Forfi	990-T	Ех	empt Organization (and proxy tax)				n	OMB No 1545-0047
	1	For cale	ndar year 2019 or other tax year begin	ning	, 2019, and e	ndıng , 2	0	2019
Depa	rtment of the Treasury		► Go to www.irs.gov/Form9907	for in	structions and the lat	est information.	L	
Intern	al Revenue Service	▶ Do	not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Check bo	x if nan	ne changed and see instruc	tions)		yer (dentification number rees' trust, see instructions)
		-	HOLV NAME MEDICAL CO	- 1 TOP 1	n			
	empt under section	Print	HOLY NAME MEDICAL CI				22.17	07222
1	501(C)(03)	or	Number, street, and room or suite no. It	IaPU	box, see instructions			:87322 ted business activity code
-	408(e) 220(e) 408A 530(a)	1,700	(See Instructions)					
\vdash	529(a)	1	718 TEANECK ROAD City or town, state or province, country	/ and 7	IP or foreign postal code	·		
C Bo	ok value of all assets	62139	19					
at	end of year	F Gro	TEANECK, NJ 07666 up exemption number (See instruction	ons)				
4	14,463,274.		ck organization type X 501			1(c) trust	401(a)	rust Other trust
			nization's unrelated trades or busines					(or first) unrelated
tr	ade or business he	re ▶ A'	TCH 1		If only or	ne, complete Parts I	-V If more	than one, describe the
fı	rst in the blank spa	ce at the	end of the previous sentence, con	nplete	Parts I and II, complete	a Schedule M for eac	ch addition	al
tr	ade or business, th	en comple	ete Parts III-V			<u> </u>		
			corporation a subsidiary in an affili			ry controlled group?		▶ X Yes No
			identifying number of the parent cor	poration			 ,	
			AN KENNEDY, CPA			hone number ► (2		
			or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a	•							
þ			c Balance ▶					
2		-	ule A, line 7)	3				
3			2 from line 1c				-	
4a			ttach Schedule D)	4a 4b				
b			Part II, line 17) (attach Form 4797) rusts	46 4c				
5			r an S corporation (attach statement).	5	516,491	. ATCH 3		516,491.
6			· · · · · · · · · · · · · · · · · · ·	6	<u> </u>	111011 5		
7			come (Schedule E)	7			A. S. Carrier	100 m
8			ents from a controlled organization (Schedule F)				7 VE 13	
9	-		1(c)(7), (9), or (17) organization (Schedule G)			1,0	A Second	3631
10			ncome (Schedule I)	10			. 0	
11	Advertising incon	ne (Sched	fule J)	11		12	104	
12	Other income (Se	ee instruc	tions, attach schedule)	12		1.63		
13	Total. Combine li	nes 3 thr	ough 12	13	516,491	L	707	516,491.
Pa	rt II Deductio	ns Not	Taken Elsewhere (See instr	uctio	ns for limitations o	n deductions.) (I	Deductio	ons must be directly
			ne unrelated business incom					
14			directors, and trustees (Schedule K)					
15			• • • • • • • • • • • • • • • • • • • •					
16								
17 40			· · · · · · · · · · · · · · · · · · ·					
18 19			(see instructions)					
20			4562)				19	
21			on Schedule A and elsewhere on re					
22			· · · · · · · · · · · · · · · · · · ·					
23			compensation plans					
24			S , , , , , , , , , , , , , , , , , , ,					
25			Schedule I)					
26			chedule J)					
27			chedule)					26,725.
28			s 14 through 27.					26,725.
29			le income before net operating					489,766.
30			g loss arising in tax years beginning					
31			e income Subtract line 30 from line	-	•	•		489,766.
			lotice, see instructions.					Form 990-T (2019)

Par	t III Total Unrelated Business Taxable Income				
32`	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	T			
	instructions)	32	4	89,	766.
33	Amounts paid for disallowed fringes				
34	Charitable contributions (see instructions for limitation rules)	-			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
55	34 from the sum of lines 32 and 33	35	4	89,	766
26		33			
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	-		89,	766
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	-			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		Ι,	000.
39	Unrelated business taxable Income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39	4	88,	766.
Par	t IV Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	1	.02,6	541.
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only).				
44	Tax on Noncompliant Facility Income. See instructions	$\overline{}$		-	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		1	.02,6	541.
Par		1 40 1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	тт			
46a		-{			
b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-{			
	General business credit Attach Form 3800 (see instructions)	-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	┨ ┃			
е	Total credits. Add lines 46a through 46d	\rightarrow			
47	Subtract line 46e from line 45		1	.02,	541.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	\rightarrow			
49	Total tax. Add lines 47 and 48 (see instructions)	49	1	.02,	541.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019				
b	2019 estimated tax payments	1			
С	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	1			
	- · · · · · · · · · · · · · · · · · · ·	1 l			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	1			
-		<u> </u>			
g		1 1			
	Form 4136 Other Total ▶ [51g]	ا جے ا	1	.40,	F 2 6
52	Total payments. Add lines 51a through 51g	52		.40,.	550.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		37,	895.
<u>56</u>	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶37,895. Refunded ▶				
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	ıs)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	r other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of	iay hav	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigr	n country		
	here >				Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	t?		Х
•	If "Yes," see instructions for other forms the organization may have to file	J	• • • •		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of n	ny knowledge	and bel	ief, it is
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
–		•	IRS discuss		
Her		ith the ee instructi	preparer sh	s I	_
	Print/Type preparer's name Preparer's signature Date		PTIN	15	No
Paid	Cher		1 5000	4240	
	SCOTT O MARCIANT	employed			
	Firm's name WITHOUSPITTH+BROWN, PC		22-202		
	Firm's address > 200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070 Phor	ie no 9'	73-898-	9494	

