

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

C Name of organization: HOLY NAME MEDICAL CENTER
 % RYAN KENNEDY CPA
 Doing business as

D Employer identification number: 22-1487322

E Telephone number: (201) 833-7016

G Gross receipts \$ 463,502,717

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

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

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

J Website: ▶ WWW.HOLYNAME.ORG

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,306
6 Total number of volunteers (estimate if necessary)	6	780
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	516,491
7b Net unrelated business taxable income from Form 990-T, line 39	7b	488,766

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,057,424	5,712,580
9 Program service revenue (Part VIII, line 2g)	424,937,998	448,759,353
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,119,608	4,630,263
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,651,148	3,809,307
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	435,766,178	462,911,503
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	285,567	681,770
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)	185,168,501	198,950,667
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)	227,126,476	244,052,173
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	412,580,544	443,684,610
19 Revenue less expenses. Subtract line 18 from line 12	23,185,634	19,226,893

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	367,667,454	414,463,274
21 Total liabilities (Part X, line 26)	161,865,842	182,803,449
22 Net assets or fund balances. Subtract line 21 from line 20	205,801,612	231,659,825

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: 2020-10-16
 RYAN KENNEDY CPA CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-10-20
 Check if self-employed PTIN: P00642486
 Firm's name ▶ WithumSmithBrown PC Firm's EIN ▶ _____
 Firm's address ▶ 200 Jefferson Park Suite 400 Phone no. (973) 898-9494
 Whippany, NJ 079811070

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$	201,203,872	including grants of \$	0	(Revenue \$	260,200,161)
	See Additional Data					

4b	(Code:) (Expenses \$	165,689,140	including grants of \$	0	(Revenue \$	151,842,539)
	See Additional Data					

4c	(Code:) (Expenses \$	16,328,982	including grants of \$	0	(Revenue \$	29,503,645)
	See Additional Data					

4d	Other program services (Describe in Schedule O.)					
	(Expenses \$	16,162,334	including grants of \$	681,770	(Revenue \$	7,213,008)

4e	Total program service expenses ▶	399,384,328				
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part 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	1,750,610		
	e Government grants (contributions)	1e	3,555,297		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	406,673		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		5,712,580		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SERVICE REVENUE		541900	441,546,345	441,546,345		
b OTHER HEALTHCARE RELATED REVENUE		541900	5,337,638	4,821,147	516,491	
c SCHOOL OF NURSING		900099	1,875,370	1,875,370		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			448,759,353			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,243,615			4,243,615	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
				1,001,275				
	b Less: rental expenses	6b		518,607				
	c Rental income or (loss)	6c		482,668	0			
	d Net rental income or (loss)			482,668			482,668	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
				459,255				
	b Less: cost or other basis and sales expenses	7b			72,607			
	c Gain or (loss)	7c		459,255	-72,607			
	d Net gain or (loss)			386,648			386,648	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0			
			b Less: direct expenses	8b		0		
			c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities. See Part IV, line 19	9a			0				
		b Less: direct expenses	9b		0			
		c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	10a			0				
		b Less: cost of goods sold	10b		0			
		c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code						
11a CAFETERIA		900099	2,329,871			2,329,871		
b DAY CARE		624410	996,768			996,768		
c								
d All other revenue								
e Total. Add lines 11a-11d			3,326,639					
12 Total revenue. See instructions			462,911,503	448,242,862	516,491	8,439,570		

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	567,398	567,398		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	114,372	114,372		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,513,713	6,762,342	751,371	
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	159,947,312	143,952,581	15,994,731	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,966,166	5,369,549	596,617	
9 Other employee benefits	12,894,417	11,604,975	1,289,442	
10 Payroll taxes	12,629,059	11,366,153	1,262,906	
11 Fees for services (non-employees):				
a Management	0			
b Legal	904,172	813,755	90,417	
c Accounting	301,562	271,406	30,156	
d Lobbying	90,954	81,859	9,095	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	308,702	277,832	30,870	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,426,693	13,884,025	1,542,668	0
12 Advertising and promotion	4,427,170	3,984,453	442,717	
13 Office expenses	10,477,621	9,429,859	1,047,762	
14 Information technology	6,495,291	5,845,762	649,529	
15 Royalties	0			
16 Occupancy	5,167,414	4,650,673	516,741	
17 Travel	588,768	529,891	58,877	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	174,078	156,670	17,408	
20 Interest	2,842,875	2,558,588	284,287	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,846,911	16,062,220	1,784,691	
23 Insurance	2,618,938	2,357,044	261,894	
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	109,289,370	98,360,433	10,928,937	0
b PHYSICIAN SERVICES SUPPORT	41,910,500	37,719,450	4,191,050	0
c PURCHASED SERVICES	11,263,973	10,137,576	1,126,397	0
d REPAIRS & MAINTENANCE	8,905,497	8,014,947	890,550	0
e All other expenses	5,011,684	4,510,515	501,169	
25 Total functional expenses. Add lines 1 through 24e	443,684,610	399,384,328	44,300,282	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	81,757	1	1,019,931
	2 Savings and temporary cash investments	30,118,627	2	30,930,414
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	45,825,809	4	50,615,573
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	8,212,437	8	9,189,241
	9 Prepaid expenses and deferred charges	4,783,152	9	4,778,360
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 447,309,442		
	b Less: accumulated depreciation	10b 314,084,407	121,486,436	10c 133,225,035
	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	94,753,209	13	102,752,849
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	62,406,027	15	81,951,871
16 Total assets. Add lines 1 through 15 (must equal line 34)	367,667,454	16	414,463,274	
Liabilities	17 Accounts payable and accrued expenses	46,110,518	17	55,482,987
	18 Grants payable	0	18	0
	19 Deferred revenue	678,325	19	1,523,172
	20 Tax-exempt bond liabilities	82,961,966	20	77,044,949
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	3,203,072	23	5,562,003
	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	28,911,961	25	43,190,338
	26 Total liabilities. Add lines 17 through 25	161,865,842	26	182,803,449
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	187,017,597	27	212,749,825
	28 Net assets with donor restrictions	18,784,015	28	18,910,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	205,801,612	32	231,659,825	
33 Total liabilities and net assets/fund balances	367,667,454	33	414,463,274	

