

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/foi990](http://www.irs.gov/foi990)

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  
HUNTERDON MEDICAL CENTER  
% GAIL KOSYLA  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
2100 WESCOTT DRIVE  
City or town, state or province, country, and ZIP or foreign postal code  
FLEMINGTON, NJ 08822

**D** Employer identification number  
22-1537688

**E** Telephone number  
(908) 788-6153

**G** Gross receipts \$ 296,736,665

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

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

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

**J** Website: WWW HUNTERDONHEALTHCARE ORG

**H(c)** Group exemption number ▶

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

**L** Year of formation 1948

**M** State of legal domicile NJ

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
STRIVES TO PROVIDE TO THE MAXIMUM EXTENT POSSIBLE QUAL COMPR HLTHCARE SVCS WHICH ARE REQ BY THE PEOPLE OF THE OF THE COMMUNITY AND SURROUNDING AREAS AND APPROPRIATE TO THE ORG

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

|  |           |          |
|--|-----------|----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 16       |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 15       |
| <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>  | 2,790    |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 511      |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 511,458  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | <b>7b</b> | -279,719 |

|  |             | Prior Year   | Current Year |
|--|-------------|--|--------------|
|  |             | <b>8</b> Contributions and grants (Part VIII, line 1h) | 5,873,315    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                      | 257,033,386 | 268,583,762  |              |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 1,521,327   | 2,237,343  |              |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 2,026,105   | 1,910,608  |              |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 266,454,133 | 278,638,869  |              |

|   |             |             |
|---|-------------|-------------|
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0           | 0           |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0           | 0           |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 154,934,693 | 157,605,903 |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0           | 0           |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>           |             |             |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 103,415,610 | 110,688,497 |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 258,350,303 | 268,294,400 |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 8,103,830   | 10,344,469  |

|   |             | Beginning of Current Year                | End of Year |
|---|-------------|--|-------------|
|   |             | <b>20</b> Total assets (Part X, line 16) | 334,614,692 |
| <b>21</b> Total liabilities (Part X, line 26)                       | 154,013,938 | 149,516,983                              |             |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 180,600,754 | 185,508,531                              |             |

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2016-11-08  
Type or print name and title: GAIL KOSYLA CFO

**Paid Preparer Use Only**  
Print/Type preparer's name: Scott J Manani  
Preparer's signature: Scott J Manani  
Date:  
Check  if self-employed PTIN: P00642486  
Firm's name: WithumSmithBrown PC  
Firm's EIN:  
Firm's address: 465 South St Ste 200  
Mornstown, NJ 079606497  
Phone no: (973) 898-9494

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 28,427,580 including grants of \$ 0 ) (Revenue \$ 51,240,841 )  
 EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OPERATING ROOM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4b** (Code ) (Expenses \$ 25,027,843 including grants of \$ 0 ) (Revenue \$ 20,351,758 )  
 EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY MEDICAL/SURGICAL SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4c** (Code ) (Expenses \$ 24,146,225 including grants of \$ 0 ) (Revenue \$ 31,775,473 )  
 EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY RADIOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 155,605,892 including grants of \$ 0 ) (Revenue \$ 165,698,859 )

**4e Total program service expenses** ▶ 233,207,540

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and hospital facilities.

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

|            |  |            |     |
|------------|--|------------|-----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  | No  |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  | No  |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> | Yes |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> | No  |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> | No  |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> | No  |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> | No  |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> | No  |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  | Yes |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  | No  |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |     |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> | No  |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> | Yes |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> | Yes |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  | No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  | No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  | No  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | Yes |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> | Yes |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  | No  |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes sub-questions for various IRS forms and reporting requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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; 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.



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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |           |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |           |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 9,269,408 | 0  | 1,305,588   |   |

**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 **▶ 308**

|  | Yes   | No |
|--|-------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | 3 Yes |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| HUNTERDON CARDIOLOGY,<br>1100 WESCOTT DRIVE SUITE G3<br>FLEMINGTON, NJ 08822              | MEDICAL                        | 5,185,039           |
| MAYO COLLABORATIVE SERVICES INC,<br>PO BOX 9146<br>MINNEAPOLIS, MN 554809146              | MEDICAL                        | 641,597             |
| HEALTHCARE MANAGEMENT LLC,<br>101 GROVERS MILL ROAD PO BOX 600<br>LAWRENCEVILLE, NJ 08648 | BILLING & COLLECTION           | 485,393             |
| CDW LLC,<br>75 REMITTANCE DRIVE SUITE 1515<br>CHICAGO, IL 606751515                       | IT                             | 410,043             |
| HUNTERDON IMAGING ASSOCIATES PA,<br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822            | MEDICAL                        | 392,284             |

**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 **▶ 64**

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
|---|--|---|--|---|---|---------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                         | <b>1a</b> Federated campaigns . . . . . <b>1a</b> _____  |   |  |   |   |         |
|   | <b>b</b> Membership dues . . . . . <b>1b</b> _____   |   |  |   |   |         |
|   | <b>c</b> Fundraising events . . . . . <b>1c</b> _____  |   |  |   |   |         |
|   | <b>d</b> Related organizations . . . . . <b>1d</b> _____ 2,050,551   |   |  |   |   |         |
|   | <b>e</b> Government grants (contributions) <b>1e</b> _____ 3,717,857   |   |  |   |   |         |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 138,748                                      |   |  |   |   |         |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____  |   |  |   |   |         |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   |   | 5,907,156  |   |   |         |
| <b>Program Service Revenue</b>  | <b>2a</b> NET PATIENT SERVICE REVENUE _____ Business Code 541900   | 259,689,671   | 259,689,671  |   |   |         |
|   | <b>b</b> STATE OF NJ CHARITY SUBSIDY _____ Business Code 541900  | 1,755,425   | 1,755,425  |   |   |         |
|   | <b>c</b> HEALTH AND WELLNESS _____ Business Code 713940  | 3,770,906   | 3,742,617  | 28,289                                  |   |         |
|   | <b>d</b> OTHER HEALTHCARE RELATED REVENUE _____ Business Code 541900   | 3,367,760   | 3,367,760  |   |   |         |
|   | <b>e</b> _____   |   |  |   |   |         |
|   | <b>f</b> All other program service revenue _____   |   |  |   |   |         |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>   |   | 268,583,762  |   |   |         |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>   | 1,403,748   |  |   | 1,403,748   |         |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>   | 0   |  |   |   |         |
|   | <b>5</b> Royalties . . . . . <b>▶</b>  | 0   |  |   |   |         |
|   | <b>6a</b> Gross rents  | (i) Real 886,693  |  |   |   |         |
|   |  | (ii) Personal   |  |   |   |         |
|   |  | <b>b</b> Less rental expenses 334,391                           |  |   |   |         |
|   |  | <b>c</b> Rental income or (loss) 552,302 0                      |  |   |   |         |
|   | <b>d</b> Net rental income or (loss) . . . . . <b>▶</b>  |   | 552,302  |   |   | 552,302 |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities 18,595,150                                       |  |   |   |         |
|   |  | (ii) Other 1,850  |  |   |   |         |
|   |  | <b>b</b> Less cost or other basis and sales expenses 17,763,405 |  |   |   |         |
|   |  | <b>c</b> Gain or (loss) 831,745 1,850                           |  |   |   |         |
|   | <b>d</b> Net gain or (loss) . . . . . <b>▶</b>   |   | 833,595  |   |   | 833,595 |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |   |  |   |   |         |
|   |  | <b>b</b> Less direct expenses . . . . . <b>b</b>                |  |   |   |         |
| <b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>              |  |   | 0  |   |   |         |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> |  |   |  |   |   |         |
|   | <b>b</b> Less direct expenses . . . . . <b>b</b>   |   |  |   |   |         |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>  |   | 0  |   |   |         |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |  |   |  |   |   |         |
|   | <b>b</b> Less cost of goods sold . . . . . <b>b</b>  |   |  |   |   |         |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>   |   | 0  |   |   |         |
| Miscellaneous Revenue   | Business Code  |   |  |   |   |         |
| <b>11a</b> CHILD CARE _____ Business Code 624410                                      | 811,132  |   | 483,169  | 327,963                                 |   |         |
| <b>b</b> CAFETERIA _____ Business Code 722320   | 518,802  |   |  | 518,802                                 |   |         |
| <b>c</b> VENDING MACHINE _____ Business Code 722320                                   | 28,372   |   |  | 28,372                                  |   |         |
| <b>d</b> All other revenue . . . . . <b>▶</b>   |  |   |  |   |   |         |
| <b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                                  |  | 1,358,306   |  |   |   |         |
| <b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>                          |  | 278,638,869   | 268,555,473  | 511,458                                 | 3,664,782   |         |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 0                     |                                 |  |                             |
| <b>2</b>   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0                     |                                 |  |                             |
| <b>3</b>   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members . . . . .   | 0                     |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 6,499,479             | 5,654,547                       | 844,932                                | 0                           |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                     |                                 |  |                             |
| <b>7</b>   | Other salaries and wages . . . . .  | 127,629,837           | 111,037,958                     | 16,591,879                             |                             |
| <b>8</b>   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | -829,918              | -722,029                        | -107,889                               |                             |
| <b>9</b>   | Other employee benefits . . . . .   | 9,000,676             | 7,830,588                       | 1,170,088                              |                             |
| <b>10</b>  | Payroll taxes . . . . .   | 15,305,829            | 13,316,071                      | 1,989,758                              |                             |
| <b>11</b>  | Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .  | 1,323,190             |                                 | 1,323,190                              |                             |
| <b>b</b>   | Legal . . . . .   | 192,415               |                                 | 192,415                                |                             |
| <b>c</b>   | Accounting . . . . .  | 221,801               |                                 | 221,801                                |                             |
| <b>d</b>   | Lobbying . . . . .  | 47,496                |                                 | 47,496                                 |                             |
| <b>e</b>   | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| <b>f</b>   | Investment management fees . . . . .  | 0                     |                                 |  |                             |
| <b>g</b>   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 1,617,350             |                                 | 1,617,350                              |                             |
| <b>12</b>  | Advertising and promotion . . . . .   | 1,065,747             | 1,065,747                       |  |                             |
| <b>13</b>  | Office expenses . . . . .   | 3,212,567             | 2,794,933                       | 417,634                                |                             |
| <b>14</b>  | Information technology . . . . .  | 0                     |                                 |  |                             |
| <b>15</b>  | Royalties . . . . .   | 0                     |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .   | 9,503,926             | 8,268,416                       | 1,235,510                              |                             |
| <b>17</b>  | Travel . . . . .  | 51,495                | 44,801                          | 6,694                                  |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .  | 527,120               | 458,594                         | 68,526                                 |                             |
| <b>20</b>  | Interest . . . . .  | 2,387,327             | 2,387,327                       |  |                             |
| <b>21</b>  | Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .   | 14,365,172            | 14,365,172                      |  |                             |
| <b>23</b>  | Insurance . . . . .   | 4,005,444             | 3,484,736                       | 520,708                                |                             |
| <b>24</b>  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .                                    |                       |                                 |  |                             |
| <b>a</b>   | MEDICAL SUPPLIES  | 34,725,614            | 30,211,284                      | 4,514,330                              |                             |
| <b>b</b>   | PURCHASED SERVICES  | 13,309,983            | 11,579,685                      | 1,730,298                              |                             |
| <b>c</b>   | MAINTENANCE/SERVICE CONTRACT  | 12,063,670            | 10,930,393                      | 1,133,277                              |                             |
| <b>d</b>   | PHYSICIAN FEES  | 6,165,810             | 5,364,255                       | 801,555                                |                             |
| <b>e</b>   | All other expenses  | 5,902,370             | 5,135,062                       | 767,308                                |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 268,294,400           | 233,207,540                     | 35,086,860                             | 0                           |
| <b>26</b>  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |   | (A)                    |             | (B)                    |
|--|---|------------------------|-------------|------------------------|
|  |   | Beginning of year      |             | End of year            |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 7,612                  | <b>1</b>    | 8,362                  |
|  | <b>2</b> Savings and temporary cash investments . . . . .   | 38,125,253             | <b>2</b>    | 31,951,357             |
|  | <b>3</b> Pledges and grants receivable, net . . . . .   | 1,511,184              | <b>3</b>    | 656,300                |
|  | <b>4</b> Accounts receivable, net . . . . .   | 28,623,254             | <b>4</b>    | 25,060,809             |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  | 43,705                 | <b>5</b>    | 22,318                 |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0                      | <b>6</b>    | 0                      |
|  | <b>7</b> Notes and loans receivable, net . . . . .  | 0                      | <b>7</b>    | 0                      |
|  | <b>8</b> Inventories for sale or use . . . . .  | 1,456,375              | <b>8</b>    | 1,724,257              |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 3,442,680              | <b>9</b>    | 3,176,690              |
|  | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 329,259,669 |             |                        |
|  | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 192,160,293 | 129,003,602 | <b>10c</b> 137,099,376 |
|  | <b>11</b> Investments—publicly traded securities . . . . .  | 0                      | <b>11</b>   | 0                      |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 0                      | <b>12</b>   | 0                      |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   | 117,052,463            | <b>13</b>   | 115,257,421            |
|  | <b>14</b> Intangible assets . . . . .   | 0                      | <b>14</b>   | 0                      |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .  | 15,348,564             | <b>15</b>   | 20,068,624             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 334,614,692   | <b>16</b>              | 335,025,514 |                        |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .   | 31,203,855             | <b>17</b>   | 27,402,622             |
|  | <b>18</b> Grants payable . . . . .  | 0                      | <b>18</b>   | 0                      |
|  | <b>19</b> Deferred revenue . . . . .  | 0                      | <b>19</b>   | 0                      |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .   | 73,236,704             | <b>20</b>   | 71,167,562             |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   | 0                      | <b>21</b>   | 0                      |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  | 0                      | <b>22</b>   | 0                      |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 1,869,647              | <b>23</b>   | 1,402,197              |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                      | <b>24</b>   | 0                      |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .   | 47,703,732             | <b>25</b>   | 49,544,602             |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 154,013,938            | <b>26</b>   | 149,516,983            |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                        |             |                        |
|  | <b>27</b> Unrestricted net assets . . . . .   | 159,603,519            | <b>27</b>   | 161,327,350            |
|  | <b>28</b> Temporarily restricted net assets . . . . .   | 2,468,753              | <b>28</b>   | 5,895,398              |
|  | <b>29</b> Permanently restricted net assets . . . . .   | 18,528,482             | <b>29</b>   | 18,285,783             |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                        |             |                        |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                        | <b>30</b>   |                        |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                        | <b>31</b>   |                        |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                        | <b>32</b>   |                        |
| <b>33</b> Total net assets or fund balances . . . . .                                | 180,600,754   | <b>33</b>              | 185,508,531 |                        |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 334,614,692   | <b>34</b>              | 335,025,514 |                        |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 278,638,869 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 268,294,400 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 10,344,469  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 180,600,754 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -2,451,085  |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -2,985,607  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 185,508,531 |

