUDE A NEW 41-BAY EMERGENCY DEPARTMENT, A HEALTH AND FITNESS CENTER, AND A RESIDENTIAL HOSPICE, VILLA MARIE CLAIRE THE MEDICAL CENTER HAS GROWN IN SIZE, REPUTATION AND CAPABILITY WITH EACH ADDITION AS HNMC CELEBRATES OVER 90 YEARS, IT CONTINUES TO TAKE STEPS TO BECOME A NATIONAL MODEL BY IMPLEMENTING NEW, ADVANCED TECHNOLOGIES AND MEDICAL/SURGICAL TECHNIQUES, AS WELL AS BEST PRACTICES IN PROCESSES SUCH AS SIMULATION LEARNING, MEDICATION ADMINISTRATION, HEALTHCARE INFORMATION SYSTEMS, DISASTER PREPAREDNESS, AND BUILDING CONSTRUCTION AND DESIGN IMPROVEMENTS SUCH AS THESE ALLOW HNMC TO PROVIDE EVERY PATIENT WITH A SUPERIOR EXPERIENCE CHARACTERIZED BY SAFE, HIGH QUALITY CARE LEADING-EDGE CARE ================ HNMC IS A COMPREHENSIVE, 361-BED ACUTE CARE FACILITY PROVIDING LEADING-EDGE MEDICAL PRACTICE AND TECHNOLOGY ADMINISTERED IN AN ENVIRONMENT ROOTED IN A TRADITION OF COMPASSION AND RESPECT FOR EVERY PATIENT HNMC OFFERS HIGH QUALITY HEALTHCARE ACROSS A CONTINUUM THAT ENCOMPASSES EDUCATION, PREVENTION, EARLY INTERVENTION, COMPREHENSIVE TREATMENT OPTIONS, REHABILITATION, AND WELLNESS MAINTENANCE-FROM PRE-CONCEPTION THROUGH END-OF-LIFE WITH ALMOST 900 PHYSICIANS REPRESENTING DOZENS OF MEDICAL AND SURGICAL SPECIALTIES, HNMC PROVIDES AN EXCEPTIONAL HEALTHCARE EXPERIENCE FOR ITS PATIENTS A FEW OF THE "CENTERS OF EXCELLENCE" AT HNMC INCLUDE - REGIONAL CANCER CENTER (INCLUDING A NEW GYNECOLOGICAL SPECIALTY), - INTERVENTIONAL INSTITUTE (OFFERING INNOVATIVE, NON-SURGICAL TREATMENT OPTIONS), - CARDIOVASCULAR SERVICES, - GEORGE P PITKIN M D EMERGENCY CARE CENTER, - WOMEN'S AND CHILDREN'S HEALTH SERVICES, - HOSPICE AND PALLIATIVE CARE SERVICES, BOTH HOME-BASED AND RESIDENTIAL (VILLA MARIE CLAIRE, HNMC'S COMPREHENSIVE HOSPICE FACILITY IN SADDLE RIVER, NJ), - BONE AND JOINT CENTER, - BREAST CENTER, AND - INSTITUTE FOR SIMULATION LEARNING OTHER OUTSTANDING SERVICES INCLUDE, BUT ARE NOT LIMITED TO - SPECIALTY SURGERY SERVICES WITH EXPERTISE IN MINIMALLY INVASIVE TECHNIQUES, INCLUDING ROBOTICS, - ADVANCED RADIOLOGICAL IMAGING, - REHABILITATION MEDICINE, AND SPORTS MEDICINE, ENCOMPASSING HNH FITNESS, HNMC'S MEDICALLY-BASED FITNESS CENTER IN ORADELL, NJ, - BARIATRIC MEDICINE, - CENTER FOR SLEEP MEDICINE, - MATERNAL-FETAL MEDICINE FOR HIGH-RISK AND COMPLICATED PREGNANCIES, - RENAL DIALYSIS, - CULTURALLY AND LINGUISTICALLY-SENSITIVE HEALTH PROGRAMS, SUCH AS THE ASIAN HEALTH SERVICES, ADDRESSING KOREAN, CHINESE AND FILIPINO NEEDS, AND HISPANIC OUTREACH PROGRAM, FAMILIA Y SALUD, - INSTITUTE FOR CLINICAL RESEARCH, - MULTIPLE SCLEROSIS CENTER, AND - THE HOLY NAME SCHOOL OF NURSING PROMOTION OF COMMUNITY HEALTH ============================ HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS THE MAJORITY OF THE BOARD OF TRUSTEES LIVE IN BERGEN COUNTY, NEW JERSEY, WHERE HNMC IS LOCATED, WITH MOST LIVING IN THE MUNICIPALITIES OF THE MEDICAL CENTER'S DEFINED SERVICE AREA THE TRUSTEES' UNDERSTANDING OF THE SERVICE AREA IS THUS ENHANCED, AS IS THEIR UNDERSTANDING OF THE NEED TO REINVEST FUNDS IN IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH AS PART OF ITS CHARITABLE PURPOSE, HNMC PROVIDES A WIDE ARRAY OF SERVICES TO THE COMMUNITY, TARGETED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY THE MAJORITY OF SUCH SERVICES ARE FREE A SMALL SAMPLING OF SUCH ACTIVITIES IS PROVIDED BELOW - FREQUENT