

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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 \$ 274,473,008

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

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

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

J Website: ▶ WWW.HUNTERDONHEALTHCARE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1948

M State of legal domicile NJ

Part I Summary

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

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2,748
6 Total number of volunteers (estimate if necessary)	400
7a Total unrelated business revenue from Part VIII, column (C), line 12	495,204
7b Net unrelated business taxable income from Form 990-T, line 34	-275,137

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,907,156	5,453,512
9 Program service revenue (Part VIII, line 2g)	268,583,762	241,972,750
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,237,343	2,233,312
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,910,608	1,670,406
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,638,869	251,329,980

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	2,630,954
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,605,903	145,350,615
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	110,688,497	86,250,179
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	268,294,400	234,231,748
19 Revenue less expenses Subtract line 18 from line 12	10,344,469	17,098,232

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	335,025,514	338,853,052
21 Total liabilities (Part X, line 26)	149,516,983	135,067,489
22 Net assets or fund balances Subtract line 21 from line 20	185,508,531	203,785,563

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 2017-11-15
GAIL KOSYLA CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Scott J Mariani
Preparer's signature Scott J Mariani
Date
Check if self-employed PTIN P00642486
Firm's name ▶ WithumSmithBrown PC
Firm's EIN ▶
Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070
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 \$ 30,299,154 including grants of \$ 0) (Revenue \$ 53,689,669)
See Additional Data

4b (Code) (Expenses \$ 26,558,373 including grants of \$ 0) (Revenue \$ 23,122,691)
See Additional Data

4c (Code) (Expenses \$ 20,480,267 including grants of \$ 0) (Revenue \$ 22,223,822)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 129,373,356 including grants of \$ 2,630,954) (Revenue \$ 143,409,196)

4e Total program service expenses ▶ 206,711,150

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

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 (16); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NJ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (GAIL KOSYLA 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 (908) 788-6100)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	1,836,499				
	e Government grants (contributions)	1e	3,522,046				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	94,967				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		5,453,512				
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICE REVENUE	541900	236,440,722	236,440,722			
	b STATE OF NJ CHARITY SUBSIDY	541900	1,109,508	1,109,508			
	c HEALTH AND WELLNESS	713940	3,756,839	3,734,263	22,576		
	d OTHER HEALTHCARE RELATED REVENUE	541900	665,681	665,681			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		241,972,750					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,727,255			1,727,255	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		845,182					
		b Less rental expenses	506,590				
		c Rental income or (loss)	338,592	0			
	d Net rental income or (loss)			338,592		338,592	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		23,137,995	4,500				
		b Less cost or other basis and sales expenses	22,620,905	15,533			
		c Gain or (loss)	517,090	-11,033			
	d Net gain or (loss)			506,057		506,057	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a CHILD CARE	624410	740,113		472,628	267,485		
b CAFETERIA	722320	559,568			559,568		
c VENDING MACHINE	722320	32,133			32,133		
d All other revenue							
e Total. Add lines 11a-11d		1,331,814					
12 Total revenue. See Instructions		251,329,980	241,950,174	495,204	3,431,090		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,630,954	2,630,954		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	6,705,321	5,833,629	871,692	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	116,695,004	101,524,653	15,170,351	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-724,237	-630,086	-94,151	
9 Other employee benefits.	8,725,417	7,591,113	1,134,304	
10 Payroll taxes.	13,949,110	12,135,726	1,813,384	
11 Fees for services (non-employees)				
a Management.	734,669	661,202	73,467	
b Legal.	212,488	191,239	21,249	
c Accounting.	228,000	205,200	22,800	
d Lobbying.	42,702	38,432	4,270	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,062,719	13,556,447	1,506,272	
12 Advertising and promotion.	1,175,561	1,058,005	117,556	
13 Office expenses.	3,143,049	2,828,744	314,305	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	9,621,096	8,658,986	962,110	
17 Travel.	42,858	38,572	4,286	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	517,984	466,186	51,798	
20 Interest.	2,762,864	2,486,578	276,286	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	16,883,891	15,195,502	1,688,389	
23 Insurance.	2,723,955	2,451,559	272,396	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	36,136,550	32,522,895	3,613,655	0
b MAINTENANCE/SERVICE CONTRACT	12,524,132	11,271,719	1,252,413	0
c PHYSICIAN FEES	6,687,342	6,018,608	668,734	0
d OTHER EXPENSES	13,891,630	12,502,467	1,389,163	0
e All other expenses	-36,141,311	-32,527,180	-3,614,131	
25 Total functional expenses. Add lines 1 through 24e.	234,231,748	206,711,150	27,520,598	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,362	1	8,862
	2 Savings and temporary cash investments	31,951,357	2	34,769,212
	3 Pledges and grants receivable, net	656,300	3	733,301
	4 Accounts receivable, net	25,060,809	4	20,572,907
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	22,318	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,724,257	8	1,533,740
	9 Prepaid expenses and deferred charges	3,176,690	9	3,452,098
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 348,323,703		
	b Less accumulated depreciation	10b 208,468,505	137,099,376	10c 139,855,198
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	115,257,421	13	118,453,441
	14 Intangible assets	0	14	3,082,395
	15 Other assets See Part IV, line 11	20,068,624	15	16,391,898
16 Total assets. Add lines 1 through 15 (must equal line 34)	335,025,514	16	338,853,052	
Liabilities	17 Accounts payable and accrued expenses	27,402,622	17	26,869,673
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	71,167,562	20	69,192,651
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,402,197	23	923,820
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	49,544,602	25	38,081,345
	26 Total liabilities. Add lines 17 through 25	149,516,983	26	135,067,489
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	161,327,350	27	178,857,176
	28 Temporarily restricted net assets	5,895,398	28	5,811,777
	29 Permanently restricted net assets	18,285,783	29	19,116,610
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	185,508,531	33	203,785,563
	34 Total liabilities and net assets/fund balances	335,025,514	34	338,853,052

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	251,329,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,231,748
3	Revenue less expenses Subtract line 2 from line 1	3	17,098,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	185,508,531
5	Net unrealized gains (losses) on investments	5	1,919,536
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-740,736
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	203,785,563