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ROBERT J CODY MD<br>.....<br>CHAIRMAN - TRUSTEE       | 3 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| BARRY GOODMAN ESQ<br>.....<br>VICE CHAIRMAN - TRUSTEE | 3 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| CAROL HARDING<br>.....<br>SECRETARY - TRUSTEE         | 3 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| WILLIAM ATWATER<br>.....<br>TRUSTEE, EX-OFFICIO       | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROBERT BOGGIANO MD<br>.....<br>TRUSTEE                | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| H JAMES GRIFFITH<br>.....<br>TRUSTEE                  | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CASEY KOLLER<br>.....<br>TRUSTEE                      | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ELLEN LOCKER<br>.....<br>TRUSTEE                      | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES LYNCH<br>.....<br>TRUSTEE                       | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHAEL E POLLACK MD<br>.....<br>TRUSTEE              | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ANDREW RUDNICK MD<br>.....<br>TRUSTEE                    | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSEPH SCALIA DO<br>.....<br>TRUSTEE                     | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RENEE SELMAN<br>.....<br>TRUSTEE                         | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PETER TEUBER PHD<br>.....<br>TRUSTEE                     | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GREGORY C WATTS ESQ<br>.....<br>TRUSTEE                  | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROBERT P WISE<br>.....<br>TRUSTEE, EX-OFFICIO - PRES/CEO | 50 0<br>.....<br>0 0   | X   |                       | X       |              |                              |        | 1,061,736   | 0  | 145,698   |
| ANTHONY GRANATO MD<br>.....<br>TRUSTEE (1/1 - 5/1)       | 3 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 61,466  | 0  | 0   |
| GAIL KOSYLA<br>.....<br>TREASURER/CFO                    | 50 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 508,791   | 0  | 83,771  |
| LAWRENCE N GRAND<br>.....<br>EXECUTIVE VP/COO            | 50 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 497,160   | 0  | 85,146  |
| DEBORAH L HOSKINS<br>.....<br>VP, FINANCE                | 50 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 294,149   | 0  | 63,968  |

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| RICHARD J WEBB<br>.....<br>CHIEF LEGAL OFFICER            | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 455,447   | 0  | 86,001  |
| GEORGE ROKSVAAG MD<br>.....<br>CHIEF MEDICAL OFFICER      | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 410,253   | 0  | 59,261  |
| WAYNE C FELLMETH MD<br>.....<br>VP, INTERIM CIO           | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 304,113   | 0  | 61,024  |
| VIOLET T KOCSIS<br>.....<br>CHIEF HUMAN RESOURCES OFFICER | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 301,155   | 0  | 92,942  |
| ROBERT G COATES MD<br>.....<br>VPMA                       | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 370,324   | 0  | 89,830  |
| NEIL HUDES<br>.....<br>VP PROFESSIONAL SERVICES           | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 368,440   | 0  | 85,131  |
| PATRICIA STEINGALL RN<br>.....<br>VP PATIENT CARE         | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 339,338   | 0  | 90,512  |
| DONALD R PINNER<br>.....<br>VP, COO - HRCH                | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 280,882   | 0  | 63,623  |
| DEBORAH PINGUE<br>.....<br>VP MARKETING                   | 50 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 209,280   | 0  | 30,038  |
| KEITH T GOLDSTEIN MD<br>.....<br>PHYSICIAN                | 50 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 829,678   | 0  | 64,174  |

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JEFFREY D HARTFORD MD<br>.....<br>PHYSICIAN   | 50 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 779,234   | 0  | 62,799  |
| SOHAIL G HADDAD MD<br>.....<br>PHYSICIAN      | 50 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 645,406   | 0  | 32,397  |
| JOSEPH L GUGLIOTTA MD<br>.....<br>PHYSICIAN   | 50 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 584,003   | 0  | 62,606  |
| ALLEN KERN MD<br>.....<br>PHYSICIAN           | 50 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 576,680   | 0  | 46,667  |
| DANIEL J DEETS<br>.....<br>FORMER OFFICER     | 0 0<br>.....<br>0 0  |   |                       |         |              |                              | X      | 222,207   | 0  | 0   |
| GLEN A MAMARY<br>.....<br>FORMER KEY EMPLOYEE | 0 0<br>.....<br>0 0  |   |                       |         |              |                              | X      | 169,666   | 0  | 0   |

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

**Section B. Total Support**

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

|  |           |
|--|-----------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> |
| <b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14                        | <b>15</b> |

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

**Section B. Total Support**

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**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 |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>3b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   |     |    |
| <b>3c</b>  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>4b</b>  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| <b>4c</b>  | 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)? <i>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.</i>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>5b</b>  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>5c</b>  | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b>   | 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>7</b>   | 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>9b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9c</b>  | 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>10a</b> | 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)? <i>If "Yes," answer b below.</i>  |     |    |
| <b>10b</b> | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |
| <b>11</b>  | Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>11a</b> | 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?  |     |    |
| <b>11b</b> | A family member of a person described in (a) above?  |     |    |
| <b>11c</b> | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>   |     |    |

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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.
- 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.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

- 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).

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

**Section D. All Type III Supporting Organizations**

- 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?
- 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).
- 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.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

**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).
- 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.
- 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.
- 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.
- 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.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> |     |    |
| <b>3b</b> |     |    |

**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**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

|          | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| <b>1</b> |                |                             |
| <b>2</b> |                |                             |
| <b>3</b> |                |                             |
| <b>4</b> |                |                             |
| <b>5</b> |                |                             |
| <b>6</b> |                |                             |
| <b>7</b> |                |                             |
| <b>8</b> |                |                             |

**Section B - Minimum Asset Amount**

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

|           | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| <b>1</b>  |                |                             |
| <b>1a</b> |                |                             |
| <b>1b</b> |                |                             |
| <b>1c</b> |                |                             |
| <b>1d</b> |                |                             |
| <b>2</b>  |                |                             |
| <b>3</b>  |                |                             |
| <b>4</b>  |                |                             |
| <b>5</b>  |                |                             |
| <b>6</b>  |                |                             |
| <b>7</b>  |                |                             |
| <b>8</b>  |                |                             |

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

|          |  | Current Year |
|----------|--|--------------|
| <b>1</b> |  |              |
| <b>2</b> |  |              |
| <b>3</b> |  |              |
| <b>4</b> |  |              |
| <b>5</b> |  |              |
| <b>6</b> |  |              |

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

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

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**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](http://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<br>HUNTERDON MEDICAL CENTER | Employer identification number<br>22-1537688 |
|--|--|

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

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

**2** Political expenditures ▶ \$ \_\_\_\_\_

**3** Volunteer hours \_\_\_\_\_

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

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

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

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

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

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

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

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

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

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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                                       |

**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 |
|--|---------|---------|---------|---------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |         |         |         |         |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         |           |
| <b>c</b> Total lobbying expenditures                             |         |         |         |         |           |
| <b>d</b> Grassroots nontaxable amount                            |         |         |         |         |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |         |         |         |         |           |
| <b>f</b> Grassroots lobbying expenditures                        |         |         |         |         |           |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 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?
  - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
  - c** Media advertisements?
  - d** Mailings to members, legislators, or the public?
  - e** Publications, or published or broadcast statements?
  - f** Grants to other organizations for lobbying purposes?
  - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
  - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
  - i** Other activities?
  - j** Total. Add lines 1c through 1i.
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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?