HEALTH FAIRS THROUGHOUT THE REGION ARE GIVEN AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MANY IN SPANISH AND KOREAN, AS WELL AS ENGLISH), - IMMUNIZATIONS ARE PROVIDED, - FREE AND/OR VERY LOW FEE TRANSPORTATION (E G , FOR CANCER TREATMENT, DIALYSIS) IS AVAILABLE, - COMMUNITY HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED, - STAFF FROM VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER VISIT LOCAL SCHOOLS TO PROVIDE HEALTH CLASSES, - SCREENINGS, E G , BLOOD PRESSURE, CANCER, STROKE, DIABETES, PROSTATE CANCER, BREAST CANCER, OSTEOPOROSIS, PERIPHERAL ARTERY DISEASE, SKIN CANCER, COLON CANCER, AND OTHER CLINICAL SCREENING AND EDUCATION ARE PROVIDED, OFTEN AS PART OF COMMUNITY PROGRAMS SPECIFIC TO THE PARTICULAR DISEASE GROUP;

Return Reference	Explanation
CORE FORM, PART III	- SENIOR CENTERS ARE SUPPORTED WITH FREE EXERCISE CLASSES, LECTURES AND SCREENINGS, - SUPPORT GROUPS ARE PROVIDED, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAVEMENT, NEW MOTHERS, DIABETES, SMOKING, AND CARDIAC DISEASE, - HNMC'S ALS BIKE TEAM, ALS VEHICLES AND/OR SPECIAL OPERATIONS VEHICLES ARE PRESENT AT EVENTS OCCURRING IN MUNICIPALITIES IN HNMC'S SERVICE AREA WITHOUT CHARGE, - COURSES (PROVIDED EITHER FREE OR FOR A LOW FEE) ARE PROVIDED THROUGHOUT THE YEAR EXAMPLES INCLUDE CPR CERTIFICATION, DEFENSIVE DRIVING, GENERAL AND SPECIALTY (E G , OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, STRESS MANAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENTING, - CLASSES TO PROMOTE BETTER HEALTH ARE ABUNDANT YOGA, WEIGHT REDUCTION, OSTEOPOROSIS, PROPER HAND-WASHING, TAI CHI, COOKING FOR CARDIAC PATIENTS, - LECTURES, OFTEN INVOLVING HNMC'S MEDICAL STAFF AS PRESENTERS, ARE PROVIDED, THE MAJORITY OF WHICH ARE FREE MEN'S HEALTH, WOMEN'S HEALTH, A MID-LIFE AND MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES, DEPRESSION, ASTHMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL WELLNESS, CARDIAC ISSUES, ALZHEIMERS, JOINT REPLACEMENT, SLEEP APNEA, CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS PRESENTED, - HNMC'S FULLY UPDATED AND REDESIGNED WEBSITE (WWW HOLYNAME ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION THE SITE INCLUDES AN ON-LINE MEDICAL LIBRARY HOUSING INFORMATION ON DISEASES AND CONDITIONS, SURGERIES AND PROCEDURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WELLNESS, AND A DRUG REFERENCE ON-LINE RISK ASSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS IS THE ABILITY TO SET UP A PERSONAL HEALTH PAGE A KOREAN LANGUAGE VERSION IS ALSO AVAILABLE (WWW KHOLYNAME ORG) A NEW INTERACTIVE BODY GUIDE (SYMPTOM CHECKER) TO RESEARCH HEALTH INFORMATION ABOUT THE SYMPTOMS THE USER IS EXPERIENCING, - HNMC'S "ASK-MY-NURSE" PROGRAM, WHICH PROVIDES 24/7 PHONE ACCESS TO REGISTERED NURSES, IS PROVIDED FREE OF CHARGE, - BLOOD DRIVES ARE HOSTED REGULARLY AT HNMC, MANY HEALTH SERVICES ARE SUBSIDIZED BY HNMC, SUCH AS ITS CLINICS, HOSPICE AND HEMODIALYSIS PROGRAMS EACH YEAR THE MEDICAL CENTER CONTRIBUTES TO AIRFARE, SUPPLIES AND OTHER SUPPORT FOR HNMC NURSES AND DOCTORS TO TRAVEL TO THIRD WORLD COUNTRIES (E G , HAITI) TO PROVIDE MEDICAL CARE, INCLUDING SURGERY, TO PERSONS WHO OTHERWISE WOULD NEVER RECEIVE ADEQUATE TREATMENT DUE TO POVERTY AND LACK OF ACCESS HNMC SUPPORTS THE BERGEN VOLUNTEER MEDICAL INITIATIVE ("BVMI"), WHICH PROVIDES FREE CARE TO PERSONS