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 22-1537688

Name: HUNTERDON MEDICAL CENTER

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY, ICU & CCU 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT J CODY MD CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
BARRY GOODMAN ESQ VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
CAROL HARDING SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
WILLIAM ATWATER TRUSTEE, EX-OFFICIO	1 0 0 0	X						0	0	0
ROBERT BOGGIANO MD TRUSTEE	1 0 0 0	X						0	0	0
H JAMES GRIFFITH TRUSTEE	1 0 0 0	X						0	0	0
CASEY KOLLER TRUSTEE	1 0 0 0	X						0	0	0
ELLEN F LOCKER TRUSTEE	1 0 0 0	X						0	0	0
JAMES LYNCH TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL E POLLACK MD TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW RUDNICK MD TRUSTEE	1 0 0 0	X						0	0	0
JOSEPH SCALIA DO TRUSTEE	1 0 0 0	X						0	0	0
RENEE SELMAN TRUSTEE	1 0 0 0	X						0	0	0
PETER TEUBER PHD TRUSTEE	1 0 0 0	X						0	0	0
GREGORY C WATTS ESQ TRUSTEE	1 0 0 0	X						0	0	0
ROBERT P WISE TRUSTEE, EX-OFFICIO - PRES/CEO	50 0 0 0	X		X				1,126,743	0	122,342
GAIL KOSYLA TREASURER/CFO	50 0 0 0			X				539,763	0	61,439
LAWRENCE N GRAND EXECUTIVE VP/COO	50 0 0 0			X				460,228	0	58,460
DEBORAH L HOSKINS VP, FINANCE	50 0 0 0			X				288,385	0	57,444
RICHARD J WEBB CHIEF LEGAL OFFICER	50 0 0 0				X			470,289	0	62,478

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VIOLET T KOCSIS CHIEF HUMAN RESOURCES OFFICER	50 0 0 0				X			360,912	0	67,306
GEORGE ROKSVAAG MD CHIEF MEDICAL OFFICER	25 0 0 0				X			358,622	0	36,747
WAYNE G FELLMETH MD CHIEF MEDICAL INFO OFFICER	50 0 0 0				X			284,905	0	37,767
DANIEL MORREALE CHIEF INFORMATION OFFICER	50 0 0 0				X			261,184	0	17,198
NEIL HUDES VP, PRESIDENT OPERATIONS	50 0 0 0				X			422,940	0	65,982
ROBERT G COATES MD VPMA	50 0 0 0				X			402,557	0	77,001
PATRICIA STEINGALL RN VP, PATIENT CARE	50 0 0 0				X			370,900	0	70,126
DAVID D SKILLINGE MD VP, MEDICAL PRACTICES	50 0 0 0				X			327,293	0	59,027
CHRISTINE D BOGARD EXEC DIR MEDICAL PRACTICES	50 0 0 0				X			206,738	0	30,545
DONALD R PINNER VP, COO - HRCH	50 0 0 0					X		292,394	0	40,885

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE E SKOTZKO MD PHYSICIAN	50 0 0 0					X		290,654	0	10,600
LAN CAO MD PHYSICIAN	50 0 0 0					X		286,888	0	21,394
MIMI MAK MD PHYSICIAN	50 0 0 0					X		263,754	0	19,314
MUKESH D PATEL MD PHYSICIAN	50 0 0 0					X		263,596	0	39,344

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I 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 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016
Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
 ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
--	--

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures ▶ \$ _____
- Volunteer hours _____

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- Did the filing organization file Form 1120-POL for this year? Yes No
- 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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		42,702
j Total. Add lines 1c through 1i			42,702
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	DURING 2016, 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 \$12,702 DURING THE YEAR ENDED DECEMBER 31, 2016.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
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.

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,983,713	20,189,578	18,392,151	16,914,263	15,956,024
b Contributions			1,200,000		
c Net investment earnings, gains, and losses	900,244	-178,492	670,449	1,551,777	1,065,759
d Grants or scholarships					
e Other expenditures for facilities and programs	1,609,857	27,373	73,022	73,889	107,520
f Administrative expenses					
g End of year balance	19,274,100	19,983,713	20,189,578	18,392,151	16,914,263

- 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 ▶ 99 180 %
 - c** Temporarily restricted endowment ▶ 0 820 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,796,849		6,796,849
b Buildings		135,265,197	53,653,255	81,611,942
c Leasehold improvements		8,324,349	2,832,390	5,491,959
d Equipment		189,187,198	146,921,692	42,265,506
e Other		8,750,110	5,061,168	3,688,942
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				139,855,198

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	47,422,477	F
(2) ASSETS WHOSE USE IS LIMITED	1,016,331	F
(3) FUNDS HELD BY TRUSTEE	0	F
(4) BOARD DESIGNATED FUNDS	44,900,511	F
(5) DONOR RESTRICTED ASSETS	17,144,032	F
(6) BENEFICIAL INTEREST IN TRUSTS	2,096,636	F
(7) INVESTMENTS - LAND	213,099	F
(8) ASSETS OF HMC FOUNDATION	5,660,355	F
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	118,453,441	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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
(1) Federal income taxes	0
ACCRUED INTEREST PAYABLE	1,054,358
OTHER LIABILITIES	8,063,903
THIRD-PARTY PAYORS, CURRENT	1,352,454
THIRD-PARTY PAYORS, NON-CURRENT	7,688,162
MALPRACTICE LIABILITY	720,000
PENSION BENEFIT LIABILITY	33,484,623
DUE TO AFFILIATES	-14,282,155
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	38,081,345

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-1537688

Name: HUNTERDON MEDICAL CENTER

Supplemental 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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	<p>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, 2016 AND DECEMBER 31, 2015, 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 CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2016 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740) The Medical Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its exempt income under Section 501(a) of the Code The CAPTIVE PC'S ARE NEW JERSEY PROFESSIONAL CORPORATIONS as described in Section 501(c)(3) of the Internal Revenue Code and ARE exempt from federal income taxes on exempt income under Section 501(a) of the Code The Medical Center accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met There were no tax uncertainties that met the recognition threshold in 2016 or 2015 The Medical Centers federal tax-exempt organization business income tax returns are no longer subject to examination by the Internal Revenue Service for years before 2013</p>

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 HUNTERDON MEDICAL CENTER

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.**

Employer identification number
 22-1537688

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,404,423	896,358	2,508,065	1 070 %
b Medicaid (from Worksheet 3, column a)			26,777,758	21,032,159	5,745,599	2 450 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			30,182,181	21,928,517	8,253,664	3 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,607,648	0	3,607,648	1 540 %
f Health professions education (from Worksheet 5)			3,345,053	1,786,814	1,558,239	0 670 %
g Subsidized health services (from Worksheet 6)			10,051,779	5,924,723	4,127,056	1 760 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			17,004,480	7,711,537	9,292,943	3 970 %
k Total. Add lines 7d and 7j			47,186,661	29,640,054	17,546,607	7 490 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		483,666	100,098	383,568	0.160 %
2 Economic development						
3 Community support	17		1,565	0	1,565	0 %
4 Environmental improvements	2		115,337	810	114,527	0.050 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1		288	0	288	0 %
9 Other						
10 Total	21		600,856	100,908	499,948	0.210 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,392,986
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	2,461,125
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	60,393,202
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	70,025,817
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-9,632,615
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
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11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.hunterdonhealthcare.org</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>see schedule h, part v, section c</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.hunterdonhealthcare.org</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

HUNTERDON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW hunterdonhealthcare.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW hunterdonhealthcare.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW hunterdonhealthcare.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