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
|  |     | No |        |
|  | Yes |    |        |
|  |     | No |        |
|  |     | No |        |
|  |     | No |        |
|  |     | No |        |
|  |     | No |        |
|  | Yes |    | 47,496 |
|  |     | No | 47,496 |
|  |     |    |        |
|  |     |    |        |

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

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

- 1** Dues, assessments and similar amounts from members
- 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
  - b** Carryover from last year
  - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

|           |  |
|-----------|--|
| <b>1</b>  |  |
| <b>2a</b> |  |
| <b>2b</b> |  |
| <b>2c</b> |  |
| <b>3</b>  |  |
| <b>4</b>  |  |
| <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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, LINE 1I | DURING 2015, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM A TOTAL OF \$30,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS. THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION AND THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$17,496 DURING THE YEAR ENDED DECEMBER 31, 2015. |

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
HUNTERDON MEDICAL CENTER

**Employer identification number**  
22-1537688

**Part I 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                             |
|--|-------------------------|--|
| <b>1</b> Total number at end of year   |                         |  |
| <b>2</b> Aggregate value of contributions to (during year)   |                         |  |
| <b>3</b> Aggregate value of grants from (during year)  |                         |  |
| <b>4</b> Aggregate value at end of year  |                         |  |
| <b>5</b> 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?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6</b> 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? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   |                             |
| <b>b</b> Total acreage restricted by conservation easements   |                             |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   |                             |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                             |

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 20,189,578       | 18,392,151     | 16,914,263         | 15,956,024           | 16,050,078          |
| <b>b</b> Contributions . . . . .                                  |                  | 1,200,000      |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | -178,492         | 670,449        | 1,551,777          | 1,065,759            | 29,719              |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 27,373           | 73,022         | 73,889             | 107,520              | 123,773             |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 19,983,713       | 20,189,578     | 18,392,151         | 16,914,263           | 15,956,024          |

- 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 ▶ 91 500 %
  - c** Temporarily restricted endowment ▶ 8 500 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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) | Accumulated (c) depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   | 0                                    | 6,796,849                       |                              | 6,796,849      |
| <b>b</b> Buildings . . . . .   | 0                                    | 133,811,298                     | 49,049,930                   | 84,761,368     |
| <b>c</b> Leasehold improvements . . . . .  | 0                                    | 4,519,816                       | 2,639,394                    | 1,880,422      |
| <b>d</b> Equipment . . . . .   | 0                                    | 176,263,788                     | 135,703,865                  | 40,559,923     |
| <b>e</b> Other . . . . .   | 0                                    | 7,867,918                       | 4,767,104                    | 3,100,814      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . |                                      |                                 |                              | 137,099,376    |

**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<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) SHORT-TERM INVESTMENTS   | 46,577,328     | F   |
| (2) ASSETS WHOSE USE IS LIMITED  | 1,015,768      | F   |
| (3) FUNDS HELD BY TRUSTEE  | 1,042,085      | F   |
| (4) BOARD DESIGNATED FUNDS   | 42,227,960     | F   |
| (5) DONOR RESTRICTED ASSETS  | 15,814,326     | F   |
| (6) BENEFICIAL INTEREST IN TRUSTS  | 2,084,024      | F   |
| (7) INVESTMENTS - LAND   | 213,099        | F   |
| (8) ASSETS OF HMC FOUNDATION   | 6,282,831      | F   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) | ▶ 115,257,421  |   |

**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  | 3,498,492      |
| (2) OTHER RECEIVABLES  | 2,481,238      |
| (3) OTHER ASSETS   | 14,088,894     |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) | ▶ 20,068,624   |

**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              |
| ACCRUED INTEREST PAYABLE   | 1,058,979      |
| OTHER LIABILITIES  | 6,956,234      |
| THIRD-PARTY PAYORS, CURRENT  | 1,296,034      |
| THIRD-PARTY PAYORS, NON-CURRENT  | 3,375,156      |
| MALPRACTICE LIABILITY  | 1,343,000      |
| PENSION BENEFIT LIABILITY  | 35,515,199     |
| DUE TO AFFILIATES  | 0              |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | ▶ 49,544,602   |

**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 VII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |             |
|----------|---|-----------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  | 276,522,175 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           | -2,451,085  |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           | 334,391     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | -2,116,694  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 278,638,869 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |             |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  | 278,638,869 |

**Part VIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |             |
|----------|--|-----------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 268,628,791 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |           | 334,391     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 334,391     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 268,294,400 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |           |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |             |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  | 268,294,400 |

**Part XIII Supplemental Information**

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

| Return Reference               | Explanation  |
|--------------------------------|--|
| SCHEDULE D, PART V, QUESTION 4 | RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES |

**Part XIII Supplemental Information (continued)**

| Return Reference              | Explanation   |
|-------------------------------|---|
| SCHEDULE D, PART XI, LINE 2D  | OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - RENTAL EXPENSES - \$334,391 |
| SCHEDULE D, PART XII, LINE 2D | OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - RENTAL EXPENSES - \$334,391   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |

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

OMB No 1545-0047

## 2015

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>HUNTERDON MEDICAL CENTER | <b>Employer identification number</b><br>22-1537688 |
|---|---|

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|  | Yes           | No |
|--|---------------|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a  | <b>1a</b> Yes |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .  | <b>1b</b> Yes |    |
| <b>2</b> 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<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |               |    |
| <b>3</b> 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   |               |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   | <b>3a</b> Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ 500 %                     | <b>3b</b> Yes |    |
| <b>c</b> 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  |               |    |
| <b>4</b> 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"?  | <b>4</b> Yes  |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | <b>5a</b> Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  | <b>5b</b>     | No |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  | <b>5c</b>     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?   | <b>6a</b> Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public?<br>Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.   | <b>6b</b> Yes |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| <b>Financial Assistance and Means-Tested Government Programs</b>                                   | <b>(a)</b> Number of activities or programs (optional) | <b>(b)</b> Persons served (optional) | <b>(c)</b> Total community benefit expense | <b>(d)</b> Direct offsetting revenue | <b>(e)</b> Net community benefit expense | <b>(f)</b> Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |  | 1,239                                | 4,805,336                                  | 1,244,018                            | 3,561,318                                | 1 330 %                             |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |  | 3,028                                | 25,752,800                                 | 21,141,348                           | 4,611,452                                | 1 720 %                             |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |  |                                      |  |                                      |  |                                     |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           |  | 4,267                                | 30,558,136                                 | 22,385,366                           | 8,172,770                                | 3 050 %                             |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) | 18   | 139                                  | 3,775,448                                  | 0                                    | 3,775,448                                | 1 410 %                             |
| <b>f</b> Health professions education (from Worksheet 5)   | 6  | 172                                  | 3,466,861                                  | 1,700,457                            | 1,766,404                                | 0 660 %                             |
| <b>g</b> Subsidized health services (from Worksheet 6)   | 13   |                                      | 7,701,695                                  | 6,054,306                            | 1,647,389                                | 0 610 %                             |
| <b>h</b> Research (from Worksheet 7)   |  |                                      |  |                                      |  |                                     |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |  |                                      |  |                                      |  |                                     |
| <b>j Total.</b> Other Benefits   | 37   | 311                                  | 14,944,004                                 | 7,754,763                            | 7,189,241                                | 2 680 %                             |
| <b>k Total.</b> Add lines 7d and 7j  | 37   | 4,578                                | 45,502,140                                 | 30,140,129                           | 15,362,011                               | 5 730 %                             |

**Part II Community Building Activities**

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

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         | 1   |                               | 478,454                              | 93,588                        | 384,866                            | 0.140 %                      |
| <b>2</b> Economic development                                      |   |                               |                                      |                               |                                    |                              |
| <b>3</b> Community support   | 2   | 169                           | 3,808                                | 0                             | 3,808                              |                              |
| <b>4</b> Environmental improvements                                | 2   | 1                             | 100,251                              | 1,760                         | 98,491                             | 0.040 %                      |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     | 2   |                               | 842                                  | 0                             | 842                                |                              |
| <b>9</b> Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>  | 7   | 170                           | 583,355                              | 95,348                        | 488,007                            | 0.180 %                      |

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

**Section A. Bad Debt Expense**

|   | Yes          | No                 |
|---|--------------|--------------------|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .  | <b>1</b> Yes |                    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .   |              | <b>2</b> 8,038,918 |
| <b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . . |              | <b>3</b> 2,676,156 |
| <b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements   |              |                    |

**Section B. Medicare**

|   |          |            |
|---|----------|------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .   | <b>5</b> | 60,240,819 |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .  | <b>6</b> | 67,220,991 |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .  | <b>7</b> | -6,980,172 |
| <b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |          |            |

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| <b>1</b>           |   |  |  |   |
| <b>2</b>           |   |  |  |   |
| <b>3</b>           |   |  |  |   |
| <b>4</b>           |   |  |  |   |
| <b>5</b>           |   |  |  |   |
| <b>6</b>           |   |  |  |   |
| <b>7</b>           |   |  |  |   |
| <b>8</b>           |   |  |  |   |
| <b>9</b>           |   |  |  |   |
| <b>10</b>          |   |  |  |   |
| <b>11</b>          |   |  |  |   |
| <b>12</b>          |   |  |  |   |
| <b>13</b>          |   |  |  |   |

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| See Additional Data Table | 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 |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

HUNTERDON MEDICAL CENTER

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

**13** Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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)

|           | Yes | No |
|-----------|-----|----|
| <b>13</b> | Yes |    |

**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)

|           |     |  |
|-----------|-----|--|
| <b>14</b> | Yes |  |
| <b>15</b> | Yes |  |

**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 hunterdonhealthcare.org

**b**  The FAP application form was widely available on a website (list url)  
WWW hunterdonhealthcare.org

**c**  A plain language summary of the FAP was widely available on a website (list url)  
WWW hunterdonhealthcare.org

**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)

|           |     |  |
|-----------|-----|--|
| <b>16</b> | Yes |  |
|-----------|-----|--|

**Billing and Collections**

**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

|           |     |  |
|-----------|-----|--|
| <b>17</b> | Yes |  |
|-----------|-----|--|

**Part V Facility Information** (continued)

HUNTERDON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

**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? . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>19</b> |     | 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? . . . . .

|           |     |  |
|-----------|-----|--|
| <b>21</b> | 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? . . . . .

|           |  |    |
|-----------|--|----|
| <b>23</b> |  | 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? . . . . .

|           |  |    |
|-----------|--|----|
| <b>24</b> |  | No |
|-----------|--|----|

If "Yes," explain in Section C



**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? 23

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference | Explanation  |
|-------------------------|--|
| PART I, LINE 3C         | THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10 52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2015 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE |

| Form and Line Reference            | Explanation    |
|------------------------------------|----------------|
| SCHEDULE H, PART I, QUESTION<br>6A | NOT APPLICABLE |

| Form and Line Reference            | Explanation   |
|------------------------------------|---|
| SCHEDULE H, PART I, QUESTION<br>7G | NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS |

Form and Line Reference

Explanation

SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

Form and Line Reference

Explanation

SCHEDULE H, PART II

THE PRIMARY ACTIVITY IS SUBSIDIZED HOUSING FOR THE MEDICAL RESIDENTS OF  
HUNTERDON MEDICAL CENTER

| Form and Line Reference                                     | Explanation   |
|---|---|
| <p>SCHEDULE H, PART III, SECTION A, QUESTIONS 2,3 AND 4</p> | <p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED BELOW DESCRIBES IT IN MORE DETAIL PATIENT ACCOUNTS RECEIVABLE Patient accounts receivable are reported at net realizable value Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts In evaluating the collectability of patient accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary For receivables associated with self-pay patients, the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts The Medical Center's allowance for doubtful accounts for self-pay patients was 99% and 97% of self-pay accounts receivable at December 31, 2015 and December 31, 2014, respectively In addition, the Medical Center's self-pay account write-offs (net of recoveries) decreased to \$6,238,918 in 2015 from \$9,560,465 in 2014 The decrease is primarily due to the Medical Center implementing a new policy in May 2014 to apply a discount to self-pay accounts and recording the adjustment as a contractual allowance CHARITY CARE AND UNCOMPENSATED CARE IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE MEDICAL CENTER PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS COMMUNITY-BASED PROGRAMS, SUCH AS LIFELINE, HEALTH SCREENINGS, TRAINING FOR EMERGENCY SERVICE PERSONNEL, SOCIAL SERVICE, SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE, AND CRISIS INTERVENTION ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, AND TELEPHONE INFORMATION SERVICES DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY THE MEDICAL CENTER ALSO PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COSTS TO RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER STATE REGULATION FOR CHARITY CARE THE MEDICAL CENTER'S DEFINITION OF CHARITY CARE INCLUDES SERVICES PROVIDED AT NO CHARGE OR AT A REDUCED CHARGE TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED THE MEDICAL CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY AN OVERALL COST TO CHARGE RATIO WAS APPLIED TO ARRIVE AT THE COST OF CHARITY CARE, AND AS A RESULT THE COST OF CHARITY CARE AMOUNTED TO \$4,315,047 AND \$5,434,595 IN 2015 AND 2014, RESPECTIVELY BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE STATE PROVIDES CERTAIN SUBSIDY PAYMENTS TO QUALIFIED HOSPITALS TO PARTIALLY FUND UNCOMPENSATED CARE AND CERTAIN OTHER COSTS SUBSIDY PAYMENTS RECOGNIZED AS REVENUE AMOUNTED TO \$1,610,513 AND \$1,551,369 AND 2015 AND 2014, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING STATEMENT OF OPERATIONS</p> |