IN NEED AND OTHER SIMILAR PROGRAMS HNMC ALSO PARTICIPATES IN THE WOMEN, INFANTS AND CHILDREN ("WIC") AND HEALTH START PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS INEXPENSIVE MEDICALLY SUPERVISED DAY CARE FOR ILL CHILDREN IS AVAILABLE ON CAMPUS TO WORKING PARENTS IN THE COMMUNITY AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK SENIOR OR DISABLED PERSONS REQUIRING MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARGE TO HNMC'S ADULT DAY CARE PROGRAM, REDUCING THE BURDEN ON FAMILY CARETAKERS HNMC'S EMERGENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR ALTHOUGH THE ED GENERALLY IS ABLE TO COVER ITS COSTS, IT PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE AND IS A WELL-USED RESOURCE FOR MANY WITHOUT INSURANCE WHO RELY ON IT FOR CARE OTHER SERVICES, SUCH AS CLINICS, DO NOT COVER THEIR COSTS, AND HNMC ABSORBS THE ADDITIONAL EXPENSE LANGUAGE INTERPRETATION IS AVAILABLE FOR APPROXIMATELY 220 LANGUAGES AT THE MEDICAL CENTER THROUGH USE OF A COMMERCIAL SERVICE THAT PROVIDES A LIVE TRANSLATOR 24/7, FREE OF CHARGE TO THE PATIENT AND FAMILY HNMC HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA HNMC HAS INTENTIONALLY SOUGHT OUT PHYSICIANS FLUENT IN SPANISH AND WHO CARE FOR HISPANIC POPULATIONS, AND PROVIDES FREE TRANSPORTATION FOR SUCH POPULATIONS (AS WELL AS OTHERS) UNABLE TO ACCESS CARE ON THEIR OWN HNMC HAS ALSO ADDED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROVIDES A KOREAN CLINIC WEEKLY, WITH KOREAN SPEAKING PHYSICIANS (AND NURSES), AS THE ASIAN COMMUNITY IS ONE OF THE FASTEST GROWING SECTORS IN THE COUNTY RECENT ADDITIONS OF STAFF TO SUPPORT THE EXPANDED CHINESE AND FILIPINO POPULATIONS ADDRESS NEEDS SPECIFIC TO THESE GROUPS CARE IS PROVIDED IN A CULTURALLY SENSITIVE MANNER THE INSTITUTE FOR CLINICAL RESEARCH AT HNMC PROVIDES EXCEPTIONAL INVESTIGATORS, FACILITIES, AND SERVICES FOR SPONSORING AGENCIES THAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESEARCH THE INSTITUTE IS DEDICATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS TO TEST NEW MEDICATIONS, DEVICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS AS A DYNAMIC HEALTH CARE INSTITUTION THAT HAS RECEIVED MANY HONORS OF DISTINCTION FOR ITS CLINICAL EXCELLENCE AND COMPASSIONATE PATIENT CARE, HNMC IS WELL-SUITED TO PARTICIPATE IN THE QUEST FOR SCIENTIFIC BREAKTHROUGHS HNMC'S STATE-OF-THE-ART FACILITIES MATCH THE HIGHEST STANDARDS FOR CARRYING OUT TODAY'S MOST PROMISING CLINICAL RESEARCH THE INSTITUTE PROVIDES SPONSORS WITH RESEARCH SUPPORT THROUGHOUT ALL THE STAGES OF THEIR CLINICAL TRIALS SINCE ITS INCEPTION, HNMC HAS BEEN ACTIVELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUCATING AND MENTORING HEALTHCARE PROFESSIONALS THE HOLY NAME SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DEDICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SICK OR WELL THE REGISTERED NURSE ("RN") PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM, AND IS ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE ("LPN") PROGRAM AS WELL, WHICH IS A 12-MONTH PRACTICAL NURSE DIPLOMA PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING BOTH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES OF MANY ETHNICITIES AND AGE GROUPS HNMC ALSO SUPPORTS ITS COMMUNITY THROUGH THE USE OF THE MEDICAL CENTER'S FACILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT PROMOTE THE POSITIVE GROWTH OF THE COMMUNITY, ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENEFIT, AND SEEK TO PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE HEALTH AND WELL-BEING OF THE COMMUNITY HNMC ALSO ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY AID AS WELL IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME AMONG THE ORGANIZATIONS SO AIDED ARE NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, BATTERED WOMEN'S SHELTERS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS, SCHOOLS, AND NURSING HOMES HNMC ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS CONFERENCE CENTER FOR EVENTS CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS ALTHOUGH HNMC'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED SINCE 2012, THE MEDICAL CENTER HAS PROVIDED ASSISTANCE TO A HOSPITAL IN THE EARTHQUAKE-RAVAGED COUNTRY OF HAITI THROUGH CASH SUPPORT, PROVISION OF EQUIPMENT AND PERSONNEL WORKING TO REBUILD THE HOSPITAL'S OPERATIONS, AND THROUGH TRAINING HEALTH PROVIDERS WORKING AT THE HOSPITAL AFFILIATIONS AND ACADEMIC RELATIONSHIPS ====================================== THE HNMC COMMUNITY ENJOYS ACADEMIC RELATIONSHIPS THAT PROVIDE AN EDUCATIONAL ENVIRONMENT FOR STUDENTS FROM A VARIETY OF HEALTHCARE PROFESSIONS - IN JULY 2010, HNMC BEGAN ACCEPTING THIRD AND FOURTH YEAR STUDENTS FROM THE TOURO COLLEGE OF OSTEOPATHIC MEDICINE (NEW YORK, NY), TO COMPLETE CLINICAL ROTATIONS IN FULFILLMENT OF THEIR CURRICULUM - AFFILIATION AGREEMENTS ARE MAINTAINED WITH BERGEN COMMUNITY COLLEGE (PARAMUS, NJ) FOR NURSING STUDENTS, AND FOR RADIOLOGY, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS TRAINEES FROM RUTGERS UNIVERSITY (NEW BRUNSWICK, NJ) ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS WHO ARE COMPLETING ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION THE TRAINEES ARE SUPERVISED BY A CLINICAL CARE COORDINATOR FROM THE UNIVERSITY ONE COMMUNITY HEALTH STUDENT ROTATES THROUGH HNMC AS WELL

Return Reference	Explanation
CORE FORM, PART III	- THE MEDICAL CENTER MAINTAINS A COLLABORATIVE AGREEMENT WITH ST PETER'S COLLEGE (JERSEY CITY, NJ) TO PROVIDE THE OPTION FOR HOLY NAME SCHOOL OF NURSING STUDENTS TO TAKE ADDITIONAL COLLEGE CREDITS TO EARN AN ASSOCIATES OF APPLIED SCIENCE ("AAS") DEGREE IN HEALTH SCIENCES THE AAS COMPLEMENTS THE DIPLOMA AWARDED FROM THE HOLY NAME SCHOOL OF NURSING EMPLOYEES OF HNMC ARE ALSO ABLE TO CONTINUE THEIR STUDIES BY PURSUING BACHELOR'S (BSN), MASTER'S, AND ADVANCED PRACTICE NURSING DEGREES AT ST PETER'S COLLEGE. IN THIS PROCESS, STUDENT EMPLOYEES WORK WITH VARIOUS ADMINISTRATIVE LEADERS WITHIN HNMC TO COMPLETE CLINICAL ROTATIONS - UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM FARLEIGH DICKINSON UNIVERSITY ("FDU") COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION IN ADDITION, THE MEDICAL CENTER HOSTS, AT NO CHARGE, CLASSES PROVIDED BY FDU FOR ADULT LEARNERS - HNMC HAS A NUMBER OF OTHER ACADEMIC RELATIONSHIPS THROUGH WHICH IT SERVES AS AN EDUCATIONAL ENVIRONMENT FOR STUDENTS AFFILIATION AGREEMENTS ARE MAINTAINED WITH SEVERAL COLLEGES AND UNIVERSITIES FOR NURSING STUDENTS, AND FOR RADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS TRAINEES FROM A UNIVERSITY WHO ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS COMPLETE ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION COMMUNITY