HUNTERDON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

HUNTERDON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 28

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

990 Schedule H, Supplemental Information

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 2016 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES) FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	THE PRIMARY ACTIVITY IS SUBSIDIZED HOUSING FOR THE MEDICAL RESIDENTS OF HUNTERDON MEDICAL CENTER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTIONS 2,3 AND 4	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED BELOW DESCRIBES IT IN MORE DETAIL PATIENT ACCOUNTS RECEIVABLE Patient accounts receivable are reported at net realizable value Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts In evaluating the collectability of patient accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary For receivables associated with self-pay patients, the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts The Medical Center's allowance for doubtful accounts for self-pay patients was 93% and 99% of self-pay accounts receivable at December 31, 2016 and December 31, 2015, respectively In addition, the Medical Center's self-pay account write-offs (net of recoveries) decreased to \$4,540,273 in 2016 from \$6,238,918 in 2015 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 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 Centers definition of charity care includes services provided at no charge or at a reduced charge to patients who are uninsured or undennsured 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 \$3,607,206 and \$4,315,047 in 2016 and 2015, 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 \$896,358 and \$1,610,513 and 2016 and 2015, respectively, and are included in other revenue in the accompanying consolidated 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 2016 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 "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE. EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED</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 HOSP ITAL 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 FOLLOWING 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 MEDICAR E BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDIC ARE 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>

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF 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

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>UNDER THE BYLAWS OF HMC, THE HOSPITAL HAS A NEEDS COMMITTEE WHICH ANALYZES THE HEALTHCARE SERVICES THAT ARE CONSIDERED NECESSARY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY THE COMMITTEE IS COMPRISED OF HEALTHCARE ADMINISTRATION, PHYSICIANS AND COMMUNITY MEMBERS THIS COMMITTEE WORKS TOWARD ENSURING THERE IS AN APPROPRIATE SUPPLY OF PHYSICIANS TO MEET THE NEEDS OF THE POPULATION HUNTERDON MEDICAL CENTER ALSO CONTINUES TO WORK WITH THE "PARTNERSHIP FOR HEALTH", WHICH IS A GROUP OF ORGANIZATIONS IN THE COUNTY INCLUDING THE HUNTERDON COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF HUNTERDON COUNTY AND MANY OTHER ORGANIZATIONS THE EFFORTS OF THIS ORGANIZATION ARE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND FOCUS ON SUCH ISSUES AS DIABETES, BEHAVIORAL HEALTH AND WEIGHT MANAGEMENT THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS BEGUN IN 2015 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 2016 AND IDENTIFIED FOUR PRIORITY HEALTH ISSUES TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM OBESITY/OVERWEIGHT, SUBSTANCE ABUSE, LATINO HEALTH DISPARITIES & AGE RELATED ISSUES</p>

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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

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

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	<p>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 BEEN ADDRESSED IN 2016 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 the increase of the number of adults participating in wellness and weight and diabetes management programs 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS THROUGH THE STRENGTHENING OF EXISTING PROGRAMS, THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS, and with the increase in the number of completed inpatient addiction treatment consults 3) REDUCE LATINO HEALTH DISPARITY BY PROVIDING BROCHURES, INFORMATION MATERIALS, EDUCATIONAL SESSIONS IN SPANISH, BY IMPROVING ACCESS TO PRENATAL CARE THROUGH THE MEDICAL CENTER'S FAMILY HEALTH CENTER IN LAMBERTVILLE, and improving access to age-appropriate cancer screenings 4) IMPROVING QUALITY OF LIFE OF SENIORS (65 YEARS AND OVER) LIVING IN HUNTERDON COUNTY BY OFFERING SUPPORT GROUPS, increasing the percentage of seniors who seek preventive care, increasing the percentage of seniors who have completed an Advanced Directive, increasing the utilization of the Systems Adult Day Center, INCREASING THE UTILIZATION OF HOSPICE SERVICES TO COMMUNITY MEMBERS, AND EDUCATING NURSES TO PROPERLY ASSESS AND ADDRESS SENIOR HEALTH ISSUES</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<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 CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES HUNTERDON MEDICAL CENTER HUNTERDON MEDICAL CENTER ("HMC") IS A 178-BED LICENSED NON-PROFIT COMMUNITY HOSPITAL LOCATED IN FLEMINGTON, NEW JERSEY HMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN 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 CENTER S, 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 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 R 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 A ND 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 DEDICATE D, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERV ING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY VISITING HEALTH & SUPPORTIVE SERVICES VISITING HEALTH & SUPPORTIVE SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AN D AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATIO N SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON MEDICAL CENTER, A R ELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NE CESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS O F 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 SERVIC E AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATIO N 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 SPECIA LTY CARE, P C HUNTERDON SPECIALTY CARE, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNA L REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-P RIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) (3) THE ORGANIZATION SUPPORTS H UNTERDON 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-DISCRI MINATING 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 T HE 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 OR GANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILIT Y TO PAY Hunterdon Ambulatory Services, LLC a single member limited liability company who se sole member is Hunterdon Medical Center, the organization is located in Flemington, hun terdon county, new jersey the organization provides ambulatory non-provider based diagnos tic and therapeutic services FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES MIDJERSEY HE ALTH 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 PRO VIDES PROPERTY MANAGEMENT SERVICES FOR BOTH HHS ENTITIES AND NON-HHS ENTITIES NORTH HUNTE RDON 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 P ROVIDES SURGERY SERVICES TO INDIVIDUALS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE

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		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
(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	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IS A COUNTY-WIDE INITIATIVE THAT INVOLVES MORE THAN 30 COMMUNITY SERVICE PROVIDERS, AGENCIES AND ORGANIZATIONS SHARING A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS SINCE ITS INCEPTION IN 1995, THIS HEALTHIER COMMUNITY INITIATIVE HAS LED THE COMPLETION OF 4 COUNTY-LEVEL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEYS AND THE DEVELOPMENT OF A 2007 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THE MEMBERS OF THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH INCLUDE - American Heart Association - Anderson House - Cancer Coalition of Hunterdon and Mercer - Calvary Episcopal Church - Central Jersey Family Health Consortium - Delaware Valley Family Health Center - Fishermans Mark - Flemington Jewish Community Center - Francis Desmares Elementary School - Flemington Area Food Pantry - HART Commuter Information Services - Hunterdon Care Center - Hunterdon Cardiovascular Associates - Hunterdon County Chamber of Commerce - Hunterdon County Resident - Hunterdon County Department of Human Services - Hunterdon County Division of Health - Hunterdon County Division of Senior, Disabilities and Veterans Services - Hunterdon County Economic Development - Hunterdon County Medication Access Partnership - Hunterdon County Medical Reserve Corps - Hunterdon County Office of the Prosecutor - Hunterdon County Parks and Recreation - Hunterdon County Public Health Nursing and Education - Hunterdon County Superintendent Office - Hunterdon County YMCA - Hunterdon Drug Awareness Program - Hunterdon Helpline - Hunterdon HealthCare Partners - Hunterdon Healthcare System - Hunterdon Medical Center - Center for Healthy Aging - Center for Nutrition and Diabetes Management - Home Health Services - Hunterdon Behavioral Health - Hunterdon Healthcare Foundation - Hunterdon Health and Wellness Center - Hunterdon/Mercer Regional Chronic Disease Coalition - Hunterdon Pediatric Associates - Hunterdon Regional Cancer Center - Hunterdon Regional Community Health - Hunterdon Hospice - Visiting Health and Supportive Services - Hunterdon Lifeline - Hunterdon Integrative Medicine - Hunterdon and Mercer County Regional Chronic Disease Coalition - Hunterdon Prevention Resources - Latino Healthcare Access Committee - NJ Cancer Education and Early Detection - NJ SNAP-Ed - Phillips Barber Family Health Center - Raritan Valley Community College - Readington Township Board of Health - Rutgers Cooperative Extension Services - Safe Communities Coalition of Hunterdon and Somerset County - State of New Jersey- Department of Education - Shoprite of Hunterdon County - Templo Internacional de Restauracion - United Way of Hunterdon County - Zufall Health IN ADDITION, WE CONSULTED WITH A UNIVERSITY PROFESSOR, WHO IS AN MPH AND PH D , TO FACILITATE OUR FOCUS GROUPS WE ALSO UTILIZED THE FORMER HUNTERDON COUNTY HEALTH DEPARTMENT DIRECTOR TO ASSIST US WITH MUCH OF THE PROCESS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 7A & 7B	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE http //www hunterdonhealthcare org/about-us/community-health-needs-assessm ent/ THE CHNA IS LISTED ON THE HOSPITAL'S WEBSITE IN ADDITION, THE HOSPITAL FACILITY MAKES ITS CHNA REPORT AVAILABLE TO THE PUBLIC VIA THE FOLLOWING WEBSITES - http //partnershipforhealth hunterdonhealthcare org - http //www co hunterdon nj us/health htm

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 8	THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS IDENTIFIED AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS THE CHNA INFORMS THE FACILITY'S STRATEGIC PLANNING WHICH INCORPORATES ELEMENTS FROM THE CHNA IMPLEMENTATION PLAN IN ITS STRATEGIES TO MEET ITS GOAL OF IMPROVED COMMUNITY HEALTH THE CHNA IMPLEMENTATION PLAN ALSO INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE)

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS WERE PRIORITIZED WITH CONSIDERATION OF SERVICE ARRAY OFFERED BY THE FACILITY AND ABILITY TO COLLABORATE.</p> <p>Obesity Goal: Reduce the prevalence of obesity among Hunterdon County residents.</p> <p>Measure 1: Stop and eventually reverse the rising obesity trend.</p> <p>Measure 2: Increase number of participants in wellness and weight and diabetes management programs by 10%.</p> <p>Data Source 1: Percentage of adults who have a BMI within the normal range (between 18.5 and 24.9) in Hunterdon Healthcare physician practices.</p> <p>Data Source 2: Number of adults participating in wellness and weight and diabetes management programs.</p> <p>Although we were not able to reverse the rising obesity trend, we did increase the number of participants in wellness and weight and diabetes management programs by over 80%. To support community efforts we tracked the percentage of patients who have a BMI within a healthy weight range (adults and children). For 2016 these numbers were static with 30% of our patient population within the healthy BMI range as defined by the Centers for Disease Control. These numbers are shared quarterly with system administrative leadership, Boards, the Clinical Management Committee and the Population Health Committee. As part of a CMS CPCI (Comprehensive Primary Care Initiative) in novation project, seven primary care practices conducted nutrition education classes at their sites for patients identified as pre-diabetic in 2014. Ten Care Coordinators also assisted patients in addressing weight management as part of our Accountable Care programs. Static percentages across quarters in 2014 provided evidence that efforts needed to be expanded. In 2016 the percentage of adult patients within a healthy weight range was shared quarterly with the Hunterdon County Partnership for Health and as part of their Community Health Needs Assessment process. A metric for BMI and Plan was added to the Family Practice measure set in 2016 with practices receiving monthly dashboards tracking their progress compared to other Hunterdon Healthcare affiliated family practices. The Hunterdon Healthcare System supports the Partnership for Health (PFH), a county-wide initiative that involves nearly 60 community service providers, agencies and organizations sharing a common interest in promoting and improving the health, well-being and quality of life of Hunterdon County residents. In 2016 the PFH had four action teams, one concentrating on obesity. The Obesity Action Team continued working with food pantries to solicit healthier donations with an emphasis on low-sodium and low-sugar options. They also provided cooking demonstrations and recipes so that food pantry patrons could learn how to incorporate the available fresh produce donated by local farmers into their family meals. This was particularly helpful when the patrons were not used to</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>o eating certain vegetables or their culture was not familiar with how to cook them The H unterdon Healthcare System regularly communicates the food pantry needs list to our entire staff, encouraging healthy donations In 2016 we conducted a Community Health Needs Assessment to develop a comprehensive community health profile that would provide a snapshot of the health and healthcare-related needs of Hunterdon County residents Using the Mobilizing for Action through Planning and Partnerships (MAPP) framework we were able to identify and prioritize the health issues and needs in our county This assessment data will drive the focus for our next Community Health Improvement Plan The Obesity Action Team partnered with the Hunterdon County Chamber of Commerce to create the "Healthy Hunterdon Workforce Initiative" This worksite wellness program is encouraging businesses large and small to adopt a "Culture of Health" in their workplace By stressing how small changes can make a big impact on health, we hope to improve the health of employees throughout the workforce and we have already seen results Employees have reported weight loss, healthier eating habits and an increase in total minutes of exercise per week The program rolled out in January of 2016 and has grown to approximately forty businesses so far In 2016, Hunterdon Healthcare System offered employee wellness rewards to those who participated in various wellness activities such as 5ks (or other race participation) or wellness challenges such as a Walking Challenge or Activity Challenge (where participants track their total daily steps or activity) Employees were eligible to participate in monthly lunch and learns that discussed various health topics such as the dangers of too much sodium and sugar, stress management, safe driving practices, and proper exercise techniques, just to name a few In addition, employees had access to an on-site Weight Watchers program conducted during the lunch hour If employees exercised at least 3 times per week in at least 30-minute increments, they would also qualify for wellness rewards All employees can take advantage of discount gym memberships and an on-site weight management program, in addition to a campus Walking Map, which outlines a variety of "trails" employees, can walk around campus during their lunch break A salad bar and healthy options are offered in the employee cafeteria The Center for Nutrition and Diabetes Management, part of the Hunterdon Healthcare System provides diabetes and nutrition education to patients with type 1, type 2 and gestational diabetes Approximately 85-90% of people with diabetes are overweight or obese In 2016, 709 patients with diabetes attended at least 1 but up to 4 appointments with a diabetes nurse educator and a registered dietitian Diabetes patient visits increased slightly in 2016 Of these patients 71% either lost weight (52%) or maintained weight (19%) post education The Center for Nutrition and Dia</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>betes also provides nutrition education for patients with a diagnosis of prediabetes In 2 016, 120 people with prediabetes were educated on lifestyle modification to manage weight and increase physical activity Our center provides nutrition education for weight management to adults and children without diabetes who are overweight or obese In 2016, 204 adults worked with a registered dietitian one on one or in a group weight management setting Additionally, 46 children of all ages attended a one on one nutrition session or group weight management program designed for children Barriers to increasing usage of our diabetes and nutrition experts continues to include issues with insurance coverage including no coverage from policy for education, high deductibles and use of internet versus educators for information Obesity/overweight continues to be a challenge in Hunterdon County Moving forward in 2017, we will continue to be involved in the Hunterdon County Partnership for Health initiatives for increasing healthier weight in Hunterdon County as part of multiple teams Substance Abuse Goal Reduce the prevalence and incidence of substance abuse among Hunterdon County residents Measure Reduce Substance Abuse by 5% Data Source Increase number of completed inpatient Addiction Treatment Consults The number of inpatient consults conducted by Hunterdon Medical Centers Behavioral Health Practitioners was 435 in 2016 This is higher than our 2013 baseline of 346 completed consults In February of 2016 weekend consults were transferred to the responsibility of Hunterdon Behavioral Health Emergency Services Latino Health Disparity & Prenatal Care Goal Reduce health disparities among the Latino population in Hunterdon County Measure 1 Increase number of Latino mothers attending group prenatal care program 2 Increase the proportion of Latino mothers receiving early and adequate prenatal care 3 Increase the number of Latinos participating in health education workshops 4 Increase percentage of Latinos receiving age-appropriate cancer screening Data Source 1 Number of Latino mothers attending the group prenatal care program at Phillips Barber 2 Percentage of pregnant Latino women receiving prenatal care in the first trimester 3 Number of adult Latinos participating in health education workshops 4 Percentage of Latinos who have had a mammogram in the past 2 years The Latino Prenatal Group Visit program was successful this past year in providing access to care to 38 Latino women for prenatal care This is an increase over the 2013 baseline of 31 women Hunterdon County Division of Public Health collaborates with Hunterdon Family Medicine at Phillips -Barber to provide transportation In 2016, the number of Latino women receiving prenatal care during their first trimester and delivering at Hunterdon Medical Center was 72% remaining flat from 2015, although we did see an increase in the second quarter to 85% The designation of Phillips Barber as</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCH H,PART V,SECTB,2,3J,6A,6B,7D,13B,13H,15E,16J,18E,19E,20E,21C,21D,23&24	NOT APPLICABLE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B & 16C	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONs 16A, 16B AND 16C, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL WHICH IS INCLUDED IN THE SYSTEM'S WEBSITE http //www hunterdonhealthcare org/financial-assistance-policy/