| Form and Line Reference                            | Explanation   |
|--|---|
| <p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p> | <p>MEDICARE COSTS WERE DERIVED FROM THE 2015 MEDICARE COST REPORT. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION DID NOT INCLUDE MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT IN THE CALCULATION OF THEIR COMMUNITY BENEFIT PERCENTAGE. HOWEVER, THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE," A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE. EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVI</p> |

| Form and Line Reference                            | Explanation  |
|--|--|
| <p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p> | <p>DED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING IT S SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILAB LE TO ALL QUALIFIED PHYSICIANS MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE CO MMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2 007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITAL S PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES N OT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EV ERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COM MISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL G ET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED E LIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID U NDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE CO STS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPI TAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS RE PRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYME NT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATT RIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQ UIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAM S A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISIO N OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE B AD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS F OLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMER GENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NO T TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING IN DUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE N ECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RES ULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDING S "SUPPORT THE VALIDITY OF T</p> |

| Form and Line Reference                             | Explanation  |
|---|--|
| <p>SCHEDULE H, PART III, SECTION B, QUESTION 9B</p> | <p>ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF HUNTERDON MEDICAL CENTER, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE "SELF-PAYOR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER, TELEPHONE CONTACT FOR ANY ACCOUNT OVER \$5 000 00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM, - FINANCIAL COUNSELING FOR A HOSPITAL INITIATED DISCOUNT PROGRAM FOR THOSE WITH NO INSURANCE OR WHO ARE UNDERINSURED AND DON'T MEET THE STATEMENT REQUIREMENTS FOR FREE CARE THE HOSPITAL-INITIATED DISCOUNT PROGRAM RATES ARE REFLECTIVE OF 200% OF MEDICAID, AND -FINANCIAL ARRANGEMENTS INCLUDING 1 CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), OR 2 FLEXIBLE PAYMENT PLANS</p> |

| Form and Line Reference         | Explanation   |
|---------------------------------|---|
| SCHEDULE H, PART VI, QUESTION 2 | UNDER THE BYLAWS OF HMC, THE HOSPITAL HAS A NEEDS COMMITTEE WHICH ANALYZES THE HEALTHCARE SERVICES THAT ARE CONSIDERED NECESSARY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY THE COMMITTEE IS COMPRISED OF HEALTHCARE ADMINISTRATION, PHYSICIANS AND COMMUNITY MEMBERS THIS COMMITTEE WORKS TOWARD ENSURING THERE IS AN APPROPRIATE SUPPLY OF PHYSICIANS TO MEET THE NEEDS OF THE POPULATION HUNTERDON MEDICAL CENTER ALSO CONTINUES TO WORK WITH THE "PARTNERSHIP FOR HEALTH", WHICH IS A GROUP OF ORGANIZATIONS IN THE COUNTY INCLUDING THE HUNTERDON COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF HUNTERDON COUNTY AND MANY OTHER ORGANIZATIONS THE EFFORTS OF THIS ORGANIZATION ARE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND FOCUS ON SUCH ISSUES AS DIABETES, BEHAVIORAL HEALTH AND WEIGHT MANAGEMENT THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS BEGUN IN OCTOBER 2011 WHEN QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED SIX FOCUS GROUPS WERE CREATED TO IDENTIFY COMMUNITY THEMES AND STRENGTHS THE LOCAL PUBLIC HEALTH SYSTEM WAS ASSESSED A GROUP OF COMMUNITY MEMBERS INCLUDING HIGH SCHOOL SUPERINTENDENTS, THE MAYOR, PHYSICIANS, PROSECUTOR, FAITH LEADERS AND BUSINESS LEADERS ASSESSED THE COMMUNITY'S HEALTH AND IDENTIFIED FIVE FORCES OF CHANGE OCCURRING IN THE COUNTY THAT WAS IMPACTING THE HEALTH OF THE COMMUNITY MEMBERS FINALLY STATEWIDE DATA SOURCES WERE USED AS BENCHMARKS TO COMPARE THE RESULTS OF HUNTERDON COUNTY IN PARTICULAR THE ASSESSMENT WAS COMPLETED IN FEBRUARY 2013 AND IDENTIFIED FOUR PRIORITY HEALTH ISSUES TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM OBESITY/OVERWEIGHT, SUBSTANCE ABUSE, LATINO HEALTH DISPARITIES & AGE RELATED ISSUES |

| Form and Line Reference         | Explanation  |
|---------------------------------|--|
| SCHEDULE H, PART VI, QUESTION 3 | THE MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS THEY RECEIVE A WRITTEN NOTICE IN ENGLISH OR SPANISH FORMAT OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE AT THE TIME OF ADMISSION OR DURING THE OUTPATIENT REGISTRATION PROCESS FINANCIAL COUNSELING SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH THE PATIENT ACCOUNTS DEPARTMENT DURING OR AFTER THE PROVISION OF SERVICES ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS VERBIAGE STATING FINANCIAL ASSISTANCE IS AVAILABLE IS INCLUDED ON EACH PATIENT'S BILLING STATEMENT THE MESSAGE READS AS FOLLOWS "IF YOU CANNOT PAY THIS BILL AND REQUIRE FINANCIAL ASSISTANCE OR PAYMENT ARRANGEMENTS, PLEASE CONTACT OUR PATIENT ACCOUNTS DEPARTMENT " CHARITY CARE SIGNS ARE ALSO POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH |

| Form and Line Reference            | Explanation   |
|------------------------------------|---|
| SCHEDULE H, PART VI, QUESTION<br>4 | HUNTERDON MEDICAL CENTER'S PRIMARY SERVICE AREA IS HUNTERDON COUNTY, NEW JERSEY, BUT ALSO SERVES PART OF SOMERSET, WARREN AND MERCER COUNTIES THE CENSUS FOR HUNTERDON COUNTY AS OF 2010 WAS 128,349 IT IS PART OF THE NY METROPOLITAN AREA AND THE COUNTY SEAT IS FLEMINGTON THE RACIAL MAKE-UP OF THE COUNTY IS 91.4% CAUCASIAN, 2.7% AFRICAN AMERICAN, 0.1% NATIVE AMERICAN, 3.3% ASIAN AND 5.2% HISPANIC/LATINO HUNTERDON COUNTY HAS BEEN RANKED AS HAVING THE 4TH HIGHEST INCOME PER CAPITA IN THE U S |

| Form and Line Reference         | Explanation  |
|---------------------------------|--|
| SCHEDULE H, PART VI, QUESTION 5 | HUNTERDON MEDICAL CENTER HAS FURTHERED ITS EXEMPT PURPOSE IN SUCH PROGRAMS AS 1) LATINO HEALTH INITIATIVE FOCUSED ON LOW-INCOME IMMIGRANTS HEALTH NEEDS, 2) CREATION OF A MEDICATION ACCESS PROGRAM IN COLLABORATION WITH THE PHARMACEUTICAL INDUSTRY TO DISTRIBUTE FREE PRESCRIPTION DRUGS TO PATIENTS UNABLE TO PAY, AND 3) ANNUAL FREE HEALTH SCREENING PROGRAMS FOR THE ENTIRE COUNTY FOR BREAST CANCER, PROSTATE CANCER, COLON CANCER, HEARING LOSS, ALZHEIMER'S DISEASE, PRE-NATAL AND DIABETES CARE, AMONG OTHERS THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS PROCESS HAVE BEGUN TO BE ADDRESSED IN 2013 THROUGH THE 2013 IMPLEMENTATION PLAN ADOPTED BY THE MEDICAL CENTER BOARD AT ITS SEPTEMBER 2013 MEETING THE GOALS INCLUDED 1) REDUCE THE PREVALENCE OF OBESITY AMONG HUNTERDON COUNTY RESIDENTS THROUGH A VARIETY OF COMMUNITY PROGRAMS AND EDUCATIONAL SESSIONS 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS THROUGH THE STRENGTHENING OF EXISTING PROGRAMS AND THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS 3) REDUCE LATINO HEALTH DISPARITY BY PROVIDING BROCHURES, INFORMATION MATERIALS, AND EDUCATIONAL SESSIONS IN SPANISH AND BY IMPROVING ACCESS TO PRENATAL CARE THROUGH THE MEDICAL CENTER'S FAMILY HEALTH CENTER IN LAMBERTVILLE 4) IMPROVING QUALITY OF LIFE OF SENIORS (65 YEARS AND OVER) LIVING IN HUNTERDON COUNTY BY OFFERING SUPPORT GROUPS, INCREASING THE UTILIZATION OF HOSPICE SERVICES TO COMMUNITY MEMBERS, AND EDUCATING NURSES TO PROPERLY ASSESS AND ADDRESS SENIOR HEALTH ISSUES |

| Form and Line Reference                | Explanation   |
|--|---|
| <p>SCHEDULE H, PART VI, QUESTION 6</p> | <p>THIS ORGANIZATION IS AN AFFILIATE OF THE HUNTERDON HEALTHCARE SYSTEM ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES THE HUNTERDON HEALTHCARE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE HUNTERDON HEALTHCARE SYSTEM, INC NOT FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES HUNTERDON HEALTHCARE SYSTEM, INC HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") IS THE TAX-EXEMPT PARENT OF THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCK HOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY HUNTERDON HEALTHCARE SYSTEM, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) HUNTERDON HEALTHCARE SYSTEM, INC STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES HUNTERDON HEALTHCARE SYSTEM, INC ENSURES THAT HUNTERDON MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES HUNTERDON MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 THE ORGANIZATION MAINTAINS A CLINICAL MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES HUNTERDON MEDICAL CENTER HUNTERDON MEDICAL CENTER ("HMC") IS A 178-BED LICENSED NON-PROFIT COMMUNITY HOSPITAL LOCATED IN FLEMINGTON, NEW JERSEY HMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, HMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 BRITESIDE ADULT DAY CENTERS, INC BRITESIDE ADULT DAY CENTERS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION PROVIDES ADULT DAY CARE SERVICES TO INDIVIDUALS HUNTERDON HEALTHCARE FOUNDATION HUNTERDON HEALTHCARE FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON REGIONAL COMMUNITY HEALTH, INC HUNTERDON REGIONAL COMMUNITY HEALTH, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON HOSPICE HUNTERDON HOSPICE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL</p> |

| Form and Line Reference            | Explanation  |
|------------------------------------|--|
| SCHEDULE H, PART VI, QUESTION<br>6 | <p>             REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION PROVIDES CARE AND SUPPORT FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON HOSPICE HAS PROVIDED EXCEPTIONAL PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS AND THEIR FAMILIES DURING LIFE'S FINAL STAGES WHETHER AT HOME, IN THE HOSPITAL, OR IN A LONG-TERM CARE OR ASSISTED LIVING FACILITY, THEIR DEDICATED, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERVING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY VISITING HEALTH &amp; SUPPORTIVE SERVICES VISITING HEALTH &amp; SUPPORTIVE SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON PRIMARY CARE, P C HUNTERDON PRIMARY CARE, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON SPECIALTY CARE, P C HUNTERDON SPECIALTY CARE, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HUNTERDON URGENT CARE, P C HUNTERDON URGENT CARE, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS HUNTERDON MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES MIDJERSEY HEALTH CORPORATION A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON HEALTHCARE SYSTEM, INC ("HHS") THIS ENTITY PROVIDES OVERSIGHT TO VARIOUS ENTITIES IN THE HHS DEL VALLEY OFFICE ASSOCIATION A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES HUNTERDON MEDICAL OFFICE ASSOCIATES A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES NORTH HUNTERDON MEDICAL ASSOCIATES A PARTNERSHIP WHICH PROVIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES HUNTERDON CENTER FOR SURGERY LLC A PARTNERSHIP WHICH PROVIDES SURGERY SERVICES TO INDIVIDUALS HUNTERDON IMAGING ASSOCIATES A PARTNERSHIP WHICH PROVIDES IMAGING SERVICES TO INDIVIDUALS HUNTERDON COMMUNITY CARE, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON REGIONAL COMMUNITY HEALTH, INC ("HRCH") THIS ENTITY PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS HUNTERDON RE           </p> |

| Form and Line Reference            | Explanation    |
|------------------------------------|----------------|
| SCHEDULE H, PART VI, QUESTION<br>7 | NOT APPLICABLE |