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	462,911,503
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,684,610
3	Revenue less expenses. Subtract line 2 from line 1	3	19,226,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	205,801,612
5	Net unrealized gains (losses) on investments	5	7,895,000
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	-1,263,680
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	231,659,825

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-1487322

Name: HOLY NAME MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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			
MICHAEL MARON TRUSTEE - PRESIDENT/CEO	55.0 0.0	X		X				1,938,075	0	611,590
SHERYL SLONIM DNP RN EVP PATIENT CARE & CNO	55.0 0.0				X			1,049,079	0	190,150
ADAM JARRETT MD FA EVP/CHIEF MEDICAL OFFICER	55.0 0.0				X			824,253	0	178,840
MARYANN KICENUJK ESQ SVP GENERAL COUNSEL	55.0 0.0				X			686,638	0	103,759
RYAN KENNEDY CPA EVP/CFO, ASSIST. SEC/TREAS	55.0 0.0			X				640,213	0	109,757
KRISTEN L SILBERSTEIN VP PATIENT ENG & CHIEF EXP OFF	55.0 0.0					X		422,076	0	91,136
SAIKRISHNAN KANDAMANGA EVP/CHIEF INFORMATION OFFICER	55.0 0.0				X			409,880	0	32,505
RON WHITE MD DIRECTOR, MEDICAL AFFAIRS	55.0 0.0					X		408,244	0	24,773
STEVEN L MOSSER EVP FACILITIES MANAGEMENT	55.0 0.0				X			373,824	0	41,857
SEAN O'ROURKE VP ADMINISTRATION	55.0 0.0					X		330,321	0	41,086

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			
RAVIT BARKAMA MD AVP CLINICAL DEVELOPMENT	55.0 0.0					X		320,015	0	40,150
CATHERINE YAXLEY CPA VP DATA SCIENCE & REG. AFFAIRS	55.0 0.0					X		318,684	0	40,173
MICHAEL SKVARENINA FORMER KEY EMPLOYEE	55.0 0.0						X	287,207	0	36,086
DAVID BUTLER MD TRUSTEE	55.0 0.0	X						0	274,050	22,952
MANUEL GONZALEZ VP HR (TERMED 10/11/19)	55.0 0.0				X			176,523	0	29,736
RICHARD VAN EERDE FORMER KEY EMPLOYEE	0.0 0.0						X	155,698	0	0
JOHN POOLE MD TRUSTEE - PRES MEDICAL STAFF	25.0 0.0	X						73,500	0	0
JOHN M GERAGHTY CHAIRPERSON - TRUSTEE	1.0 0.0	X		X				0	0	0
JOSEPH A FRASCINO M VICE CHAIRPERSON - TRUSTEE	1.0 0.0	X		X				0	0	0
SISTER BARBARA MORAN SECRETARY - TRUSTEE	1.0 0.0	X		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			
EDWIN H RUZINSKY CPA TREASURER - TRUSTEE	1.0 0.0	X		X				0	0	0
TED A CARNEVALE CPA TRUSTEE	1.0 0.0	X						0	0	0
DALE A CREAMER TRUSTEE	1.0 0.0	X						0	0	0
MAUREEN DONOHUE TRUSTEE	1.0 0.0	X						0	0	0
MICHAEL R DRESSLER E TRUSTEE	1.0 0.0	X						0	0	0
FERNANDO GARIP TRUSTEE	1.0 0.0	X						0	0	0
SALVATORE LARAIA MD TRUSTEE	1.0 0.0	X						0	0	0
DANIEL LEBER TRUSTEE	1.0 0.0	X						0	0	0
SISTER ANTOINETTE MOOR TRUSTEE	1.0 0.0	X						0	0	0
JOSEPH PARISI JR 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			
LEON TEMIZ TRUSTEE	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

The organization is not a private foundation because it is: (For lines 1 through 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
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 (explain in Part VI). **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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 22-1487322

Name: HOLY NAME MEDICAL CENTER

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
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
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		90,954
j	Total. Add lines 1c through 1i			90,954
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	HOLY NAME MEDICAL CENTER ENGAGES IN LOBBYING EFFORTS ON A FEDERAL AND STATE LEVEL. DURING 2019, THE ORGANIZATION PAID AN INDEPENDENT FIRM FOR LOBBYING AND OTHER CONSULTING SERVICES. A PORTION OF THE AMOUNTS PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. DURING 2019, THIS ALLOCATION AMOUNTED TO \$66,064. IN ADDITION, HOLY NAME MEDICAL CENTER IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION ("AHA"), THE NEW JERSEY HOSPITAL ASSOCIATION ("NJHA") AND THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION ("NJBIA") WHICH ALL 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 \$24,890 DURING 2019.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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:

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	17,139,015	17,974,962	13,370,743	17,784,371	13,327,739
b Contributions	2,303,074	3,243,196	7,522,236	2,830,030	4,641,462
c Net investment earnings, gains, and losses	1,351,808	-367,084	616,667	161,879	8,013
d Grants or scholarships					
e Other expenditures for facilities and programs	3,528,637	3,712,059	3,534,684	7,405,537	192,843
f Administrative expenses					
g End of year balance	17,265,260	17,139,015	17,974,962	13,370,743	17,784,371

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 ▶
 - c** Temporarily restricted endowment ▶ 100.000 %
- 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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		7,313,472		7,313,472
b Buildings		223,195,870	139,871,283	83,324,587
c Leasehold improvements		3,253,626	2,902,569	351,057
d Equipment		210,509,227	171,310,555	39,198,672
e Other		3,037,247		3,037,247
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				133,225,035

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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶ 102,752,849	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	32,535,075
(2) OTHER RECEIVABLES	18,602,610
(3) OTHER ASSETS	22,003,682
(4) RIGHT OF USE ASSETS	8,810,504
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 81,951,871

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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 43,190,338

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: 22-1487322

Name: HOLY NAME MEDICAL CENTER

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)LIMITED USE	4,365,694	F
(2)LIMITED USE	1,847,219	F
(3)LIMITED USE	4,283,364	F
(4)EQUITIES; LIMITED USE	388,018	F
(5)CORPORATE BONDS; LIMITED USE	1,177,679	F
(6)LIMITED USE	2,588,117	F
(7)LIMITED USE	1,764,772	F
(8)LIMITED USE	20,624	F
(9)ACCRUED INTEREST; LIMITED USE	111,842	F
(10)LIMITED USE	4,924,651	F
(11)CASH & CASH EQUIVALENTS	1,443,038	F
(12)MUTUAL FUNDS - FIXED INCOME	13,285,327	F
(13)MUTUAL FUNDS - EQUITY	32,466,746	F
(14)EQUITIES	2,171,607	F
(15)CORPORATE BONDS	14,692,604	F
(16)U.S. GOVERNMENT OBLIGATIONS	12,579,447	F
(17)CERTIFICATES OF DEPOSIT	600,508	F
(18)ALTERNATIVE INVESTMENTS	745,715	F
(19)ACCRUED INTEREST	164,373	F
(20)ASSETS HELD BY RELATED ORG.	3,131,504	F

Supplemental Information

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

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

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 22-1487322

OMB No. 1545-0047
2019
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 free 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	No
b If "Yes," did the organization make it available to the public?	6b	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,912,905	499,211	3,413,694	0.770 %
b Medicaid (from Worksheet 3, column a)			58,441,761	44,464,099	13,977,662	3.150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			62,354,666	44,963,310	17,391,356	3.920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,904,649		2,904,649	0.660 %
f Health professions education (from Worksheet 5)			353,714	7,200	346,514	0.080 %
g Subsidized health services (from Worksheet 6)			46,632,544	20,265,577	26,366,967	5.940 %
h Research (from Worksheet 7)			994,382		994,382	0.220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			590,064		590,064	0.130 %
j Total. Other Benefits			51,475,353	20,272,777	31,202,576	7.030 %
k Total. Add lines 7d and 7j			113,830,019	65,236,087	48,593,932	10.950 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			5,920		5,920	
3 Community support			19,820		19,820	
4 Environmental improvements						
5 Leadership development and training for community members			14,879		14,879	
6 Coalition building			43,023		43,023	0.010 %
7 Community health improvement advocacy			51,336		51,336	0.010 %
8 Workforce development			79,257		79,257	0.030 %
9 Other						
10 Total			214,235		214,235	0.050 %

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		19,547,579
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		6,788,646
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	152,491,028
6 Enter Medicare allowable costs of care relating to payments on line 5	6	175,219,583
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,728,555
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 checked="" type="checkbox"/> Cost accounting system <input 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

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

HOLY NAME MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

HOLY NAME 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 <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
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.HOLYNAME.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.HOLYNAME.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.HOLYNAME.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

HOLY NAME 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 nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <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)	19	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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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)	21	Yes
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Part V Facility Information *(continued)*