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

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

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

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

Name and address	Type of Facility (describe)
1 HUNTERDON H & W CENTER AT CLINTON 1738 ROUTE 31 NORTH CLINTON, NJ 08809	PEDIATRICS, PHYSICAL THERAPY, SLEEP CENTER, HEALTH & WELLNESS CENTER, LAB, FHC
1 SOMERSET MEDICAL OFFICE BUILDING 1121 ROUTE 22 WEST SUITE 201 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
2 SANDHILL MEDICAL OFFICE BUILDING 6 SAND HILL ROAD FLEMINGTON, NJ 08822	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PEDIATRICS & LAB
3 HUNTERDON DOCTORS OFFICE BUILDING 1100 WESCOTT DRIVE FLEMINGTON, NJ 08822	INFECTIOUS DISEASE, GASTROENTEROLOGY & NUTRITION AND CARDIOLOGY
4 HMC PAVILION 190 HIGHWAY 31 SUITE 100 FLEMINGTON, NJ 08822	BEHAVIORAL HEALTH, FAMILY MEDICINE, PHYSICAL THERAPY, PSYCHIATRY
5 WESCOTT MEDICAL ARTS BUILDING 9100 WESCOTT DRIVE FLEMINGTON, NJ 08822	NUTRITION & DIABETES MGMT , WOUND HEALING CENTER, ENDOCRINOLOGY
6 HUNTERDON WOMEN'S IMAGING CENTER 121 ROUTE 31 SOUTH FLEMINGTON, NJ 08822	WOMEN'S IMAGING CENTER
7 HMC HOME HEALTH SERVICES 315 ROUTE 31 FLEMINGTON, NJ 08822	HOME HEALTH SERVICES
8 PHILLIPS BARBER FAMILY HEALTH CENTER 73 ALEXANDER AVENUE LAMBERTVILLE, NJ 08530	FAMILY HEALTH CENTER, MICU, EMS
9 SSB BUILDING 1 WESCOTT DRIVE SUITE 101 FLEMINGTON, NJ 08822	DERMATOLOGY & PULMONARY CARE
10 DEL VAL FAMILY HEALTH CENTER 200 FRENCHTOWN ROAD MILFORD, NJ 08848	FAMILY HEALTH CENTER
11 HUNTERDON H & W CENTER - WHITEHOUSE 537 ROUTE 22 EAST WHITEHOUSE STATION, NJ 08889	HEALTH & WELLNESS CENTER, CARDIAC REHAB, PHYSICAL THERAPY & PEDIATRICS
12 HOI BUILDING 8100 WESCOTT DRIVE FLEMINGTON, NJ 08822	PHYSICAL THERAPY
13 HUNTERDON SPORTS & PHYSICAL THERAPY 222 ROUTE 31 FLEMINGTON, NJ 08822	PHYSICAL THERAPY
14 HAWK POINTE 6 CLUBHOUSE DRIVE WASHINGTON, NJ 07882	PHYSICAL THERAPY

