NOTICE 2018-100

Form	·990-T	Ex	empt Organization (and proxy tax		siness Income der section 6033(rn	OMB No 1545-00	387
		For cale	ndar year 2018 or other tax year begin		•	• •	20	୭ଲ1ସ	}
Depart	ment of the Treasury		► Go to www.irs.gov/Form990	T for I	nstructions and the latest			<u> </u>	,
Internal	Revenue Service	_ ▶ Do	not enter SSN numbers on this form a	as it ma	y be made public if your orga	inization is a 501(c)(3)	Open to Public Inspect 501(c)(3) Organization	tion for ns Only
Α	Check box if address changed		Name of organization (Check be	ox if nar	me changed and see instruction:	s)		yer identification nul yees' trust, see instruction	
	mpt under sedilon		HOLY NAME MEDICAL C	ENTE	R		ļ		
X	501(C <u>)(</u> 🕹 🖊	Print	Number, street, and room or suite no	faPO	box, see instructions		22-14	187322	
	408(e) 220(e)	or Type						ated business activity	y code
	408A530(a)	.,,,,	718 TEANECK ROAD				(296 III:	structions)	
	529(a)		City or town, state or province, country	y, and Z	IP or foreign postal code				
	k value of all assets nd of year		TEANECK, NJ 07666				62139	9	(_
	·		up exemption number (See instruct						
			ck organization type X 501			trust	401(a)	trust Oth	er trust_
			nization's unrelated trades or busine	sses			•	(or first) unrelated	
	de or business her		· · · · · · · · · · · · · · · · · · ·			•		than one, describe	the
			end of the previous sentence, cor	nplete	Parts I and II, complete a So	chedule M for each	ch addition	al	
	de or business, the				_ 			<u> </u>	
			corporation a subsidiary in an affili	_			·· 47	Yes Ves	Nº 2 4
			dentifying number of the parent cor AN KENNEDY, CPA	rporatio		e number ▶ (2	01)833	=7016 =7016	<u> </u>
			or Business Income		(A) Income	(B) Expen		(C) Net	
		-			(A) income	(D) Expen	363	(C) NEL	
	Gross receipts or s Less returns and allowar		c Balance ▶	1c					l si
			ule A, line 7)	2				 	
			2 from line 1c	3					
			tach Schedule D)	4a					
			Part II, line 17) (attach Form 4797)	4b					
			usts	4c					
			an S corporation (attach statement)	5	500,842.	ATCH 3		500	,842.
				6					
			come (Schedule E)	7					
8	Interest, annuities, roya	ties, and rei	nts from a controlled organization (Schedule F)	8					
9	Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt	activity in	come (Schedule I)	10					
11	Advertising incom	e (Sched	ule J)	11				<u></u>	
			ions, attach schedule)	12	500.010				240
13	Total Combine lin	es 3 thro	ough 12	13	500,842.				,842.
Part	Deduction	s Not	Taken Elsewhere (See instr	u etio		eauctions) (E	except to	or contributions	1
			be directly connected with the		related ousiness incol				
	•	•	directors, and trustees (Schedule K)				14		
							. 15		
			• • • • • • • • • • • • • • • • • • • •]辰	16	-	
18	Interest (attach so	 hedule) (:	see instructions)	٠ ١٠٠	OGDEN: UT		18		
19	Taxes and licenses	riedule) (.		٠ 1			' ' ` ` 		
. •			ee instructions for limitation rules)				· ·	_ 	
		•	4562)		1 1		· <u>-</u> -		
			on Schedule A and elsewhere on re				22b		
			ompensation plans						
			chedule I)						
27	Excess readership	costs (Sc	hedule J)				. 27		
			hedule)						
			14 through 28						
30 l	Unrelated busines	s taxabl	e income before net operating	loss o	deduction Subtract line 2	29 from line 1	3 30	500,	842.
			loss arising in tax years beginnin						<u>†</u>
			income Subtract line 31 from line	<u> 30</u>	<u> </u>	<u> </u>	. 32	500,	842.