HEALTH STUDENTS ROTATE THROUGH THE MEDICAL CENTER AS WELL PHYSICAL AND/OR OCCUPATIONAL THERAPY STUDENTS FROM WITH TEN COLLEGES IN NEW JERSEY AND OTHER STATES COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER, HNMC EMPLOYEES SERVE AS SUPERVISORS AND CLINICAL INSTRUCTORS FOR THESE STUDENTS UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM YET ANOTHER UNIVERSITY COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION IN ALL CASES, INSTRUCTION AND OVERSITE ARE PROVIDED BY HNMC STAFF - EACH YEAR, HNMC ACCEPTS STUDENTS FROM THE COLUMBIA UNIVERSITY MAILMAN SCHOOL OF PUBLIC HEALTH PROGRAM IN HEALTH POLICY AND MANAGEMENT AS SUMMER INTERNS INTERNS WORK ON SPECIFIC PROJECTS UNDER THE DIRECTION OF MEMBERS OF SENIOR MANAGEMENT - EVERY YEAR STUDENTS FROM A PREPARATORY SCHOOL COMPLETE INTERNSHIPS AT THE MEDICAL CENTER IN VARIOUS DEPARTMENTS TYPICALLY, SUCH STUDENTS ARE CONSIDERED DISADVANTAGED FROM A SOCIOECONOMIC STANDPOINT AND BENEFIT FROM THE COACHING RECEIVED FROM MEMBERS OF THE SENIOR ADMINISTRATIVE STAFF THE STUDENTS SPEND ONE FULL DAY EACH WEEK AT HOLY NAME OVER THE COURSE OF A SEMESTER EMERGENCY PREPAREDNESS ==================== HNMC WAS ONE OF NINE HOSPITALS IN NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("NJDOH") AS A REGIONAL MEDICAL COORDINATION CENTER ("MCC") THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC'S PURPOSE WAS ABLE TO BE ACTIVATED IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND/OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE, OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION THE MCC ALSO MONITORED, ON A DAILY BASIS, SITUATIONAL AWARENESS OF LOCAL ACTIVITY IN 2014, THE NJDOH LOST MUCH OF ITS FEDERAL FUNDING FOR THE STATEWIDE PROGRAM, CUTTING IN HALF THE NUMBER OF MCC'S IT COULD SUPPORT HNMC CHOSE NOT TO APPLY TO RENEW ITS DESIGNATION BUT HAS MAINTAINED MOST OF ITS CAPABILITIES ON ITS OWN GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I E , FIVE MILES NORTH OF THE GEORGE WASHINGTON BRIDGE), EMERGENCY PREPAREDNESS IS DEEMED NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY, REGARDLESS OF THE MCC DESIGNATION CENTRAL TO THIS COMMITMENT IS A HNMC-FUNDED VICE PRESIDENT WHOSE JOB FUNCTION INCLUDES SUBSTANTIAL INVOLVEMENT IN PREPAREDNESS BOTH ON-CAMPUS AND IN THE COMMUNITY HNMC HAS LONG BEEN RECOGNIZED BY STATE AND FEDERAL SECTORS FOR ITS EXPERTISE IN EMERGENCY PREPAREDNESS AND RESPONSE A FREQUENT PARTICIPANT IN LOCAL AND NEW YORK CITY DISASTER DRILLS, HNMC HAS PARTICIPATED IN SEVERAL LARGE SCALE DISASTER DRILLS, AS WELL AS DRILLS CONDUCTED BY THE CENTERS FOR DISEASE CONTROL INVOLVING LOCAL, COUNTY, STATE, AND FEDERAL AGENCIES' EMERGENCY RESPONSE TO THREATS OF PUBLIC HEALTH SIGNIFICANCE HNMC MAINTAINS ITS DESIGNATION BY THE FEDERAL DIVISION OF GLOBAL MIGRATION AND QUARANTINE TO DEAL WITH POSSIBLE COMMUNICABLE DISEASES AND ACTS OF BIOTERRORISM OCCURRING ON PUBLIC HEALTH CONVEYANCES HNMC IS ALSO ACTIVE IN THE NORTHERN NEW JERSEY URBAN AREA SECURITY INITIATIVE MEMBERS OF HOLY NAME EMS SERVE ON THE STATEWIDE NJ EMS TASK FORCE. THE MEDICAL CENTER MAINTAINS A SPECIAL OPERATIONS TEAM COMPRISED OF PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DAY, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES RECOGNITION ============ HNMC IS RECOGNIZED FOR ITS CLINICAL SKILL, QUALITY OUTCOMES AND HIGH RATE OF