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)
16 MOBILE INTENS CARE SVCS AT GLEN GARDNER 2168 ROUTE 31 GLEN GARDNER, NJ 08826	MICU, EMS
1 HUNTERDON UROLOGICAL ASSOCIATES 121 ROUTE 31 SUITE 1200 FLEMINGTON, NJ 08822	UROLOGICAL PRACTICE
2 HOPEWELL FAMILY PRACTICE 84 route 31 suite 103 PENNINGTON, NJ 08534	FAMILY PRACTICE
3 HIGHLANDS FAMILY HEALTH CENTER 61 FRONTAGE ROAD HAMPTON, NJ 08827	FAMILY HEALTH CENTER
4 HUNTERDON BREAST SURGERY CENTER 121 ROUTE 31 SUITE 1000 FLEMINGTON, NJ 08822	BREAST SURGERY PRACTICE
5 HUNTERDON PEDIATRICS ASSOCIATES 8 READING ROAD FLEMINGTON, NJ 08822	PEDIATRICS
6 BRANCBURG FAMILY HEALTH CENTER 2143 SOUTH BRANCH ROAD SOMERVILLE, NJ 08876	FAMILY HEALTH CENTER
7 SOMERSET MEDICAL OFFICE BUILDING 1121 ROUTE 22 WEST SUITE 205 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
8 HUNTERDON URGENT CARE 63 CHURCH STREET FLEMINGTON, NJ 08822	URGENT CARE CENTER
9 SOMERSET MEDICAL OFFICE BUILDING 1121 ROUTE 22 WEST SUITE 207 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
10 SOMERSET MEDICAL OFFICE BUILDING 1121 ROUTE 22 WEST SUITE 202 BRIDGEWATER, NJ 08807	PHYSICIAN OFFICE
11 HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 250 STATE ROUTE 28 SUITE 100 BRIDGEWATER, NJ 08807	FAMILY PRACTICE
12 HUNTERDON URGENT CARE 45 ROUTE 206 SOUTH SUITE F RARITAN, NJ 08869	URGENT CARE CENTER

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

OMB No 1545-0047
2016
**Open to Public
Inspection**

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUNTERDON HEALTHCARE FOUNDATION 2100 wescott drive flemington, NJ 08822	22-2526895	501(c)(3)	2,010,954				general support
(2) visiting health & supportive services 2100 wescott drive flemington, NJ 08822	22-1636709	501(c)(3)	620,000				general support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3** Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 idemnification and gross-up payments</td> <td><input 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 idemnification and gross-up payments	<input 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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or 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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

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

Part III, Supplemental 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

Part III, Supplemental Information

Return Reference	Explanation
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 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ROBERT P WISE, \$92,634, GAIL KOSYLA, \$28,532, LAWRENCE N GRAND, \$42,906, DEBORAH L HOSKINS, \$18,916, RICHARD J WEBB, \$28,671, VIOLET T KOCSIS, \$25,908, GEORGE ROKSVAAG, M D , \$33,597, ROBERT G COATES, M D , \$26,916, PATRICIA STEINGALL, RN, \$32,209 and DONALD R PINNER, \$19,886 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 2016 FORM W-2, AS TAXABLE WAGES GAIL KOSYLA, \$29,732, LAWRENCE N GRAND, \$41,102, DEBORAH L HOSKINS, \$20,130, RICHARD J WEBB, \$29,384, VIOLET T KOCSIS, \$26,416, GEORGE ROKSVAAG, M D , \$19,756, NEIL HUDES, \$27,218, ROBERT G COATES, M D , \$36,414, PATRICIA STEINGALL, RN, \$33,253, DAVID D SKILLINGE, M D , \$21,089 and DONALD R PINNER, \$20,474

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 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

Part III, Supplemental Information

Return Reference	Explanation
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 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES GAIL KOSYLA, \$28,532, LAWRENCE N GRAND, \$42,906, DEBORAH L HOSKINS, \$18,916, RICHARD J WEBB, \$28,671, VIOLET T KOCSIS, \$25,908, GEORGE ROKSVAAG, M D , \$33,597, ROBERT G COATES, M D , \$26,916, PATRICIA STEINGALL, RN, \$32,209 and DONALD R PINNER, \$19,886

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 TRUSTEE, EX-OFFICIO - PRES/CEO	(i)	706,850	279,324	140,569	15,900	106,442	1,249,085	0
	(ii)	0	0	0	0	-	-	0
1 GAIL KOSYLA TREASURER/CFO	(i)	386,066	111,508	42,189	40,332	21,107	601,202	28,532
	(ii)	0	0	0	0	-	-	0
2 LAWRENCE N GRAND EXECUTIVE VP/COO	(i)	298,847	88,067	73,314	57,002	1,458	518,688	42,906
	(ii)	0	0	0	0	-	-	0
3 DEBORAH L HOSKINS VP, FINANCE	(i)	226,555	39,125	22,705	33,162	24,282	345,829	18,916
	(ii)	0	0	0	0	-	-	0
4 RICHARD J WEBB CHIEF LEGAL OFFICER	(i)	327,268	96,967	46,054	39,984	22,494	532,767	28,671
	(ii)	0	0	0	0	-	-	0
5 VIOLET T KOCSIS CHIEF HUMAN RESOURCES OFFICER	(i)	254,656	74,523	31,733	41,845	25,461	428,218	25,908
	(ii)	0	0	0	0	-	-	0
6 GEORGE ROKSVAAG MD CHIEF MEDICAL OFFICER	(i)	236,652	78,940	43,030	32,958	3,789	395,369	33,597
	(ii)	0	0	0	0	-	-	0
7 WAYNE G FELLMETH MD CHIEF MEDICAL INFO OFFICER	(i)	275,690	8,453	762	14,575	23,192	322,672	0
	(ii)	0	0	0	0	-	-	0
8 DANIEL MORREALE CHIEF INFORMATION OFFICER	(i)	254,116	0	7,068	1,687	15,511	278,382	0
	(ii)	0	0	0	0	-	-	0
9 NEIL HUDES VP, PRESIDENT OPERATIONS	(i)	303,552	90,526	28,862	43,118	22,864	488,922	0
	(ii)	0	0	0	0	-	-	0
10 ROBERT G COATES MD VPMA	(i)	289,449	55,583	57,525	48,339	28,662	479,558	26,916
	(ii)	0	0	0	0	-	-	0
11 PATRICIA STEINGALL RN VP, PATIENT CARE	(i)	246,006	72,394	52,500	48,743	21,383	441,026	32,209
	(ii)	0	0	0	0	-	-	0
12 DAVID D SKILLINGE MD VP, MEDICAL PRACTICES	(i)	271,277	50,820	5,196	31,689	27,338	386,320	0
	(ii)	0	0	0	0	-	-	0
13 CHRISTINE D BOGARD EXEC DIR MEDICAL PRACTICES	(i)	184,739	21,840	159	10,453	20,092	237,283	0
	(ii)	0	0	0	0	-	-	0
14 DONALD R PINNER VP, COO - HRCH	(i)	189,769	58,962	43,663	32,871	8,014	333,279	19,886
	(ii)	0	0	0	0	-	-	0
15 CHRISTINE E SKOTZKO MD PHYSICIAN	(i)	290,388	0	266	10,600	0	301,254	0
	(ii)	0	0	0	0	-	-	0
16 LAN CAO MD PHYSICIAN	(i)	208,237	78,547	104	2,746	18,648	308,282	0
	(ii)	0	0	0	0	-	-	0
17 MIMI MAK MD PHYSICIAN	(i)	203,812	59,850	92	8,200	11,114	283,068	0
	(ii)	0	0	0	0	-	-	0
18 MUKESH D PATEL MD PHYSICIAN	(i)	262,834	0	762	14,575	24,769	302,940	0
	(ii)	0	0	0	0	-	-	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12-01-2014	42,735,000	REPAY 2006A BOND SERIES & CONST		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12-01-2014	16,260,000	REPAY 2006A BOND SERIES & CONST		X		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12-01-2014	6,360,000	REPAY 2006A BOND SERIES & CONST		X		X		X
D	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	
1	Amount of bonds retired	0	0	0	0	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0	0	0	0	0
3	Total proceeds of issue	45,681,704	16,260,000	5,155,162	4,751,432				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	0	0	0	0				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	33,306	6,457	1,883	11,262				
8	Credit enhancement from proceeds	0	0	0	0				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	0	0	0	0				
11	Other spent proceeds	0	0	0	0				
12	Other unspent proceeds	0	0	0	0				
13	Year of substantial completion	2015		2008		2011		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	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
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?							
		X		X		X		X
2	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
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		2 060 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5							2 060 %	
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2016