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

HOLY NAME 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? 9

Name and address	Type of Facility (describe)
1 VILLA MARIA CLAIRE 12 WEST SADDLE RIVER ROAD SADDLE RIVER, NJ 07458	HOSPICE FACILITY
2 ENGLEWOOD PULMONARY 200 GRAND AVENUE ENGLEWOOD, NJ 07631	OUTPATIENT SERVICES - PULMONARY
3 HNMC RADIOLOGY & ADULT CLINIC 222 CEDAR LANE TEANECK, NJ 07666	OUTPATIENT SERVICES - RADIOLOGY & CLINIC
4 ORADELL REHAB 514 KINDERKAMACK ROAD ORADELL, NJ 07649	OUTPATIENT SERVICES - REHABILITATION
5 HN INSTITUTE FOR WOUND HEALING 699 TEANECK ROAD TEANECK, NJ 07666	OUTPATIENT SERVICES - WOUNDCARE
6 HNH FITNESS LLC 514 KINDERKAMACK ROAD ORADELL, NJ 07649	MEDICALLY BASED FITNESS CENTER
7 UNION CITY LAB 408 37TH STREET 2ND FLOOR UNION CITY, NJ 07087	LABORATORY
8 HACKENSACK CARDIOLOGY 493 ESSEX STREET HACKENSACK, NJ 07601	OUTPATIENT SERVICES - CARDIOLOGY
9 UNION CITY CARDIOLOGY 529 39TH STREET UNION CITY, NJ 07087	OUTPATIENT SERVICES - CARDIOLOGY
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
SCHEDULE H, PART I; LINE 3C	<p>IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, HOLY NAME MEDICAL CENTER USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE. OTHER FACTORS TO DETERMINE ELIGIBILITY INCLUDE: - ASSET LEVEL; - MEDICAL INDIGENCY; - INSURANCE STATUS; - UNDERINSURANCE STATUS; AND - RESIDENCY. ADDITIONAL INFORMATION WITH RESPECT TO HNMCS'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW. NEW JERSEY CHARITY CARE ----- NJ CHARITY CARE IS FREE OR REDUCED CHARGE CARE WHICH IS PROVIDED TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. CHARITY CARE IS AVAILABLE ONLY FOR EMERGENT OR MEDICALLY NECESSARY HOSPITAL CARE. SOME SERVICES SUCH AS PHYSICIAN FEES, ANESTHESIOLOGY FEES, RADIOLOGY INTERPRETATION, AND OUTPATIENT PRESCRIPTIONS ARE SEPARATE FROM HOSPITAL CHARGES AND MAY NOT BE ELIGIBLE FOR REDUCTION. IN ACCORDANCE WITH CHARITY CARE GUIDELINES, PAYMENT ASSISTANCE IS AVAILABLE TO NEW JERSEY RESIDENT PATIENTS WHOSE HOUSEHOLD GROSS INCOME IS AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES AND WHO: 1. HAVE NO HEALTH COVERAGE OR HAVE COVERAGE THAT PAYS ONLY PART OF THE BILL; 2. ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE (SUCH AS MEDICAID); AND 3. MEET THE INCOME AND ASSETS CRITERIA DESCRIBED BELOW. CHARITY CARE IS AVAILABLE TO THOSE THAT DO NOT QUALIFY FOR STATE OR FEDERAL PROGRAMS. INCOME CRITERIA - PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES ("FPG") ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE. PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% BUT LESS THAN OR EQUAL TO 300% OF FPG ARE ELIGIBLE FOR DISCOUNTED CARE UNDER THE CHARITY CARE PROGRAM. FREE OR DISCOUNTED CHARGES ARE DETERMINED BY THE FOLLOWING FEE SCHEDULE: INCOME AS A PERCENTAGE OF HHS POVERTY INCOME GUIDELINES: LESS THAN OR EQUAL TO 200% -- 0% OF MEDICAID RATE GREATER THAN 200% BUT LESS THAN OR EQUAL TO 225% -- 20% OF MEDICAID RATE GREATER THAN 225% BUT LESS THAN OR EQUAL TO 250% -- 40% OF MEDICAID RATE GREATER THAN 250% BUT LESS THAN OR EQUAL TO 275% -- 60% OF MEDICAID RATE GREATER THAN 275% BUT LESS THAN OR EQUAL TO 300% -- 80% OF MEDICAID RATE GREATER THAN 300% -- UNINSURED DISCOUNT RATE AVAILABLE ASSETS CRITERIA INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED \$15,000. SHOULD AN APPLICANT'S ASSETS EXCEED THESE LIMITS, HE/SHE MAY "SPEND DOWN" THE ASSETS TO THE ELIGIBLE LIMITS THROUGH PAYMENT OF THE EXCESS TOWARD THE HOSPITAL BILL AND OTHER APPROVED OUT-OF-POCKET MEDICAL EXPENSES. CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, SUBJECT TO SPECIFIC PROVISIONS (SUCH AS EMERGENCY MEDICAL CONDITIONS). NEW JERSEY UNINSURED DISCOUNT CARE RATE ----- UNINSURED NEW JERSEY STATE RESIDENT PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE AND WHOSE INCOME FALLS LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR A DISCOUNT BASED UPON MEDICARE RATES AS PER THE NJ STATE STATUTE P.L. 2008, CHAPTER 60, APPROVED ON AUGUST 8, 2008, ASSEMBLY, NO. 2609, AS ENACTED BY THE SENATE AND GENERAL ASSEMBLY OF THE STATE OF NEW JERSEY. COMPASSIONATE CARE DISCOUNT POLICY ----- PATIENTS WHO DO NOT QUALIFY FOR ANY HEALTHCARE RELATED GOVERNMENTAL SPONSORED COVERAGE OR PROGRAMS UNDER HNMCS FAP AND DO NOT HAVE PRIMARY INSURANCE COVERAGE WILL BE ELIGIBLE FOR OUR COMPASSIONATE CARE DISCOUNT POLICY. THIS DISCOUNT IS APPLIED AT THE TIME OF BILLING. THE COMPASSIONATE CARE DISCOUNT IS ONLY FOR UNINSURED PATIENTS AND IS NOT DEPENDENT ON INCOME OR ASSET CRITERIA, AND NO APPLICATION IS REQUIRED. IT IS FOR ALL SELF-PAY PATIENTS THAT DO NOT QUALIFY OR DO NOT CHOOSE TO APPLY FOR ANY HOSPITAL PAYMENT ASSISTANCE PROGRAMS. DISCOUNTS APPLIED ARE FOR OUTPATIENT DIAGNOSTIC TESTING SUCH AS RADIOLOGY OR LABORATORY SERVICES, AND A FLAT FEE RATE IS APPLIED TO LEVELS OF CARE SUCH AS AN INPATIENT (I.E. MEDICAL, SURGICAL, OR ICU) OR SAME DAY SURGERY. THE COMPASSIONATE CARE DISCOUNT DOES NOT APPLY TO BALANCES AFTER INSURANCE PAYMENTS, COSMETIC SURGERY, AND OTHER SPECIAL PROGRAMS. THIS DISCOUNT WILL BE APPLIED AT THE TIME OF BILLING. AMOUNT GENERALLY BILLED ("AGB") ----- PER INTERNAL REVENUE CODE 501(R)(5) CHARGES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE FOR FAP-ELIGIBLE INDIVIDUALS UNDER HNMCS FAP WILL BE LIMITED TO BUT NOT BILLED MORE THAN THE AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.</p>