8X2740 1000 1CG U600

Form	990-T (2018)		110,322		n *
	Total Unrelated Business Taxable Income				Page 2
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			00	042
	instructions)	33			842.
34	Amounts paid for disallowed fringes	34		49,	284.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35		11,	917.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36	5	38,	209.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,	000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38	5	37,	209.
Pai	t IV Tax Computation			_	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	1	12,	814.
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax See instructions	41			
42	Alternative minimum tax (trusts only).	42			
43	Tax on Noncompliant Facility Income See instructions	43			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		12.3	814.
Par		44		12,	517.
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1 1			
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)	} }			
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits Add lines 45a through 45d	45e		10	
46	Subtract line 45e from line 44	46		12,8	814.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total tax Add lines 46 and 47 (see instructions)	48	1	12,8	814.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018	l			
b	2018 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	i			
a	Other credits, adjustments, and payments Form 2439				
J	Form 4136 Other Total ▶ 50g	' í			
51	Total payments. Add lines 50a through 50g	51	1	50,0	000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		37.	186.
	27, 106	55		-	
55 Por					
Par			au th actu	Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or				- 110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•			l
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country		v
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	ا		Х
	If "Yes," see instructions for other forms the organization may have to file			ļ	
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			1	
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge a	nd beli	ef, it is
Sigr	Ma	y the	IRS discuss	this r	eturn
Here	Will CFO With	n the	preparer sho	wn b	
_	Signature of officer Date Title (see	instruction	ons)? X Yes		No
	Print/Type preparer's name Preparer's signature Date Check	if	PTIN		
Paid	SCOTT J MARIANI CALL MULL 1114/20() self-er	nployed			
Prep	arer Firm's name ► WITHUMSMITH+BROWN, PC Firm's	EIN ▶	22-2027	092	- 1
Use	Firm's address ▶ 200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070 Phone	no 97	73-898-9	494	

Form **990-T** (2018)

Form 990-T (2018)	anda Cald E							Page 3	
Schedule A - Cost of G		nter method							
1 Inventory at beginning of	·		6			ar	6		
2 Purchases			7		•	old Subtract line			
3 Cost of labor	· · · · · · · · · · · · · · · · · · ·					iter here and in	1		
4a Additional section 263A co			ľ						
(attach schedule)		<u> </u>	8			section 263A (v			
b Other costs (attach schedu	· · ·					or acquired for			
5 Total. Add lines 1 through				to the orga	anization?		. : · · · · · ·	. X	
Schedule C - Rent Income	e (From Real P	roperty a	nd Persona	Property	Leased V	Vith Real Prope	rty)		
(see instructions)					 				
Description of property									
(1)									
(2)									
(3)							 		
(4)						,			
	2. Rent recei	ved or accrue	ed			-			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent is 50% or if the rent is				ersonal property	exceeds in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deducted Enter here and on			
here and on page 1, Part I, line 6	, column (A)	. <u>.</u> ▶				Part I, line 6, colur			
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruction	s)					
			2 Gross inc		3 [Deductions directly cor debt-financ	able to		
1 Description of det	ot-linanced property		allocable to d		(a) Straight line depreciation (b) Other dedu (attach schedule) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	6 Col 4 div by colu	ided		income reportable n 2 x column 6)	8. Allocable do (column 6 x tota 3(a) and 3	i of columns	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals					Part I, lin	e and on page 1, e 7, column (A)	Enter here and Part I, line 7, co		
Total dividends-received deducti	ions included in co	olumn 8				▶∤			

Form **990-T** (2018)