**Schedule H (Form 990) 2015**

## Additional Data

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

1

HUNTERDON MEDICAL CENTER  
2100 WESCOTT DRIVE  
FLEMINGTON, NJ 08822  
WWW.HUNTERDONHEALTHCARE.ORG  
11001

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

X

X

X

X

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

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

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

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

\_\_\_\_\_

| Name and address   | Type of Facility (describe)  |
|--|--|
| <b>1</b> HUNTERDON H & W CENTER AT CLINTON<br>1738 ROUTE 31 NORTH<br>CLINTON, NJ 08809             | PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC |
| <b>1</b> HUNTERDON DOCTORS OFFICE BUILDING<br>1100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822           | INFECTIOUS DISEASE, GASTROENTEROLOGY & NUTRITION AND CARDIOLOGY                |
| <b>2</b> WESCOTT MEDICAL ARTS BUILDING<br>9100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822               | NUTRITION & DIABETES MGMT , WOUND HEALING CENTER, ENDOCRINOLOGY                |
| <b>3</b> HMC PAVILION<br>190 HIGHWAY 31 SUITE 100<br>FLEMINGTON, NJ 08822                          | BEHAVIORAL HEALTH, FAMILY MEDICINE, PHYSICAL THERAPY, PSYCHIATRY               |
| <b>4</b> HUNTERDON WOMEN'S IMAGING CENTER<br>121 ROUTE 31 SOUTH<br>FLEMINGTON, NJ 08822            | WOMEN'S IMAGING CENTER   |
| <b>5</b> HMC HOME HEALTH SERVICES<br>315 ROUTE 31<br>FLEMINGTON, NJ 08822                          | HOME HEALTH SERVICES   |
| <b>6</b> SANDHILL MEDICAL OFFICE BUILDING<br>6 SAND HILL ROAD<br>FLEMINGTON, NJ 08822              | PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PEDIATRICS & LAB                       |
| <b>7</b> PHILLIPS BARBER FAMILY HEALTH CENTER<br>73 ALEXANDER AVENUE<br>LAMBERTVILLE, NJ 08530     | FAMILY HEALTH CENTER, MICU, EMS  |
| <b>8</b> DEL VAL FAMILY HEALTH CENTER<br>200 FRENCHTOWN ROAD<br>MILFORD, NJ 08848                  | FAMILY HEALTH CENTER   |
| <b>9</b> SSB BUILDING<br>1 WESCOTT DRIVE SUITE 101<br>FLEMINGTON, NJ 08822                         | DERMATOLOGY & PULMONARY CARE   |
| <b>10</b> HUNTERDON H & W CENTER - WHITEHOUSE<br>537 ROUTE 22 EAST<br>WHITEHOUSE STATION, NJ 08889 | HEALTH & WELLNESS CENTER, CARDIAC REHAB, PHYSICAL THERAPY & PEDIATRICS         |
| <b>11</b> HOI BUILDING<br>8100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822                               | PHYSICAL THERAPY   |
| <b>12</b> HUNTERDON SPORTS & PHYSICAL THERAPY<br>222 ROUTE 31<br>FLEMINGTON, NJ 08822              | PHYSICAL THERAPY   |
| <b>13</b> HMC AT WASHINGTON<br>140 BOULEVARD<br>WASHINGTON, NJ 07882                               | FAMILY HEALTH CENTER, PHYSICAL & OCCUPATIONAL THERAPY                          |
| <b>14</b> HUNTERDON UROLOGICAL ASSOCIATES<br>121 ROUTE 31 SUITE 1200<br>FLEMINGTON, NJ 08822       | UROLOGICAL PRACTICE  |

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

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

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

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

\_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>16</b> MOBILE INTENS CARE SVCS AT GLEN GARDNER<br>2168 ROUTE 31<br>GLEN GARDNER, NJ 08826   | MICU, EMS                   |
| <b>1</b> HOPEWELL FAMILY PRACTICE<br>84 route 31 suite 103<br>PENNINGTON, NJ 08534             | FAMILY PRACTICE             |
| <b>2</b> HIGHLANDS FAMILY HEALTH CENTER<br>61 FRONTAGE ROAD<br>HAMPTON, NJ 08827               | FAMILY HEALTH CENTER        |
| <b>3</b> HUNTERDON PEDIATRICS ASSOCIATES<br>8 READING ROAD<br>FLEMINGTON, NJ 08822             | PEDIATRICS                  |
| <b>4</b> HUNTERDON BREAST SURGERY CENTER<br>121 ROUTE 31 SUITE 1000<br>FLEMINGTON, NJ 08822    | BREAST SURGERY PRACTICE     |
| <b>5</b> BRANCHBURG FAMILY HEALTH CENTER<br>2143 SOUTH BRANCH ROAD<br>SOMERVILLE, NJ 08876     | FAMILY HEALTH CENTER        |
| <b>6</b> COUNTY LINE FAMILY PRACTICE<br>3461 US ROUTE 22 EAST<br>BRANCHBURG, NJ 08876          | FAMILY PRACTICE             |
| <b>7</b> CENTER FOR ENDOCRINE HEALTH<br>909 US HIGHWAY 202 NORTH SUITE 2A<br>RARITAN, NJ 08869 | CENTER FOR ENDOCRINE HEALTH |

**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

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

|  |  |
|--|--|
| Name of the organization<br>HUNTERDON MEDICAL CENTER | Employer identification number<br>22-1537688 |
|--|--|

**Part I Questions Regarding Compensation**

|  | Yes   | No   |   |  |   |   |   |  |  |  |
|--|---|--|---|--|---|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions                          | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments  | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |  |   |  |   |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |   |  |   |   |   |  |  |  |
| <p><b>b</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.</p>  | 1b Yes  |  |   |  |   |   |   |  |  |  |
| <p><b>2</b> 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?</p>   | 2 Yes   |  |   |  |   |   |   |  |  |  |
| <p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |  |   |  |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |   |  |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |   |  |   |   |   |  |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>  | 4a  | No   |   |  |   |   |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | 4b Yes  |  |   |  |   |   |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | 4c  | No   |   |  |   |   |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |   |  |   |  |   |   |   |  |  |  |
| <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>   | 5a  | No   |   |  |   |   |   |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>   | 5b  | No   |   |  |   |   |   |  |  |  |
| <p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>   | 6a  | No   |   |  |   |   |   |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | 6b  | No   |   |  |   |   |   |  |  |  |
| <p><b>7</b> 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.</p>  | 7 Yes   |  |   |  |   |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>   | 8   | No   |   |  |   |   |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | 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 1B | THE ORGANIZATION PAID ROTARY CLUB DUES FOR ROBERT P WISE, PRESIDENT/CEO OF THE ORGANIZATION UTILIZATION OF THIS MEMBERSHIP WAS PRIMARILY FOR THE BENEFIT OF HUNTERDON MEDICAL CENTER   |
| SCHEDULE J, PART I, QUESTION 4B | THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ROBERT P WISE, \$156,241, GAIL KOSYLA, \$34,555, LAWRENCE N GRAND, \$98,223, DEBORAH L HOSKINS, \$25,114, RICHARD J WEBB, \$25,579, GEORGE ROKSVAAG, M D , \$33,036, VIOLET T KOCSIS, \$19,352, ROBERT G COATES, M D , \$26,885, PATRICIA STEINGALL, RN, \$31,953, DONALD R PINNER, \$19,910, DEBORAH PINGUE, \$14,313 AND DANIEL J DEETS, \$48,589 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, AS TAXABLE WAGES GAIL KOSYLA, \$28,939, LAWRENCE N GRAND, \$44,242, DEBORAH L HOSKINS, \$19,687, RICHARD J WEBB, \$29,384, GEORGE ROKSVAAG, M D , \$19,756, VIOLET T KOCSIS, \$27,900, ROBERT G COATES, M D , \$27,387, NEIL HUDES, \$22,956, PATRICIA STEINGALL, RN, \$30,209, DONALD R PINNER, \$20,872 AND DEBORAH PINGUE, \$14,826 |
| SCHEDULE J, PART I, QUESTION 7  | 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 THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT   |
| SCHEDULE J, PART II, COLUMN F   | THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNTS WERE NO LONGER SUBJECT TO A substantial RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES GAIL KOSYLA, \$34,555, LAWRENCE N GRAND, \$98,223, DEBORAH L HOSKINS, \$25,114, RICHARD J WEBB, \$25,579, GEORGE ROKSVAAG, M D , \$33,036, VIOLET T KOCSIS, \$19,352, ROBERT G COATES, M D , \$26,885, PATRICIA STEINGALL, RN, \$31,953, DONALD R PINNER, \$19,910, DEBORAH PINGUE, \$14,313 AND DANIEL J DEETS, \$48,589  |

**Additional Data**

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

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

| (A) Name 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 |  |                         |                                 |   |
| 1 ROBERT P WISE<br>TRUSTEE, EX-OFFICIO - PRES/CEO  | (i)  | 667,211  | 188,756                             | 205,769                             | 39,784   | 105,914                 | 1,207,434                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 1 GAIL KOSYLA<br>TREASURER/CFO                     | (i)  | 373,081  | 85,615                              | 50,095                              | 63,539   | 20,232                  | 592,562                         | 34,555  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 LAWRENCE N GRAND<br>EXECUTIVE VP/COO             | (i)  | 303,126  | 67,025                              | 127,009                             | 84,142   | 1,004                   | 582,306                         | 98,223  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 DEBORAH L HOSKINS<br>VP, FINANCE                 | (i)  | 234,447  | 32,980                              | 26,722                              | 48,419   | 15,549                  | 358,117                         | 25,114  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 RICHARD J WEBB<br>CHIEF LEGAL OFFICER            | (i)  | 328,732  | 80,040                              | 46,675                              | 63,984   | 22,017                  | 541,448                         | 25,579  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 GEORGE ROKSVAAG MD<br>CHIEF MEDICAL OFFICER      | (i)  | 284,870  | 83,353                              | 42,030                              | 58,331   | 930                     | 469,514                         | 33,036  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 WAYNE C FELLMETH MD<br>VP, INTERIM CIO           | (i)  | 282,679  | 21,434                              | 0                                   | 38,460   | 22,564                  | 365,137                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 VIOLET T KOCSIS<br>CHIEF HUMAN RESOURCES OFFICER | (i)  | 244,850  | 36,093                              | 20,212                              | 66,498   | 26,444                  | 394,097                         | 19,352  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 ROBERT G COATES MDVPM                            | (i)  | 273,584  | 39,982                              | 56,758                              | 63,312   | 26,518                  | 460,154                         | 26,885  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 NEIL HUDES<br>VP PROFESSIONAL SERVICES           | (i)  | 298,078  | 59,443                              | 10,919                              | 62,856   | 22,275                  | 453,571                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 PATRICIA STEINGALL RN<br>VP PATIENT CARE        | (i)  | 249,720  | 51,386                              | 38,232                              | 69,306   | 21,206                  | 429,850                         | 31,953  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 DONALD R PINNER<br>VP, COO - HRCH               | (i)  | 196,068  | 44,414                              | 40,400                              | 55,739   | 7,884                   | 344,505                         | 19,910  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 DEBORAH PINGUE<br>VP MARKETING                  | (i)  | 170,275  | 21,662                              | 17,343                              | 28,587   | 1,451                   | 239,318                         | 14,313  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 KEITH T GOLDSTEIN MD<br>PHYSICIAN               | (i)  | 680,078  | 149,600                             | 0                                   | 39,900   | 24,274                  | 893,852                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 JEFFREY D HARTFORD MD<br>PHYSICIAN              | (i)  | 779,234  | 0                                   | 0                                   | 35,925   | 26,874                  | 842,033                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 SOHAIL G HADDAD MD<br>PHYSICIAN                 | (i)  | 228,735  | 416,671                             | 0                                   | 5,977  | 26,420                  | 677,803                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 16 JOSEPH L GUGLIOTTA MD<br>PHYSICIAN              | (i)  | 394,343  | 171,660                             | 18,000                              | 39,900   | 22,706                  | 646,609                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 17 ALLEN KERN MD<br>PHYSICIAN                      | (i)  | 558,680  | 0                                   | 18,000                              | 26,973   | 19,694                  | 623,347                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 18 DANIEL J DEETS<br>FORMER OFFICER                | (i)  | 0  | 0                                   | 222,207                             | 0  | 0                       | 222,207                         | 48,589  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 19 GLEN A MAMARY<br>FORMER KEY EMPLOYEE            | (i)  | 1,134  | 0                                   | 168,532                             | 0  | 0                       | 169,666                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