Form 990-T (2019)								F	Page 3
Schedule A - Cost of Go		ter method				1 -			
1 Inventory at beginning of year	· —		6 Inventory	at end of yea	ar	6			
2 Purchases				•	ld. Subtract line				
3 Cost of labor	3				here and in Part				
4a Additional section 263A co						7			
(attach schedule)	4a		8 Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedul					or acquired for				
5 Total. Add lines 1 through			to the org	anization? .	<u>.</u>		<u> </u>		X
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Proper	ty)			
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the property is more that more than 50%)		percenta	om real and personal property ge of rent for personal property if the rent is based on profit or	y exceeds	3(a) Deductions di in columns 2(i				me
(1)									
(2)									
(3)			<u> </u>						
(4)							-		
Total		Total							
(c) Total income. Add totals of co		•			(b) Total deductio Enter here and on Part I, line 6, colur	page 1			
Schedule E - Unrelated De			e instructions)						
1 Description of deb	at-financed numberty		Gross income from or allocable to debt-financed		Deductions directly cor debt-financ	ed prop	erty		
	. manood proporty		property		ht line depreciation ich schedule)	(b) Other dedu (attach sched		
(1)									
(2)									
(3)									
(4)		 							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach scho	ble to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable dec imn 6 x total o 3(a) and 3(of colum	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
				Enter her Part I, lir	re and on page 1, ne 7, column (A)		r here and c t I, line 7, col		
Totals									

Form **990-T** (2019)

Form 990-T (2019)	HOLY NAM									87322 Page 4	
Schedule F - Interest, Ann	uities, Royaltie						tions (se	e instructio	ns)		
1 Name of controlled	2. Employer	Exen	npt Co	introlled Or			5 Part o	f column 4 th	atıs	6 Deductions directly	
organization	identification numb	e į	E I			4 Total of specified payments made				connected with income in column 5	
(1)											
(2)							-				
(3)							· -				
Nonexempt Controlled Organi	zations				<u> </u>		1				
7 Taxable income	8 Net unrelated in (loss) (see instruc	I		Total of specifical		ınclu	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)					_					 	
(4)							!			d salvenas C and 44	
						Ente	columns 5 a here and on I, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Totals				<u></u>	<u></u> ▶						
Schedule G-Investment li	ncome of a Sec	tion 501(c)(7),	(9), or (17		nizatio	n (see ins	tructions)		E Taket de d	
1 Description of income	2. Amount of	income		3 Deduction of the directly contact of the directly co	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)			_								
(2)			-						-		
(3)			-				 				
(4)	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)	
Totals		come. Oth	ner Th	an Advert	isina Ir	come	see instru	ictions)			
				4 Net incor			,000				
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directi connected productio unrelate business in	y I with on of ed	from unrela or business 2 minus co If a gain, c cols 5 thm	ted trade (column lumn 3) ompute	from a	ss income ctivity that unrelated ess income	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				 						 	
(2)								1			
(3)			•								
(4)							-				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 25	
Totals ▶ Schedule J- Advertising In		· · otrono\									
Part I Income From Per			onsol	lidated Ba	sis		_				
Tarti medile Homi e	louicuis report	ca on a o	011301							Τ	
1 Name of periodical	2 Gross advertising income	3. Dire advertising		4 Adver gain or (los 2 minus c a gain, co cols 5 thm	ss) (col ol 3) If impute	1	rculation come	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)										_	
(3)				 -							
(4)				 				 		-	
Totals (carry to Part II, line (5))		· <u></u>							_	5000 T (24.4)	
										Form 990-T (2019)	

Part II 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 26
Totals, Part II (lines 1-5) ▶			•			
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)	-	

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	4		

Form **990-T** (2019)

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

SUBSTANTIALLY RELATED ENTITY PROVIDING HEALTHCARE SERVICES IN THE HOSPITAL FACILITY THAT DOES NOT FOLLOW THE HOLY NAME MEDICAL CENTER FINANCIAL ASSISTANCE POLICY.

NAME AND FEIN OF PARENT CORPORATION

PEACE MINISTRIES, INC. 46-5202238

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

HOLY NAME RENAL CARE CENTER, LLC

516,491.

INCOME (LOSS) FROM PARTNERSHIPS

516,491.

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES PROFESSIONAL FEES

20,225.

6,500.

PART II - LINE 27 - OTHER DEDUCTIONS

26,725.