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 7	THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>ACTIVITIES CLASSIFIED AS COMMUNITY BUILDING INCLUDE USE OF HOLY NAME MEDICAL CENTER'S FACILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT: - PROMOTE THE POSITIVE GROWTH OF THE COMMUNITY; - ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENEFIT; AND - SEEK TO PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE HEALTH AND WELL-BEING OF THE COMMUNITY. HNMC ALSO ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY AID. IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME. AMONG THE ORGANIZATIONS AIDED ARE: NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS AND SCHOOLS. HNMC ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS CONFERENCE CENTER FOR EVENTS. CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS. HNMC WAS ONE OF NINE HOSPITALS IN NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("NJDOH") AS A REGIONAL MEDICAL COORDINATION CENTER ("MCC"). THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC WAS ABLE TO BE ACTIVATED IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND/OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION. THE MCC ALSO MONITORED, ON A DAILY BASIS, SITUATIONAL AWARENESS OF LOCAL ACTIVITY. IN 2014, THE NJDOH LOST MUCH OF ITS FEDERAL FUNDING FOR THE STATEWIDE PROGRAM, CUTTING IN HALF THE NUMBER OF MCC'S IT COULD SUPPORT. HNMC CHOSE NOT TO APPLY TO RENEW ITS DESIGNATION BUT HAS MAINTAINED MOST OF ITS CAPABILITIES ON ITS OWN. GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I.E., FIVE MILES NORTH OF THE GEORGE WASHINGTON BRIDGE) EMERGENCY PREPAREDNESS IS DEEMED NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY, REGARDLESS OF THE MCC DESIGNATION.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4</p>	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES. HNMC AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE BELOW WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF HNMC AND SUBSIDIARIES.</p> <p>PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE -----</p> <p>----- NET PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION FOR WHICH THE MEDICAL CENTER EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THE MEDICAL CENTER USES A PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS COLLECTIVE GROUPS RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIO CONSISTS OF MAJOR PAYOR CLASSES FOR INPATIENT AND OUTPATIENT REVENUE. BASED ON HISTORICAL COLLECTION TRENDS AND OTHER ANALYSES, THE MEDICAL CENTER BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED. THE MEDICAL CENTER'S INITIAL ESTIMATE OF THE TRANSACTION PRICE FOR THE SERVICES PROVIDED TO PATIENTS SUBJECT TO REVENUE RECOGNITION IS DETERMINED BY REDUCING THE TOTAL STANDARD CHARGES RELATED TO THE PATIENT SERVICES PROVIDED BY VARIOUS ELEMENTS OF VARIABLE CONSIDERATION, INCLUDING CONTRACTUAL ADJUSTMENTS, DISCOUNTS, IMPLICIT PRICE CONCESSIONS, AND OTHER REDUCTIONS TO THE MEDICAL CENTER'S STANDARD CHARGES. THE MEDICAL CENTER DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL OR FORMULA DRIVEN RATES FOR THE SERVICES RENDERED (SEE DESCRIPTION OF THIRD-PARTY PAYMENT PROGRAMS BELOW). THE ESTIMATES FOR CONTRACTUAL ALLOWANCES AND DISCOUNTS ARE BASED ON CONTRACTUAL AGREEMENTS, THE MEDICAL CENTER'S DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE MEDICAL CENTER DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES RENDERED ON THE BASIS OF CHARGES REDUCED BY IMPLICIT PRICE CONCESSIONS. IMPLICIT PRICE CONCESSIONS INCLUDED IN THE ESTIMATE OF THE TRANSACTION PRICE ARE BASED ON THE MEDICAL CENTER'S HISTORICAL COLLECTION EXPERIENCE FOR APPLICABLE PATIENT PORTFOLIOS. GENERALLY, THE MEDICAL CENTER BILLS PATIENTS AND THIRD-PARTY PAYORS AFTER THE SERVICES ARE PERFORMED AND THE PATIENT IS DISCHARGED. NET PATIENT SERVICE REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE MEDICAL CENTER. NET PATIENT SERVICE REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL CHARGES. THE MEDICAL CENTER BELIEVES THAT THIS METHOD PROVIDES A REASONABLE DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE SERVICES NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS RECEIVING INPATIENT ACUTE CARE SERVICES OR PATIENTS RECEIVING SERVICES IN THE MEDICAL CENTER'S OUTPATIENT SETTINGS. THE MEDICAL CENTER MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE MEDICAL CENTER OR THE COMMENCEMENT OF AN OUTPATIENT SERVICE TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE OR THE COMPLETION OF THE OUTPATIENT VISIT. AS SUBSTANTIALLY ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE MEDICAL CENTER HAS ELECTED TO NOT DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD FOR PATIENTS WHO REMAIN ADMITTED AT THAT TIME (IN-HOUSE PATIENTS). THE PERFORMANCE OBLIGATIONS FOR IN-HOUSE PATIENTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH FOR THE MAJORITY OF THE MEDICAL CENTER'S IN-HOUSE PATIENTS OCCURS WITHIN DAYS OR WEEKS AFTER THE END OF THE REPORTING PERIOD. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE (DETERMINED ON A PORTFOLIO BASIS WHEN APPLICABLE) ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. FOR THE YEAR ENDED DECEMBER 31, 2019, CHANGES IN THE MEDICAL CENTER'S ESTIMATES OF IMPLICIT PRICE CONCESSIONS, DISCOUNTS, CONTRACTUAL ADJUSTMENTS OR OTHER REDUCTIONS TO EXPECTED PAYMENTS FOR PERFORMANCE OBLIGATIONS SATISFIED IN PRIOR YEARS WERE NOT SIGNIFICANT. PORTFOLIO COLLECTION ESTIMATES ARE UPDATED BASED ON COLLECTION TRENDS. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4	IN THE PATIENT'S ABILITY TO PAY (DETERMINED ON A PORTFOLIO BASIS WHEN APPLICABLE) ARE RECORDED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AS OF AN FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018 WERE NOT SIGNIFICANT. THE MEDICAL CENTER HAS DETERMINED THAT THE NATURE, AMOUNT, TIMING AND UNCERTAINTY OF REVENUE AND CASH FLOWS ARE AFFECTED BY THE FOLLOWING FACTORS: PAYORS, LINES OF BUSINESS AND TIMING OF WHEN REVENUE IS RECOGNIZED.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2019 MEDICARE COST REPORT. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE 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 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 "THE TERM CHARITABLE IS USED IN SECTION 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 MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. 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 THE DEPARTMENT OF TREASURY REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS 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 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: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, A</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>ND 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 AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 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 HOSPITALS 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 NOT PAY THE FULL COST OF CARE. FROM THE LATEST DATA PROVIDED BY THE AHA, MEDICARE REIMBURSES HOSPITALS ONLY 87 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLE." THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT 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 INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (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 ATTRIBUTABLE TO LOW- INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR THOSE WHO DO NOT PAY ALL, OR A PORTION OF THE ALREADY DISCOUNTED BILLED AMOUNTS UNDER OUR FINANCIAL ASSISTANCE POLICY. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFIT, 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 BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD BEAR IN SERVING ALL PATIENTS RE</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	<p>ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE BUT, RATHER, ACCOUNTED FOR AS AN ALLOWANCE. IT IS THE POLICY OF HOLY NAME MEDICAL CENTER AND ITS SUBSIDIARIES TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. ADDITIONALLY, HNMC IS COMMITTED TO BILL PATIENTS AND INSURANCE CARRIERS IN A MANNER THAT IS UNDERSTANDABLE, PROFESSIONAL, COMPASSIONATE AND IN COMPLIANCE WITH ALL STATE, LOCAL AND FEDERAL RULES INCLUDING INTERNAL REVENUE CODE SECTION 501(R). IT IS THE INTENTION THAT THE BILLING AND COLLECTION POLICY BE CONSISTENT WITH HNMC'S FINANCIAL ASSISTANCE POLICY ("FAP") AND ANY INCONSISTENCIES SHALL BE GUIDED BY THE FAP AND APPLIED IN A MANNER THAT BENEFITS THE PATIENT. HNMC WILL FOLLOW THE FOLLOWING PROCEDURES WHEN PURSUING BILLING AND COLLECTION ACTIONS: (1) PATIENTS SHALL BE REGISTERED IN THE HOSPITAL'S INFORMATION SYSTEM IN A MANNER THAT ENSURES THE CAPTURE OF THE INFORMATION NECESSARY TO EFFECTIVELY PROVIDE MEDICALLY NECESSARY CARE AND TO PROFESSIONALLY BILL FOR SERVICES RENDERED; (2) AFTER SERVICES ARE RENDERED THE PATIENTS OR GUARANTOR'S INSURANCE (IF ANY) SHALL BE BILLED. IF THE PATIENT HAS NO INSURANCE AND WAS REGISTERED SELF-PAY THE BILL FOR SERVICES WILL BE ADJUSTED IN ACCORDANCE WITH THE HOSPITAL'S FAP; (3) THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO COLLECT FROM AN INSURANCE CARRIER PRIOR TO BILLING THE PATIENT FOR SERVICES RENDERED. IF AFTER REASONABLE EFFORTS ARE MADE TO COLLECT FROM THE INSURANCE CARRIER THE HOSPITAL SHALL SEEK ASSISTANCE FROM THE PATIENT TO CONTACT THE INSURANCE CARRIER AND RESOLVE THE OUTSTANDING CLAIM. IF THESE EFFORTS ARE NOT SUCCESSFUL THEN THE ACCOUNT MAY BE CHANGED TO A SELF-PAY ACCOUNT; (4) AFTER THE ACCOUNT, OR ANY PORTION OF SUCH ACCOUNT, IS DEEMED SELF-PAY THE HOSPITAL, OR IT'S DESIGNATED AGENT, WILL BILL THE PATIENT OR GUARANTOR FOR THE REMAINING BALANCE ON THE ACCOUNT; (5) ACCOUNTS THAT ARE DEEMED SELF-PAY WILL RECEIVE UP TO FOUR STATEMENTS AND/OR NOTICES ASKING THAT THE ACCOUNT BALANCE BE PAID; (6) AFTER EXHAUSTING REASONABLE EFFORTS OVER A PERIOD OF UP TO 120 DAYS TO COLLECT A SELF-PAY BALANCE, THE HOSPITAL MAY REFER THE ACCOUNT TO A COLLECTION AGENCY. SUCH REFERRAL SHALL NOT BE DEEMED TO BE AN EXTRAORDINARY COLLECTION ACTION ("ECA"); (7) AN ACCOUNT WITH A COLLECTION AGENCY SHALL GENERALLY BE PURSUED UP TO 180 DAYS UNLESS, AFTER CONSULTING WITH THE HOSPITAL, IT IS DETERMINED TO MAINTAIN AN ACCOUNT BEYOND THAT TIMEFRAME. IF IT IS DETERMINED BY THE HOSPITAL'S PATIENT FINANCIAL SERVICES DEPARTMENT THAT THE ACCOUNT REQUIRES AN ECA, AND SUCH ACCOUNT MEETS THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(R), INCLUDING BUT NOT LIMITED TO WAITING A MINIMUM OF 120 DAYS AFTER THE FIRST POST DISCHARGE BILL TO COMMENCE ECA ACTIVITIES, THE AGENCY SHALL NOTIFY THE PATIENT IN WRITING A MINIMUM OF 30 DAYS PRIOR TO COMMENCING ECA. SUCH NOTIFICATION SHALL INCLUDE A COPY OF THE HOSPITALS PLAIN LANGUAGE SUMMARY OF THE FAP ALONG WITH A STATEMENT