PATIENT SATISFACTION BY MULTIPLE NATIONAL ACCREDITATION AGENCIES AND BENCHMARKING ORGANIZATIONS HNMC HOLDS MAGNET STATUS FOR OUTSTANDING NURSING CARE FROM THE AMERICAN NURSES CREDENTIALING CENTER ("ANCC") THE MAGNET RECOGNITION PROGRAM WAS DEVELOPED BY THE ANCC TO RECOGNIZE HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE, AND TO PROVIDE A VEHICLE FOR DISSEMINATING SUCCESSFUL NURSING PRACTICES AND STRATEGIES ONLY SIX PERCENT (6%) OF HOSPITALS NATIONWIDE ARE MAGNET RECOGNIZED HOSPITALS ACCREDITED BY THE JOINT COMMISSION ("TJC") HNMC HAS ALSO RECEIVED TJCS GOLD SEAL OF APPROVAL FOR HEALTHCARE QUALITY AND SAFETY FOR EACH OF HIP REPLACEMENT AND KNEE REPLACEMENT HNMC IS ALSO CERTIFIED BY TJC AS A PRIMARY STROKE CENTER HNMC RECEIVED THE WOMENS CHOICE AWARD FOR EACH OF STROKE CARE AND ONCOLOGY CARE. THE MEDICAL CENTER WAS AWARDED AN "A" RATING FROM THE LEAPFROG GROUP FOR ITS SPRING 2015 SAFETY SCORE AND WAS ALSO A COMMUNITY 5-STAR TOP PROVIDER, AWARDED IN 2014 BY CLEVERLY AND ASSOCIATES HOLY NAME IS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION AS A GOLD-PLUS PRIMARY STROKE CENTER AS PART OF THE "GET WITH THE GUIDELINES" PROGRAM, AND IS A BARIATRIC SURGERY CENTER OF EXCELLENCE, DESIGNATED BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY HNMC HAS BEEN PRAISED REPEATEDLY AS AN EXEMPLARY WORKPLACE BY MODERN HEALTHCARE'S 100 BEST PLACES TO WORK IN HEALTHCARE PROGRAM, IN WHICH THE MEDICAL CENTER RANKED IN THE TOP TEN, AND BY NJBIZ (THE LEADING WEEKLY BUSINESS PUBLICATION IN NEW JERSEY), WHICH CITES HNMC AS A TOP BUSINESS (ALL INDUSTRIES) IN ITS 50 BEST PLACES TO WORK IN NEW JERSEY PROGRAM, A DESIGNATION EARNED BY HNMC FOR 10 YEARS IN A ROW

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THE ORGANIZATION'S AUDIT COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM 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 SYSTEMS FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE CHIEF FINANCIAL OFFICER, AVP OF FINANCE AND CONTROLLER ("INTERNAL WORKING GROUP") 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 INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PROVIDED TO THE ORGANIZATION'S AUDIT COMMITTEE AND SUBSEQUENTLY TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER FOR REVIEW THEREAFTER, THE CHIEF COMPLIANCE OFFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS WHICH IS THEN PRESENTED TO THE ORGANIZATION'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE PRESIDENT OF PATIENT CARE SERVICES/CHIEF NURSING 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 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, VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES/CHIEF NURSING 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 SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF PATIENT CARE SERVICES/CHIEF NURSING OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

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

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