▶ 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](http://www.irs.gov/form990).

**2015**

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

**Part I Bond Issues**

|          | (a) Issuer name                               | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose      | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|----------|---|----------------|-------------|-----------------|-----------------|---------------------------------|--------------|----|-------------------------|----|--------------------|----|
|          |   |                |             |                 |                 |                                 | Yes          | No | Yes                     | No | Yes                | No |
| <b>A</b> | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 22-1987084     |             | 12-01-2014      | 42,735,000      | REPAY 2006A BOND SERIES & CONST |              | X  |                         | X  |                    | X  |
| <b>B</b> | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 22-1987084     |             | 12-01-2014      | 16,260,000      | REPAY 2006A BOND SERIES & CONST |              | X  |                         | X  |                    | X  |
| <b>C</b> | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 22-1987084     |             | 12-01-2014      | 6,360,000       | REPAY 2006A BOND SERIES & CONST |              | X  |                         | X  |                    | X  |
| <b>D</b> | NJ HEALTH CARE FACILITIES FINANCING AUTHORITY | 22-1987084     |             | 12-01-2014      | 4,935,000       | REPAY 2006A BOND SERIES & CONST |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|           |  | A          |           | B          |           | C          |           | D          |           |
|-----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| <b>1</b>  | Amount of bonds retired . . . . .  | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>2</b>  | Amount of bonds legally defeased . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>3</b>  | Total proceeds of issue . . . . .  | 45,681,704 |           | 16,260,000 |           | 5,155,162  |           | 4,751,432  |           |
| <b>4</b>  | Gross proceeds in reserve funds . . . . .  | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>5</b>  | Capitalized interest from proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>6</b>  | Proceeds in refunding escrows . . . . .  | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>7</b>  | Issuance costs from proceeds . . . . .   | 33,306     |           | 6,457      |           | 1,883      |           | 11,262     |           |
| <b>8</b>  | Credit enhancement from proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>9</b>  | Working capital expenditures from proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>10</b> | Capital expenditures from proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>11</b> | Other spent proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>12</b> | Other unspent proceeds . . . . .   | 1,042,085  |           | 0          |           | 0          |           | 0          |           |
| <b>13</b> | Year of substantial completion . . . . .   | 2015       |           | 2008       |           | 2011       |           | 2014       |           |
|           |  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>14</b> | Were the bonds issued as part of a current refunding issue? . . . . .  | X          |           | X          |           | X          |           | X          |           |
| <b>15</b> | Were the bonds issued as part of an advance refunding issue? . . . . .   |            | X         |            | X         |            | X         |            | X         |
| <b>16</b> | Has the final allocation of proceeds been made? . . . . .  |            | X         | X          |           | X          |           | X          |           |
| <b>17</b> | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X          |           | X          |           | X          |           | X          |           |

**Part III Private Business Use**

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

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

|   | A   |     | B   |     | C   |     | D   |         |
|---|-----|-----|-----|-----|-----|-----|-----|---------|
|   | Yes | No  | Yes | No  | Yes | No  | Yes | No      |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X   |     | X   |     | X   | X   |         |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |     |     |     |     |     | X   |         |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X   |     | X   |     | X   |     | X       |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |     |     |     |     |     |     |     |         |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .  |     | 0 % |     | 0 % |     | 0 % |     | 2 060 % |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . |     | 0 % |     | 0 % |     | 0 % |     | 0 %     |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     | 0 % |     | 0 % |     | 0 % |     | 2 060 % |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   | X   |     | X   |     | X   |     | X   |         |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .  |     | X   |     | X   |     | X   |     | X       |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of  |     |     |     |     |     |     |     |         |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     | X   |     | X   |     | X   |     | X       |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                           | X   |     | X   |     | X   |     | X   |         |

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

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

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number  
22-1537688

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

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

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| JEFFREY D (1) HARTFORD        |                                    | PHYSICIAN PRACTICE  |                                       | X    | 65,167                        | 22,318          |                 | No | Yes                                 |    | Yes                    |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                         |                                    |                     |                                       |      |                               | ▶ \$            | 22,318          |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
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|                               |   |                          |                        |                           |

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) REBECCA WISE              | TRUSTEE - FAMILY MEMBER   | 26,753                    | EMPLOYEE                       |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
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|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE O  
(Form 990 or  
990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

**2015**

**Open to Public  
Inspection**

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

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

| Return Reference  | Explanation   |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>Hunterdon medical center ("HMC") is a general acute care teaching hospital Hmc provides a full range of preventive, diagnostic, and therapeutic inpatient and outpatient hospital &amp; community services HMC is recognized by the irs as an internal revenue code section 501(c)(3) tax-exempt organization Pursuant to its charitable purposes, HMC provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin or ability to pay Moreover, HMC operates consistently with the following criteria outlined in irs revenue ruling 69-545 1 HMC provides medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, medicare and medicaid patients, 2 HMC operates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3 HMC maintains a closed medical staff, with privileges available based on community need, 4 Control of HMC rests with its board of trustees and the board of trustees of Hunterdon Healthcare System, Inc Both boards are comprised of independent civic leaders and other prominent members of the community, 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities The operations of HMC, as shown through the factors outlined above and other information contained herein, clearly demonstrate the hospital provides substantial community benefit and that the use and control of HMC is for the benefit of the public and that no part of the income or net earnings of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally HMC's sole corporate member is hunterdon healthcare system, inc (HHS) HHS is the tax-exempt parent of Hunterdon Medical Center This tax-exempt integrated healthcare delivery system consists of a group of affiliated healthcare organizations The sole member or stockholder of each entity is either HHS or another system affiliate controlled by HHS Mission ===== Hunterdon medical center strives to provide to the maximum extent possible comprehensive quality healthcare services which are required by the people of hunterdon county and surrounding areas and appropriate to the medical center organization Hmc will assume an appropriate role in the education of physicians and other healthcare professionals Care and treatment will be equally accessible to all persons Vision ===== Hunterdon healthcare system is recognized as a national model for providing community focused healthcare that is patient-centered and driven by a passion for clinical excellence Hunterdon Medical Center ===== Hunterdon medical center was created in 1953 with the vision of an integrated healthcare delivery system in mind namely, that primary care would be delivered by family physicians in the community, that consultative and specialty care would be hospital-based with patients returned to their personal physicians and finally, that the hospital would be a training center for family physicians This system has worked remarkably well with Hunterdon medical center currently enjoying one of the best quality care outcomes in the country, as well as having one of the lowest per capita costs for hospitalization in the nation Family medicine is real in hunterdon county The centerpiece of the Hunterdon Healthcare System is Hunterdon Medical Center The medical center has 178 beds, including advanced medical and surgical units, a 12 bed intensive care/coronary care unit, a 20-bed same day surgery center, a 20-bed maternity and newborn care center which was one of the first single-room maternity centers in new jersey, a 10-bed pediatric unit and a 14-bed behavioral health wing Hunterdon led the nation by implementing the first, year-round night float system for family medicine residency programs This system alleviates resident fatigue and eliminates the exhaustion which can be detrimental to residents, their families and patient care This has become the national norm for residency scheduling with the implementation of new work hour regulations Senior residents cover the hospital from 7 00 pm to 7 00 am in a designed night float rotation They then have a 12 hour duty free period to rest and rejuvenate in the comfort of their own homes First year residents also work a 12 hour shift from 7 pm to 7am in a similar rotation They function to help with admissions in conjunction with the senior residents and the nocturnist from 7pm to 10 pm thus allowing them to get supervised instruction in this important skills set From 10 pm to 7am the first year resident works in an emergency department rotation under the supervision of a board certified emergency medicine physician where they learn important triage and treatment skills in this setting First year residents are in a true call situation only to cover weekend shifts with senior resident supervision Second and third year residents average call one night in six this guarantees an adequate volume and experience to develop mastery in common problem management They also have a longitudinal experience in the nursing home setting with full time geriatrician faculty supervising their patient care Third year residents also cover outpatient call for the family health centers on average one night in six The combination of night float and the appropriate frequency of night call combine to create the best possible call schedule Radiology and lab services are state-of-the-art Most of the members of the specialty medical staff have offices in the Hunterdon doctors' office building adjacent to the medical center or within close vicinity to the hospital Hunterdon Medical Center has achieved widespread recognition for its role as a provider of community health services beyond those normally associated with a hospital Patient and community health education programs, public health screening and detection services, a certified home health agency, behavioral health services, and end of life services complement the medical center's comprehensive in-hospital services On the grounds of the medical center is a child care facility available to children of employees and staff as well as to other members of the community Geriatrics is one of its major initiatives of the Hunterdon Medical Center, with a full time director and comprehensive hospital and ambulatory services Four of our faculty physicians hold the certificate of added qualifications in geriatrics and all have completed a fellowship Three of these geriatricians are also certified Medical Directors Hunterdon medical center has received accreditation and national recognition that verifies our position as a leading provider of quality healthcare The administration and staff of Hunterdon Medical Center is extremely proud of the many awards the community hospital has earned Each one is recognition that HMC ranks within the top 10% of national and New Jersey hospitals in many performance indicators for quality healthcare Hunterdon Medical Center has achieved numerous awards including Magnet re-designation - the magnet recognition program recognizes healthcare organizations that provide nursing excellence Recognizing quality patient care, nursing excellence and innovations in professional nursing practice, the magnet recognition program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive The program is administered by the american nurses credentialing center Being a Magnet organization helps distinguish Hunterdon Medical Center as an organization marked by quality inpatient care Magnet re-designation - the magnet recognition program recognizes healthcare organizations that provide nursing excellence Recognizing quality patient care, nursing excellence and innovations in professional nursing practice, the magnet recognition program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive The program is administered by the american nurses credentialing center Being a Magnet organization helps distinguish Hunterdon Medical Center as an organization marked by quality inpatient care</p> |