AS TO WHICH ECA'S THE AGENCY MAY BE TAKING. IF WITHIN THE 30 DAY NOTICE PERIOD THE PATIENT REQUESTS FINANCIAL ASSISTANCE, AND THE ACCOUNT IS NOT OLDER THAN 240 DAYS FROM THE FIRST POST DISCHARGE BILL, THEN THE PATIENT SHALL BE GIVEN TIME TO APPLY FOR FINANCIAL ASSISTANCE BEFORE ANY ECAS MAY BE INITIATED. IN THE EVENT THAT AN ECA HAS BEEN INITIATED AND THE ACCOUNT IS NOT OLDER THAN 240 DAYS FROM THE FIRST POST DISCHARGE BILLING DATE AND THE PATIENT REQUESTS FINANCIAL ASSISTANCE THEN THE ECA WILL BE SUSPENDED TO ALLOW FOR THE PATIENT TO APPLY FOR FINANCIAL ASSISTANCE. THE FIRST POST DISCHARGE BILL SHALL BE THE FIRST BILL A PATIENT RECEIVES FOR SERVICES REGARDLESS IF SERVICES ARE ONGOING. ECA'S THAT THE HOSPITAL OR ITS AGENTS MAY TAKE UPON THE EXPIRATION OF THE NOTIFICATION PERIOD INCLUDE: - REPORTING ADVERSE INFORMATION TO A CREDIT REPORTING AGENCY; - PLACING A LIEN ON PROPERTY; AND - GARNISHING WAGES.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>IN ACCORDANCE WITH PROVISIONS OF THE AFFORDABLE CARE ACT, ENACTED MARCH 23, 2010, HNMC BEGAN A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"). THE ORGANIZATIONS 1ST CHNA WAS COMPLETED IN 2013, ITS 2ND IN 2016, AND ITS MOST RECENT IN 2019. A COMPLETE NEEDS ASSESSMENT IS PERFORMED EVERY THREE YEARS AND IS MADE WIDELY AVAILABLE ON THE ORGANIZATIONS WEBSITE. IN ADDITION TO THE CHNA PROCESS DESCRIBED ABOVE AND IN SCHEDULE H, SECTION B, QUESTIONS 1-12 AND SECTION C, HNMC UTILIZES A VARIETY OF MEANS BY WHICH IT IDENTIFIES AND ANALYZES PATIENT CARE NEEDS. AMONG THEM ARE: - PATIENT SATISFACTION DATA; - ANALYSIS OF DEMOGRAPHICS; - ANALYSIS OF UTILIZATION AND MARKET TRENDS; - REVIEW OF EXTERNALLY PUBLISHED DATA AND INFORMATION; - ACUITY LEVELS (DAILY PLANNING OF STAFFING); AND - INDIVIDUAL PROJECTS/EVALUATION/REVIEWS. HNMC ALSO COMMISSIONS EXTERNAL SPECIALISTS TO CONDUCT SURVEYS AND FOCUS GROUPS OF INDIVIDUALS, HOUSEHOLDS, PHYSICIANS AND OTHERS. ADDITIONALLY, HNMC IS A MEMBER OF THE BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAM ("CHIP"), WHOSE MISSION IS TO EVALUATE AND ADDRESS THE HEALTH NEEDS OF THE COUNTY. THE CHIP PRODUCES AN EXTENSIVE, VERY USEFUL, DATABASE DEMONSTRATING THE NEEDS OF THE COUNTY'S RESIDENTS. HNMC IS A FOUNDING MEMBER OF THE NORTHERN NEW JERSEY MATERNAL-CHILD HEALTH CONSORTIUM (NOW THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY), WHOSE MISSION IS TO EDUCATE AND PROMOTE APPROPRIATE HEALTHCARE TO WOMAN AND INFANTS IN THE AREA. IN ADDITION, US CENSUS BUREAU DATA IS UTILIZED, AS IS PURCHASED MARKET DATA AND DATABASES OF ALL ACUTE AND SAME-DAY CARE THROUGHOUT BOTH NEW JERSEY AND NEW YORK, THE SOURCE OF WHICH IS BILLING DATA PROVIDED TO THE RESPECTIVE STATE DEPARTMENTS OF HEALTH. SUCH DATABASES PROVIDE PERHAPS THE GREATEST WEALTH OF CLINICAL, DEMOGRAPHIC, FINANCIAL AND OTHER INFORMATION, AND ARE EXTREMELY VALUABLE IN UNDERSTANDING AND ADDRESSING THE NEEDS OF THE COMMUNITIES SERVED BY HNMC. DATA FROM THE COUNTY AND STATE HEALTH DEPARTMENTS, AND FROM THE NEW JERSEY HOSPITAL ASSOCIATION, ARE ALSO USED. IN ADDITION, THE MEDICAL CENTER PARTICIPATES IN VARIOUS POPULATION HEALTH MODELS, AND HAS DONE SO SINCE 2013. AMONG THESE ARE THREE BUNDLED PAYMENT PROGRAMS AND A MEDICARE SHARED SAVINGS PROGRAM, AN ACO. IN ADDITION, THE HOSPITAL IS IN FIVE OTHER ACOS. THESE PROGRAMS PROVIDE CLAIMS DATA, WHICH ARE ANALYZED, PROVIDING VALUABLE INSIGHTS INTO CARE NEEDS AND INTO WAYS TO FACILITATE BETTER HEALTH AND HEALTH CARE WHILE REDUCING COSTS.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	<p>IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) HOLY NAME MEDICAL CENTER INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE. THE AVAILABILITY OF FINANCIAL ASSISTANCE IS WIDELY PUBLICIZED IN THE FOLLOWING WAYS: 1) TO ENSURE THE COMMUNITY SERVED BY HPMC IS AWARE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, INFORMATIVE SIGNS AND POSTERS ARE POSTED IN ENGLISH, SPANISH AND KOREAN. THESE SIGNS AND POSTERS ADVISE PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW TO APPLY IN PUBLIC ACCESS AREAS (EMERGENCY ROOM AND PATIENT ACCESS). 2) THE COMPLETE FINANCIAL ASSISTANCE POLICY ("FAP"), PLAIN LANGUAGE SUMMARY ("PLS") AND FINANCIAL ASSISTANCE APPLICATION FORM AS WELL AS THE CHARITY CARE APPLICATION IS AVAILABLE ON HPMCS WEBSITE AT: WWW.HOLYNAME.ORG/FINANCIAL. 3) THE FAP, APPLICATION AND PLS ARE ALSO AVAILABLE UPON REQUEST A FREE COPY IS AVAILABLE BY MAIL OR IN HARD COPY FORM AT HPMCS FINANCIAL COUNSELING OFFICE AND PATIENT ACCESS DEPARTMENT ON THE MAIN FLOOR. THE ORGANIZATIONS FINANCIAL COUNSELING OFFICE IS OPEN MONDAY THROUGH FRIDAY BETWEEN 8:30AM TO 2:30PM. AN APPOINTMENT MAY BE SCHEDULED BY CALLING (201) 833-3157. 4) DURING THE INTAKE REGISTRATION PROCESS, THE PLS IS PROVIDED TO ALL PATIENTS. 5) HPMC HAS TRANSLATED ITS FAP, FINANCIAL ASSISTANCE APPLICATION FORM, AND THE PLS IN OTHER LANGUAGES WHERE THE PRIMARY LANGUAGE OF THE RESIDENTS OF THE COMMUNITY SERVED BY HPMC REPRESENTS 5% OR 1,000; WHICHEVER IS LESS; OF THE POPULATION OF INDIVIDUALS LIKELY TO BE AFFECTED OR ENCOUNTERED BY HPMC. TRANSLATED VERSIONS ARE ALSO AVAILABLE UPON REQUEST AND ARE POSTED ON HPMCS WEBSITE. IN CIRCUMSTANCES WHERE A SIGNIFICANT NUMBER OF PATIENTS ARE NOT PROFICIENT IN READING AND WRITING ENGLISH, OR WHOSE PRIMARY LANGUAGE IS OTHER THAN WHAT HPMC HAS ALREADY TRANSLATED, MAY REQUEST ASSISTANCE IN ORDER TO COMPLETE REQUIRED FORMS.</p>