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 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

Total ▶ \$ _____

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

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 L WISE	TRUSTEE - FAMILY MEMBER	23,967	EMPLOYEE		No

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)

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

22-1537688

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<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 & 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 within 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.</p> <p>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.</p> <p>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.</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 unit, a 4-bed 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 7:00pm to 7:00am 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 7pm to 7am in a similar rotation. They function to help with admissions in conjunction with the senior residents and the nocturnist from 7pm to 10pm thus allowing them to get supervised instruction in this important skills set. From 10pm 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 normal.</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ly associated with a hospital Patient and community health education programs, public health screening and detection services, a certified home health agency, integrated behavioral health services within the owned physician practices, 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 the major initiatives of the Hunterdon Medical Center, with a full time director and comprehensive hospital and ambulatory services The RN, Director is a Certified Dementia Practitioner All seven of our faculty physicians hold the certificate of added qualifications in geriatrics, (CAQH), and all have completed a fellowship Four 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 Named one of the "100 Most Wired" hospitals & health networks twelve out of the last fifteen 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 sixth 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>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</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. Accreditation by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) the JCAHO 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 JCAHO healthcare professionals, at least once every three years. Hunterdon Healthcare was honored with an "A" Hospital Safety Score by The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits. The Hospital Safety Score was calculated under the guidance of The Leapfrog Groups Blue Ribbon Expert Panel using publicly available data on patient injuries, medical and medication errors, and infections. U.S. hospitals were assigned an A, B, C, D, or F for their safety. 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). Hunterdon Happenings 2016 - Each year local residents vote on "favorites" in various categories of retail and service oriented businesses. This year's winners that are part of our healthcare family are - Dr. Dein Shapiro from Hunterdon Family Medicine at County Line for "Best Family Medicine" - Hunterdon Medical Center for "Best Hospital" - Hunterdon Sports and Physical Therapy/Flemington for "Best Sports Medicine" - Bright Tomorrows Childcare Center and Preschool for "Best Daycare" - Hunterdon Pediatric Associates for "Best Pediatrics" - Hunterdon Healthcare for "Best Places to Work".</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. The service line also includes A Faint and</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Fall Center, provides our region's only dedicated multi-specialty center for people suffering from fainting or falls. Working with the Center for Healthy Aging, cardiovascular specialists provide a comprehensive approach which helps to reduce fall related injury risk and prevent expensive inpatient hospital stays. Cardiopulmonary rehabilitation which 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. 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.</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>rvices 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>Orthopedics ----- 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> <p>Behavioral health ----- Hunterdon behavioral health ("HBH") provides high-quality, comprehensive mental health and addiction services. HBH diagnoses, treats and cares for adolescents and adults with mental illness, emotional difficulties or addiction. Expert clinical staff is highly trained in treating individuals in need of psychiatric and psychological support or addiction treatment. Hunterdon behavioral health offers - evaluation, medication monitoring and therapy for individuals with mental health issues - counseling for families in crisis to help provide a stable home environment - support for adolescents and adults struggling with alcohol or drug addiction - employee assistance to work with employers to resolve personal issues. Hunterdon behavioral health provides treatment for children, adolescents and adults who experience - mental illness - drug or alcohol addiction - family crises - difficulties in their work or school environment - depression - anxiety disorders - attention disorders - sleep disorders - eating disorders - emotional and behavioral issues - peer pressure</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Obstetrics & Gynecology ----- 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 Our Maternity and Newborn Care Centers experienced staff provides expert care for moms and babies alike We offer technically advanced birthing suites that are private, spacious and comfortable Our experienced physicians and nurses deliver nearly 900 babies annually Highlights of the Hunterdon Medical Center Maternity and Newborn Care Center - 20 private patient rooms Patients deliver in one suite and receive post-partum care in another suite - A Level II Special Care Nursery, available for early deliveries, emergency situations, or for newborns with a medical problem - A wide range of Childbirth Education classes and attentive staff who welcome your questions and concerns - A staff of Board Certified Lactation Consultants are on hand to teach and assist you learn how to breastfeed your baby They are also available prior to your baby's arrival, and after you go home Insurance of ten covers outpatient lactation visits - After-baby support, including a courtesy follow-up phone call to all new moms after discharge, as well as numerous supportive groups and ongoing telephone support 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 24 Hunterdon Healthcare affiliated 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</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>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 their healthcare From 2013 through 2016, 12 Hunterdon Healthcare affiliated practices participated in the national Comprehensive Primary Care Initiative ("CPCI") innovation project As part of this project practices focused on risk stratification, care management of high risk patients, evaluation and improvement of the patient experience, care coordination across the medical neighborhood and enhanced shared decision making Care Plans were developed and a new integrated behavioral health program was introduced as part of the CPC initiative</p> <p>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 Other services ===== Surgical Services ----- Hunterdon Medical Center provides the patient access to the most advanced technology, expert surgeons and personalized patient care in a comforting environment Skilled professional sta</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ff 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 & curettage (d&c) - gallbladder surgery - hernia surgery - hysterectomy - laminectomy - neurosurgery - plastic surgery - spine surgery - total joint replacement surgery - vascular surgery - urologic surgery Sleep disorders ----- Sleep disorders are associated with a long list of medical problems, including - heart attack - stroke - irregular heartbeat - high blood pressure - heart failure - obesity - diabetes The sleep disorders center at Hunterdon Medical Center treats many types of sleep disorders, including - sleep apnea 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 co exist 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>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>Hospital owned physician specialty services ===== - endocrinology - gastroenterology - infectious disease - dermatology - psychiatry - ce nter for health aging - pulmonary & critical care - cardiology - urology - breast surg ery - neonatology Community care services ===== The Hunterdon Health a nd Wellness center ----- The Hunterdon health and welln ess center has two premier fitness facilities located in Whitehouse station and Clinton, N ew Jersey in Hunterdon county Members benefit from access to Hunterdon Healthcare staff f or guidance in attaining their optimal health Access to health education staff and wellne ss classrooms for programs which focus on a variety of topics designed to improve lifestyl e is also a community benefit Bright Tomorrows Child Care Center ----- The center provides care and early childhood education for children ages 6 week s to 6 years Multi-sensory disciplines are utilized to facilitate growth in the areas of social, emotional, physical and cognitive development Programming includes - age appropr iate thematic curriculum - daily nutritious lunch and snacks - diapers and wipes for inf ants and toddlers - monthly themes, class trips and special guests - enrichment programs - parental education - an annual back to school night and other family events A preven tative approach to discipline teaches positive behaviors, rather than punishing for misbeh aviors The goal is to provide children with motivation and an opportunity to make positiv e choices Learning social skills through gentle encouragement, the children learn to resp ect the needs of others, adapt to routines and simple rules, and become responsible Paren t and family involvement is an integral part of the program an "open door" policy is main tained to allow parents to visit and observe their child at any time Parents are always w elcome to participate in educational opportunities and special events Bright tomorrows st rives to maintain competent staff by providing competitive wages and ensuring each staff m ember is actively engaged in ongoing professional development All staff maintain adult an d pediatric CPR and First Aid certification and all receive a child abuse record of incide nt and criminal history record of incident background checks Hunterdon family medicine re sidency ===== The primary mission of the Hunterdon medical c enter family medicine residency program is to educate residents utilizing the values and p recepts which are fundamental to the way medicine is practiced by family physicians in Hun terdon county, New Jersey, so that they themselves may graduate as family physicians who c an provide this model of exemplary primary care to their patients, their patients' familie s and the communities which they serve Because of the respect that family medicine enjoys in Hunterdon county, resident</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>s have a unique opportunity to see how effective a family physician can be Every facet of Hunterdons 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 towa rd 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 t hat we teach in the doctor-patient relationship Our competency-based curriculum is centra l to both our mission and our vision It is recognized that every resident has unique educ ational 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 intere sts Residents can develop an area of concentration and focus during their third year with a range of opportunities including sports medicine, global health, geriatrics, palliative care, and others University affiliation ----- Hunterdon Medical Center has enjoyed a major teaching affiliation with the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson medical school since 1972 and has been involved with the te aching of medical students in physical diagnosis, office preceptorships, third-year clinic al rotations and fourth-year electives and sub-internships This affiliation allows extend ed learning beyond Hunterdon, including a variety of exceptional programs such as advanced lifesaving in obstetrics, conferences on professionalism, career development, medical-leg al issues, contracting and negotiations, research and other scholarly activities Community support and education ===== - Alcoholics Anonymous meetings - Alzheimers support group - arthritis & osteoporosis support group - bereavement support group - brain injury support group - breastfeeding support group - caregiver support g roups - 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 - n arcotics 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 - anger m anagement group - anger management group for adolescents - multifamily support group, ad dictions treatment - new beginnings support group for post bariatric surgery patients - bariatric surgery support group for potential clients considering bariatric surgery - wei gh 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 wellnes s centers - living with a med</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ical condition for adolescents - hospice art bereavement program - adult bereavement pro gram through Hunterdon hospice