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND KEY EMPLOYEES INCLUDED 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, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON PART VII OF THIS FORM 990 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 THE SYSTEM, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN NET INTEREST OF HOLY NAME HEALTH CARE FOUNDATION, INC, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - ($1,908,000), - TRANSFERS TO AFFILIATES - ($19,785,000), - CHANGE IN BENEFICIAL INTEREST IN HOLY NAME HEALTH CARE FOUNDATION, INC, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - $4,426,000, AND - TEMPORARY RESTRICTED NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS - ($182,356)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR THE ORGANIZATION'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 3A	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE AN AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HNH FITNESS LLC 718 TEANECK ROAD TEANECK, NJ 07666 59-3836367	WELLNESS	NJ	1,563,147	5,814,125	HNMC
(2) HNLS LLC 718 TEANECK ROAD TEANECK, NJ 07666 45-3636025	INACTIVE	NJ	0	0	HNMC
(3) HNMC HOSPITALPHYSICIAN ACO LLC 718 TEANECK ROAD TEANECK, NJ 07666 45-5412543	HEALTHCARE	NJ	439,439	484,298	HNMC

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)HEALTH PARTNER SERVICES INC	R	18,094,000	COST
(2)HEALTH PARTNER SERVICES INC	D	1,528,561	COST
(3)MS COMPREHENSIVE CARE CENTER	D	695,952	COST
(4)HOLY NAME REAL ESTATE CORPORATION	D	1,168,265	COST
(5)HOLY NAME EMS INC	D	52,542	COST
(6)HOLY NAME HEALTH CARE FOUNDATION INC	D	1,786,368	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF HOLY NAME MEDICAL CENTER, INC AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THIS ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1) HEALTH PARTNER SERVICES INC 718 TEANECK ROAD TEANECK, NJ 07666 22-3618636	MGMT SERVICES	NJ	HNMC	C CORP	0	5,111,000	100 000 %	Yes	
(1) PEACE HEALTH PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 22-3618634	HLTHCARE SVCS	NJ	NA	C CORP					No
(2) HOUSE PHYSICIANS PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 22-3808427	HLTHCARE SVCS	NJ	NA	C CORP					No
(3) HEMATOLOGYONCOLOGY PHYSICIANS 718 TEANECK ROAD TEANECK, NJ 07666 22-3808421	HLTHCARE SVCS	NJ	NA	C CORP					No
(4) RIVERSIDE FAMILY CARE 718 TEANECK ROAD TEANECK, NJ 07666 20-0446233	HLTHCARE SVCS	NJ	NA	C CORP					No
(5) RADIATION ONCOLOGY PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 20-1104758	HLTHCARE SVCS	NJ	NA	C CORP					No
(6) EXCELCARE MEDICAL ASSOCIATES 718 TEANECK ROAD TEANECK, NJ 07666 20-3130405	HLTHCARE SVCS	NJ	NA	C CORP					No
(7) BREAST IMAGING PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 75-3226059	HLTHCARE SVCS	NJ	NA	C CORP					No
(8) HOLY NAME CARDIOLOGY ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 75-3226063	HLTHCARE SVCS	NJ	NA	C CORP					No
(9) BREAST CARE PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 11-3787403	HLTHCARE SVCS	NJ	NA	C CORP					No
(10) HOLY NAME PULMONARY ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 83-0511119	HLTHCARE SVCS	NJ	NA	C CORP					No
(11) WOMEN'S CLINIC PARTNERS 718 TEANECK ROAD TEANECK, NJ 07666 36-4635222	HLTHCARE SVCS	NJ	NA	C CORP					No
(12) MULKAY CARDIOLOGY CONSULTANTS AT HNMC 718 TEANECK ROAD TEANECK, NJ 07666 46-3392343	HLTHCARE SVCS	NJ	N/A	C CORP					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HEALTH PARTNER SERVICES INC	R	18,094,000	COST
(1)	HEALTH PARTNER SERVICES INC	D	1,528,561	COST
(2)	MS COMPREHENSIVE CARE CENTER	D	695,952	COST
(3)	HOLY NAME REAL ESTATE CORPORATION	D	1,168,265	COST
(4)	HOLY NAME EMS INC	D	52,542	COST
(5)	HOLY NAME HEALTH CARE FOUNDATION INC	D	1,786,368	COST