| Return Reference  | Explanation   |
|---|---|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>Named one of the "100 Most Wired" hospitals &amp; health networks twelve out of the last fourteen years. Being a "most wired" hospital confirms that an organization uses information technology to benefit its quality, customer service, public health and safety, business processes and workforce. Because our medical records are linked electronically, patients can be confident that, with consent, any physician who needs to access patient records can do so throughout the Hunterdon Healthcare System. For the fifth year in a row, Hunterdon was ranked the healthiest county in New Jersey based on a study conducted by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.</p> <p>Niche designation - nurses improving care to health system elders (niche) is a national geriatric nursing program. The program's vision is for all patients 65 and over to be given sensitive and exemplary care. The mission of niche is to raise awareness of principles and tools that can achieve patient-centered care for older adults.</p> <p>Accreditation by the joint commission for the accreditation of healthcare organizations - the joint commission for the accreditation of healthcare organizations sets the standards by which healthcare quality is measured in America and around the world. It is an independent, not-for-profit organization that accredits and certifies over 17,000 healthcare organizations and programs. To maintain and earn accreditation, organizations must have an extensive on-site review by a team of healthcare professionals, at least once every three years. HMC was ranked among the top five hospitals in New Jersey for patient safety in Consumer Reports magazine and was named one of the 100 Great Community Hospitals in the nation by Becker's Hospital Review. HMC was also recently named a recipient of the Women's Choice Award as one of America's Best Breast Centers, acknowledging its dedication to providing exceptional patient care and treatment. HMC received three-year full accreditation by The National Accreditation Program for Breast Centers (NAPBC).</p> <p>Website transparency excellence award with honors - URAC announced today the recipients of the 2012 acknowledgement of excellence in hospital website transparency, presented in conjunction with the leapfrog group. The acknowledgement comes as part of an overall excellence in hospital website transparency awards program, which identifies outstanding hospital websites promoting transparency of safety and quality measures in a manner that is useful and user-friendly for consumers. All hospitals who publically report their leapfrog hospital survey results were eligible. "these awards are a unique celebration of hospitals that show initiative in protecting consumers through transparency and quality reporting. It is encouraging to see so many hospitals that have implemented leading initiatives in an effort to make a difference in the lives of the consumers they serve," said John D. Jones, URAC chairman of the board. The acknowledgement of excellence in hospital website transparency is an evaluation of a hospital's overall website transparency including elements related to design, credibility, literacy and connectivity. This acknowledgement is based on a set of objective criteria established in accordance with the national quality forum's guidelines for consumer-focused, internet-based public reporting of health performance data as well as the model public report elements prepared for the agency for healthcare research and quality ("ahrq") and other research-based criteria. All hospitals applying and qualifying for the acknowledgement were eligible to apply for the best practices in hospital website transparency award. Winners of this award will be announced at a later date. Seven hospitals received the 2012 acknowledgement of excellence in hospital website transparency, with two of those hospitals also receiving a distinction with honors for their outstanding work in hospital website transparency.</p> <p>Clinical service lines ===== Heart and vascular care ----- Heart and vascular care at HMC combines a knowledgeable staff of physicians and specialists with state-of-the-art technology to bring the patient the best cardiovascular care in Hunterdon and its surrounding counties. Our superior staff and technological support enables us to diagnose heart and vascular disease and perform interventional procedures on patients suspected of heart and/or vascular disease. The Emergency PTCA door to balloon time is under sixty minutes.</p> <p>Cancer care ----- Hunterdon regional cancer center is accredited by the American College of Surgeons' Commission on Cancer as a community hospital cancer program. The commission has recognized the cancer program at Hunterdon Medical Center as offering high quality cancer care. Only one in four hospitals that treat cancer receives this special approval. The recognition of this quality and commitment allows the patient access to the expert medical specialists who are involved in diagnosing and treating cancer. Approval by the commission is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer. To meet the standards necessary for commission approval, each cancer program, and the organization that controls it, must undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an on-site review every three years. Receiving care at an approved cancer program ensures that the patient will receive - quality care close to home - comprehensive care offering a range of state-of-the-art services and equipment - a multidisciplinary team approach to coordinate the best treatment options available - access to cancer-related information, education, and support - a cancer registry that collects data on type and stage of cancers and treatment results, and offers lifelong patient follow-up - ongoing monitoring and improvement of care - information about ongoing cancer clinical research studies and new treatment options.</p> <p>Surgical care ----- Hunterdon Medical Center provides the patient access to the most advanced technology, expert surgeons and personalized patient care in a comforting environment. Skilled professional staff work as a team with the physician to individualize patient care and recovery with the goal to improve bodily function and return the patient to daily activities as safely and quickly as possible. Hunterdon Medical Center's surgery department performs slightly more than 5,000 surgeries per year. Types of surgery include, among others - abdominal surgery - appendectomy - arthroscopy - bariatric surgery - breast surgery - cataract surgery - dilation &amp; curettage (d&amp;c) - gallbladder surgery - hernia surgery - hysterectomy - laminectomy - neurosurgery - plastic surgery - spine surgery - total joint replacement surgery - vascular surgery - urologic surgery. The center for bone and joint health offers a comprehensive approach that revolves around health and wellness. The center offers preventive therapies, nutrition counseling and a full spectrum of non-invasive treatments that may completely eliminate the need for surgical options. But if surgery is ultimately needed, the center's wellness approach gets you back to a normal quality of life weeks sooner than with traditional options. The circle of care refers to the coordinated, comprehensive services that the center for bone and joint health offers to patients. The program coordinator can guide patients through all of their options and help coordinate these services.</p> |

| Return Reference  | Explanation  |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>Neurosciences ----- The neurosciences clinical service line's main focus is to evaluate and stage strategic initiatives related to stroke care, sleep medicine, spine care, neurological disorders, and behavioral health. The service line's stroke subcommittee has fully implemented the primary stroke center designation, including staff and community education programs. A spine care program has been developed. Steps needed for inception of a concussion care program are being addressed. They will continue to identify programs and services which are most in alignment with the system's overall mission and meet the needs of our patients, address patient care efficiencies and enhance the patient care experience.</p> <p>Primary care ----- At the heart of the primary care service line is the patient centered medical home which aims to give the right care in the right place the first time. Medical home certification is granted to practices that go through a voluntary recognition process by a non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model. The National Committee for Quality Assurance (NCQA) has granted patient centered medical home certification at the highest level to certain Hunterdon Healthcare physician practices. In a patient centered medical home certified practice, a team headed by the patient's personal physician delivers care. The personal physician tracks and coordinates the patient's care over time. The physician and the patient create a partnership and make decisions about healthcare together. Quality and safety drive the decisions, using guidelines based on evidence rather than tradition. Of course, this may mean that more care is not always better care. Hunterdon Healthcare Partners has worked hard to ensure that evidence-based guidelines are used in our system. Hunterdon healthcare is committed to care that is coordinated and integrated across all elements of the complex healthcare system (subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (family, public and private community-based services). Hunterdon healthcare's collaboration guideline and agreement among primary care and specialty care physicians is integral to this, recognizing the importance of transitions of care in the outpatient setting, the emergency department, and during hospitalization. Hunterdon healthcare's medical home practices provide distinctly different options for their patients to support their personal health goals. We emphasize self-management support. The patient, with support from a team of physician, nurses, social workers, care managers, dietitians, pharmacists, physical and occupational therapists, and other healthcare professionals, becomes engaged in his healthcare.</p> <p>Women's &amp; children's service line -----<br/> ----- Hunterdon healthcare's women's circle of care is a comprehensive approach to women's needs. We offer resources related to a woman's reproductive, gynecological and overall health, support for growing families, prevention and treatment for diseases and conditions, emotional support, and resources for menopause and healthy aging. As primary caregivers, women often assume responsibility for making healthcare decisions for themselves and their families. Hunterdon healthcare offers a full range of healthcare services and educational programs to support women in this critical role. The Hunterdon Healthcare System offers services to meet the needs of the growing family from a child's birth through college graduation. Offerings include well visits, sick care, sports medicine, behavioral health services and emergency care to meet all of your child's growing needs. The full circle of care means comprehensive, coordinated, seamless services that offer the best patient experience possible.</p> <p>Other services =====<br/> Behavioral health ----- Hunterdon behavioral health ("HBH") provides high-quality, comprehensive mental health and addiction services. HBH diagnoses, treats and cares for adolescents and adults with mental illness, emotional difficulties or addiction. Expert clinical staff is highly trained in treating individuals in need of psychiatric and psychological support or addiction treatment. Hunterdon behavioral health offers - evaluation, medication monitoring and therapy for individuals with mental health issues - counseling for families in crisis to help provide a stable home environment - support for adolescents and adults struggling with alcohol or drug addiction - employee assistance to work with employers to resolve personal issues. Hunterdon behavioral health provides treatment for children, adolescents and adults who experience - mental illness - drug or alcohol addiction - family crises - difficulties in their work or school environment - depression - anxiety disorders - attention disorders - sleep disorders - eating disorders - emotional and behavioral issues - peer pressure.</p> <p>Cardiopulmonary rehabilitation ----- Cardiopulmonary rehabilitation is a medically supervised program of health education and physical activity for women and men of any age. Their mission is to treat the body, mind, and spirit of people with heart or lung disease so they may lead satisfying, productive, and healthy lives. Their professional team includes physicians, respiratory therapists, registered nurses, and exercise physiologists specially trained in exercise therapy and disease management. National recognition. Both the cardiac and pulmonary rehabilitation program are nationally certified by the American Association of Cardiovascular and Pulmonary Rehabilitation. This certification process is designed to review and monitor adherence to the high standards and guidelines developed by the American Association of Cardiovascular and Pulmonary Rehabilitation and other professional societies to best serve the patients. Programs include - phase II cardiac rehabilitation - phase II pulmonary rehabilitation - phase III cardiopulmonary rehabilitation. The cardiac catheterization laboratory offers state-of-the-art technology to bring you the best cardiovascular care in Hunterdon County and its surrounding counties. Superior staff and technological support enable the diagnosis of heart and vascular disease. The lab performs interventional procedures on patients suspected of heart or vascular disease. Hunterdon Medical Center has been designated a primary stroke center by the New Jersey State Department of Health and Senior Services.</p> <p>Sleep disorders ----- Sleep disorders are associated with a long list of medical problems, including - heart attack - stroke - irregular heartbeat - high blood pressure - heart failure - obesity - diabetes. The sleep disorders center at Hunterdon Medical Center and Clinton Health &amp; Wellness Center treats many types of sleep disorders, including - sleep apnea which is a medical disorder in which a person, usually a loud snorer, experiences an obstruction in the throat during sleep. Lack of sufficient air causes the individual to awaken, usually with a cough or a gasp that opens the airway. Airflow is re-established and breathing resumes during the next episode. People with sleep apnea have to wake up briefly to breathe, sometimes hundreds of times during the night, although there is no memory of these brief awakenings. - periodic limb movement syndrome may coexist with obstructive sleep apnea. Multiple jerking movements, typically of the legs, awaken those with the disorder repeatedly through the night. - restless legs syndrome is a condition involving sensations in the legs, and sometimes arms, while the individual is awake. The sensations usually occur when the individual is lying down and the only relief is to move the limbs, keeping the individual awake. - narcolepsy is a neurological disorder characterized by excessive daytime sleepiness. Individuals with narcolepsy fall asleep at inappropriate, and occasionally, dangerous times. - insomnia refers to a chronic inability to initiate or sustain sleep, resulting in sleep deprivation and daytime fatigue. There are numerous causes for insomnia, including stress, anxiety, depression, chronic illness, medications, poor sleep habits and circadian rhythm disorders. Occasionally, a sleep study may be part of the evaluation, especially if obstructive sleep apnea is contributing.</p> |