Form 990-T (2018)	HOLY NA			_						487322	Page
Schedule F-Interest, Ann	uities, Royaltie						ons (se	e instructio	ns)		
Name of controlled organization	2 Employer identification num	ber 3	Net unrel	ated income nstructions)	4 Total	ons of specified ints made	included	of column 4 th in the control	olling	6. Deductions d connected with a in column 8	income
(1)											
(2)											
(3)											
(4)					[Ĺ			<u></u>	
Nonexempt Controlled Organi	izations							0.01.11			
7 Taxable Income	8 Net unrelated (Total of specific ayments made		includ	t of column ed in the co ation's gros	ntrolling		Deductions directions directions of the column 10	
(1)											
(2)											
(3)											
(4)			<u> </u>			A -1 -1 -		-140			
Totals					•	Enter l	columns 5 a nere and on line 8, colu	page 1,	Ent	Id columns 6 and on pager here and on pager I, line 8, column	je 1,
Schedule G-Investment II	ncome of a Se	ction 50	1(c)(7).	(9). or (17) Orga	nization	(see ins	tructions)			
1 Description of income	2 Amount o			3 Deduc directly con (attach sch	tions nected		4 Se	t-asides schedule)		5 Total deduction and set-asides (constant plus col. 4)	
(1)				· · · · · · · · · · · · · · · · · · ·							
(2)											
(3)											
(4)											
Totals ► Schedule I-Exploited Exe		column (A)	other Th	an Adverti	sing In	come (s	ee instru	ctions)		Enter here and on Part I, line 9, colur	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	2 Gross directly connected visites income rom trade or unrelated		with of If a gain, compute		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exe expenses (column 6 m column 5, bu more thar column 4)	inus it not
(1)											
(2)											
(3)											
(3)	<u> </u>		·								
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,							Enter here a on page 1 Part II, line 2	
Totals ▶ Schedule J- Advertising Ir	page 1, Part I, line 10, col (A)	page 1, line 10, uctions)	Part I, col (B)	dated Bas	is					on page 1	
(4) Totals ▶	page 1, Part I, line 10, col (A)	page 1, line 10, uctions)	Part I, col (B) Consoli	dated Bas 4 Adverting gain or (los 2 minus con a gain, cor cols 5 thro	sing s) (col 1 3) If npute	5 Circ		6 Reade costs	•	on page 1	ership in 6 5, but
Totals	page 1, Part I, line 10, col (A) Come (see instriction iodicals Report 2 Gross advertising	page 1, line 10, uctions) ted on a	Part I, col (B) Consoli	4 Adverti gain or (los 2 minus co a gain, cor	sing s) (col 1 3) If npute				•	7 Excess readicosts (columninus columninum more the	ership in 6 5, but
Totals	page 1, Part I, line 10, col (A) Come (see instriction iodicals Report 2 Gross advertising	page 1, line 10, uctions) ted on a	Part I, col (B) Consoli	4 Adverti gain or (los 2 minus co a gain, cor	sing s) (col 1 3) If npute				•	7 Excess readicosts (columninus columninum more the	ership in 6 5, but
Totals	page 1, Part I, line 10, col (A) Come (see instriction iodicals Report 2 Gross advertising	page 1, line 10, uctions) ted on a	Part I, col (B) Consoli	4 Adverti gain or (los 2 minus co a gain, cor	sing s) (col 1 3) If npute				•	7 Excess readicosts (columninus columninum more the	ership in 6 5, but
Totals	page 1, Part I, line 10, col (A) Come (see instriction iodicals Report 2 Gross advertising	page 1, line 10, uctions) ted on a	Part I, col (B) Consoli	4 Adverti gain or (los 2 minus co a gain, cor	sing s) (col 1 3) If npute				•	7 Excess readicosts (columninus columninum more the	ership in 6 5, but
Totals	page 1, Part I, line 10, col (A) Come (see instriction iodicals Report 2 Gross advertising	page 1, line 10, uctions) ted on a	Part I, col (B) Consoli	4 Adverti gain or (los 2 minus co a gain, cor	sing s) (col 1 3) If npute				•	7 Excess readicosts (columninus columninum more the	ership in 6 5, but

HOLY NAME MEDICAL CENTER Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	}		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	. 4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14	<u> </u>	<u> </u>	

Form 990-T (2018)

22-1487322

ATTACHMENT 3

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

HOLY NAME RENAL CARE CENTER, LLC

500,842.

INCOME (LOSS) FROM PARTNERSHIPS

500,842.

HOLY NAME MEDICAL CENTER	
EIN: 22-1487322	
FEDERAL FORM 990-T	
FOR THE YEAR ENDED DECEMBER 31, 2018	
FEDERAL FORM 990-T, LINE 31; NET OPERATING LOSS DEDUCTION	
DESCRIPTION	AMOUNT
NET OPERATING LOSS GENERATED 12/31/2016	153,797
	153,797 (141,880)
NET OPERATING LOSS GENERATED 12/31/2016 NET OPERATING LOSS UTILIZED 12/31/2017 NET OPERATING LOSS UTILIZED 12/31/2018	