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CORE FORM, PART III, QUESTION 2	Hunterdon Ambulatory Services, LLC was created as a sole member Limited liability company with Hunterdon Medical Center being the sole member Hunterdon Ambulatory Services, LLC provides ambulatory non-provider based diagnostic and therapeutic services

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

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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

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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 CERTIFIED PUBLIC ACCOUNTING ("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

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CORE FORM, PART VI, SECTION B, QUESTION 12	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

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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 2016, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	R 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 HEALTH HCARE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	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 CORE FORM, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>A Certain individual was reported as a key employee on part vii of the 2015 Form 990 Upon a review of their duties, roles and responsibilities it was determined that this individual does not satisfy the criteria to be a key employee under (1) Form 990 rules, regulations and instructions, (2) State of New Jersey law, or (3) the organizations bylaws Accordingly, this individual has not been included on this 2016 Form 990 as either a key employee or a former key employee nor should have been reported on previous years Forms 990 In addition, a certain individual was reported as a key employee on part vii of the 2015 Form 990 Upon a review of their duties, roles and responsibilities it was determined that this individual does not satisfy the criteria to be a key employee under (1) Form 990 rules, regulations and instructions, (2) State of New Jersey law, or (3) the organizations bylaws However, it was determined that this individual does satisfy the criteria to be classified as a highest compensated employee for Form 990 reporting purposes Accordingly, this individual has been included on this 2016 Form 990 as a highest compensated employee Please note that the organization did not amend its 2015 Form 990 with respect to the reclassifications outlined above</p>

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Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE - PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST, (\$3,057,966), - NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS, \$1,570,024, - NET CHANGE IN TEMPORARILY RESTRICTED NET ASSETS, (\$83,621), AND - NET CHANGE IN PERMANENTLY RESTRICTED NET ASSETS, \$830,827

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Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	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 AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON HEALTHCARE SYSTEM, INC AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON MEDICAL CENTER AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015, RESPECTIVELY THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED 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

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Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) hunterdon ambulatory services llc 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 81-2462115	HEALTHCARE	NJ	184,040	184,243	HMC

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HUNT IMAGING ASSOC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3126699	HEALTHCARE	NJ	NA									
(2) DELVALLEY OFF ASSOC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-2878037	PROPERTY MGMT	NJ	NA									
(3) HUNT HEALTHCARE LLC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3642089	HEALTHCARE	NJ	NA									
(4) HC FOR SURGERY LLC 2100 WESCOTT DR FLEMINGTON, NJ 08822 22-3401213	HEALTHCARE	NJ	NA									
(5) HUNT CARDVSC HEALTH 1100 WESCOTT DRIVE SUITE G3 FLEMINGTON, NJ 08822 22-3665435	HEALTHCARE	NJ	NA									
(6) MIDJERSEY HLTH ALLI 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 81-5198825	HEALTHCARE	NJ	NA									

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

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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Return Reference	Explanation
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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2537411	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		No
(1) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2276083	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
(2) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-1636709	HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		No
(3) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2526895	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		No
(4) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-3453318	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		No
(5) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 22-2113056	ADLT DAY CARE	NJ	501(C)(3)	509(A)(2)	HRCH		No
(6) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 47-4931969	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	Yes	
(7) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 47-4913206	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	Yes	
(8) 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822 47-4901532	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) HUNTERDON HEALTHCARE SYSTEM INC	O	3,276,483	cost
(1) HUNTERDON HEALTHCARE SYSTEM INC	D	101,993	COST
(2) HUNTERDON PRIMARY CARE PC	O	4,557,833	COST
(3) HUNTERDON PRIMARY CARE PC	D	4,128,806	COST
(4) HUNTERDON SPECIALTY CARE PC	O	3,081,494	COST
(5) HUNTERDON SPECIALTY CARE PC	D	9,634,480	COST
(6) HUNTERDON URGENT CARE PC	O	260,178	COST
(7) HUNTERDON URGENT CARE PC	D	1,287,869	COST