| Return Reference  | Explanation  |
|---|--|
| CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | <p>Hospital owned physician specialty services ===== - endocrinology - gastroenterology - infectious disease - dermatology - psychiatry - center for health aging - pulmonary &amp; critical care - cardiology - urology - breast surgery Community care services ===== The hunterdon health and wellness center ----- The hunterdon health and wellness center has two premier fitness facilities located in whitehouse station and clinton, new jersey in hunterdon county Members benefit from access to hunterdon healthcare staff for guidance in attaining their optimal health Access to health education staff and wellness classrooms for programs which focus on a variety of topics designed to improve lifestyle is also a community benefit</p> <p>Bright tomorrow's child care center ----- The center provides care and early childhood education for children ages 6 weeks to 6 years Multi-sensory disciplines are utilized to facilitate growth in the areas of social, emotional, physical and cognitive development Programming includes - age appropriate thematic curriculum - daily nutritious lunch and snacks - diapers and wipes for infants and toddlers - monthly themes, class trips and special guests - enrichment programs - parental education - an annual back to school night and other family events A preventative approach to discipline teaches positive behaviors, rather than punishing for misbehaviors The goal is to provide children with motivation and an opportunity to make positive choices Learning social skills through gentle encouragement, the children learn to respect the needs of others, adapt to routines and simple rules, and become responsible Parent and family involvement is an integral part of the program an "open door" policy is maintained to allow parents to visit and observe their child at any time Parents are always welcome to participate in educational opportunities and special events Bright tomorrow's strives to maintain competent staff by providing competitive wages and ensuring each staff member is actively engaged in ongoing professional development All staff maintain adult and pediatric CPR and First Aid certification and all receive a child abuse record of incident and criminal history record of incident background checks Home health services ----- Home health services is a non-profit home health agency certified by the federal government, licensed by the new jersey department of health, and accredited by the joint commission on accreditation of healthcare organizations At home health services, each patient's program is carefully guided and planned so that all care is integrated for maximum benefit The team includes - home care nurses - physical therapists - occupational therapists - speech pathologists - medical social worker - home health aides Physician patient educator In order to be eligible for admission to home health services, patients - must be homebound (unable to leave home without assistance) - have ongoing medical supervision and orders from a physician - require periodic visits from at least one of four primary services 1 Skilled nursing 2 Physical therapy 3 Occupational therapy 4 Speech language therapy If home health services are not indicated, a referral may be made to another community agency or service through Hunterdon Regional Community Health (HRCH), a wholly owned subsidiary of Hunterdon Healthcare They can provide the following services to the community - home health aides - home infusion - hospice - respite care - companion service - lifeline personal emergency response service HRCH is an alliance of professional, caring home care service providers Their specialty is in identifying, planning and providing the best care to meet the special needs of their patients HRCH may have the help that is needed if - an aging parent requires help with the activities of daily living - employees are concerned with an elderly family member who is home alone - a family is exploring the options in end-of-life care Whether it's an assessment of physical capability, blood testing, or a personal emergency response system, HRCH has the skill and the staff to provide the in-home support that caregivers family members are looking for</p> <p>Hunterdon family medicine residency ===== The primary mission of the hunterdon medical center family medicine residency program is to educate residents utilizing the values and precepts which are fundamental to the way medicine is practiced by family physicians in hunterdon county, new jersey, so that they themselves may graduate as family physicians who can provide this model of exemplary primary care to their patients, their patients' families and the communities which they serve Because of the respect that family medicine enjoys in hunterdon county, residents have a unique opportunity to see how effective a family physician can be Every facet of hunterdon's integrated delivery system is utilized to enhance the resident's understanding of the full impact of family practice in this country Our mission allows us to move toward our ultimate vision in family medicine education This vision is to create a humanistic and compassionate form of education which models completely the humanism and compassion that we teach in the doctor-patient relationship Our competency-based curriculum is central to both our mission and our vision It is recognized that every resident has unique educational styles and needs Our educational system is designed to create a "core" curriculum for every resident and a unique educational experience based on their passions and interests Residents can develop an area of concentration and focus during their third year with a range of opportunities including sports medicine, global health, geriatrics, palliative care, and others University affiliation -----</p> <p>Hunterdon medical center has enjoyed a major teaching affiliation with the university of medicine and dentistry of new jersey-robert wood johnson medical school since 1972 and has been involved with the teaching of medical students in physical diagnosis, office preceptorships, third-year clinical rotations and fourth-year electives and sub-internships This affiliation allows extended learning beyond hunterdon, including a variety of exceptional programs such as advanced lifesaving in obstetrics, conferences on professionalism, career development, medical-legal issues, contracting and negotiations, research and other scholarly activities Community support and education ===== - alcoholics anonymous meetings - alzheimers support group - arthritis &amp; osteoporosis support group - bereavement support group - brain injury support group - breastfeeding support group - caregiver support groups - celiac disease support group - children of divorce - depression support group - diabetes support group - family cancer risk assessment program - family support group - look good Feel better educational group - mental illness family support groups - narcotics anonymous meetings - overeaters anonymous - "smart" recovery discussion group - social skills group - mom time support group (postpartum adjustment/depression support - baby steps, family support group - toddler steps, for families of toddlers - alzheimer's group - anger management group - anger management group for adolescents - multifamily support group, addictions treatment - new beginnings support group for post bariatric surgery patients - bariatric surgery support group for potential clients considering bariatric surgery - weigh to go, weight management program for kids - why can't I lose weight, weight management program for adults - monthly health education series at the hunterdon health and wellness centers - living with a medical condition for adolescents - hospice art bereavement program - adult bereavement program through hunterdon hospice - living with a medical condition for adolescents - hospice art bereavement program - adult bereavement program through hunterdon hospice - living with a medical condition for adolescents - hospice art bereavement program - adult bereavement program through hunterdon hospice</p> |

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

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

| Return Reference                            | Explanation  |
|---|--|
| CORE FORM, PART VI, SECTION B, QUESTION 11B | THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC (SYSTEM), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM HUNTERDON HEALTHCARE SYSTEM, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE 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") AND AFTER PRESENTATION AND REVIEW BY HUNTERDON HEALTHCARE SYSTEM, INC'S AUDIT COMMITTEE AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE MEMBERS OF HUNTERDON HEALTHCARE SYSTEM, INC'S AUDIT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS |

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

| Return Reference                           | Explanation  |
|--|--|
| CORE FORM, PART VI, SECTION B, QUESTION 15 | <p>THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. IN 2015, THE EXECUTIVE COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. IN ADDITION, THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE GEOGRAPHIC AREA AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S COMPENSATION ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MINUTES THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE HUNTERDON HEALTHCARE SYSTEM, INC 'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p> |

| <b>Return Reference</b>                    | <b>Explanation</b>   |
|--|--|
| CORE FORM, PART VI, SECTION C, QUESTION 19 | THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT WWW.DACBOND.COM THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY |

| <b>Return Reference</b>            | <b>Explanation</b>  |
|------------------------------------|---|
| CORE FORM, PART VII AND SCHEDULE J | PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF HUNTERDON HEALTHCARE SYSTEM, INC AND AFFILIATES, INCLUDING HUNTERDON MEDICAL CENTER, AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION |

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

| Return Reference           | Explanation  |
|----------------------------|--|
| CORE FORM, PART XI, LINE 9 | OTHER CHANGES IN FUND BALANCE INCLUDE - NET ASSET TRANSFER (\$4,666,820), - PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, (\$3,165,567), - NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS, \$1,662,834, - NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS, \$3,426,645, AND - NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS, (\$242,699) |

| <b>Return Reference</b>         | <b>Explanation</b>   |
|---------------------------------|--|
| CORE FORM, PART XII, QUESTION 2 | THE ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, INCLUDING THIS ORGANIZATION, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE HUNTERDON MEDICAL CENTER'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR |

| Return Reference                   | Explanation   |
|------------------------------------|---|
| CORE FORM, PART XII,<br>QUESTION 3 | THE ORGANIZATION ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE AN AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

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

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| See Additional Data Table                             |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> HUNT IMAGING ASSOC<br><br>2100 WESCOTT DR<br>FLEMINGTON, NJ 08822<br>22-3126699               | HEALTHCARE              | NJ   | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(2)</b> DELVALLEY OFF ASSOC<br><br>2100 WESCOTT DR<br>FLEMINGTON, NJ 08822<br>22-2878037              | PROPERTY MGMT           | NJ   | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(3)</b> HUNT HEALTHCARE LLC<br><br>2100 WESCOTT DR<br>FLEMINGTON, NJ 08822<br>22-3642089              | HEALTHCARE              | NJ   | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(4)</b> HC FOR SURGERY LLC<br><br>2100 WESCOTT DR<br>FLEMINGTON, NJ 08822<br>22-3401213               | HEALTHCARE              | NJ   | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(5)</b> HUNT CARDVSC HEALTH<br><br>1100 WESTCOTT DRIVE SUITE G3<br>FLEMINGTON, NJ 08822<br>22-3665435 | HEALTHCARE              | NJ   | NA                                     |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| <b>(1)</b> MIDJERSEY HEALTH CORPORATION<br><br>2110 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-2713664    | HEALTHCARE              | NJ  | NA                                  | C CORP   |                                 |   |                                |  | No |
| <b>(2)</b> HUNTERDON COMMUNITY CARE INC<br><br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-3453281    | HEALTHCARE              | NJ  | NA                                  | C CORP   |                                 |   |                                |  | No |
| <b>(3)</b> HUNTERDON REGIONAL PHARMACY INC<br><br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>74-3055633 | HEALTHCARE              | NJ  | NA                                  | C CORP   |                                 |   |                                |  | No |
|  |                         |   |                                     |  |                                 |   |                                |  |    |
|  |                         |   |                                     |  |                                 |   |                                |  |    |
|  |                         |   |                                     |  |                                 |   |                                |  |    |
|  |                         |   |                                     |  |                                 |   |                                |  |    |

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

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

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

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| <b>(1)</b> HUNTERDON HEALTHCARE SYSTEM INC | D                             | 92,293                 | cost   |
| <b>(2)</b> HUNTERDON HEALTHCARE SYSTEM INC | O                             | 3,462,967              | COST   |
|  |                               |                        |  |
|  |                               |                        |  |
|  |                               |                        |  |
|  |                               |                        |  |



**Part VII Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| SCHEDULE R, PART V      | HUNTERDON MEDICAL CENTER ROUTINELY PAYS EXPENSES FOR ITS 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:** 22-1537688  
**Name:** HUNTERDON MEDICAL CENTER

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|-------------------------|---|----------------------------|--|----------------------------------|---|----|
|  |                         |   |                            |  |                                  | Yes   | No |
| HUNTERDON HEALTHCARE SYSTEM INC<br>2100 WESTCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-2537411         | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(3)  | NA                               |   | No |
| HUNTERDON HOSPICE<br>2100 WESTCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-2276083                       | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(1)  | HRCH                             |   | No |
| VISITING HEALTH & SUPPORTIVE SERVICES<br>2100 WESTCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-1636709   | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(1)  | HRCH                             |   | No |
| HUNTERDON HEALTHCARE FOUNDATION<br>2100 WESTCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-2526895         | FUNDRAISING             | NJ  | 501(C)(3)                  | 509(A)(1)  | HHS                              |   | No |
| HUNTERDON REGIONAL COMMUNITY HEALTH INC<br>2100 WESTCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-3453318 | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(3)  | HHS                              |   | No |
| BRITESIDE ADULT DAY CENTERS INC<br>2100 WESTCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>22-2113056         | ADLT DAY CARE           | NJ  | 501(C)(3)                  | 509(A)(2)  | HRCH                             |   | No |
| HUNTERDON PRIMARY CARE PC<br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>47-4931969                | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(3)  | HMC                              | Yes   |    |
| HUNTERDON SPECIALTY CARE PC<br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>47-4913206              | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(3)  | HMC                              | Yes   |    |
| HUNTERDON URGENT CARE PC<br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822<br>47-4901532                 | HEALTHCARE              | NJ  | 501(C)(3)                  | 509(A)(3)  | HMC                              | Yes   |    |