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

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS. PLEASE REFER TO "PROMOTION OF COMMUNITY HEALTH" WITHIN THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O FOR ADDITIONAL INFORMATION.

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES. NOT-FOR-PROFIT SYSTEM AFFILIATED ENTITIES</p> <p>----- PEACE MINISTRIES, INC. ----- ----- PEACE MINISTRIES, INC. IS THE TA X-EXEMPT PARENT OF THE SYSTEM. THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GR OUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER PEACE MINISTRIES, INC. OR HOLY NAME MEDICAL CENTER, INC. THE SYSTEM IS AN INTEGR ATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF NEW JERSEY. THE PRIMARY ACTIVITY OF T HE ORGANIZATION IS TO GOVERN, SUPPORT AND ADVOCATE FOR THE PUBLIC CHARITABLE MINISTRIES OF THE EASTERN REGION OF THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF PEACE. PEACE MINIS TRIES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PU RSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INT ERNAL REVENUE CODE 509(A)(1). HOLY NAME MEDICAL CENTER ----- HOLY NAME MEDICAL CENTER IS A COMPREHENSIVE, 361-BED ACUTE CARE FACILITY PROVIDING TECHNOLOGICALLY A DVANCED AND LEADING EDGE CARE ACROSS A CONTINUUM THAT ENCOMPASSES EDUCATION, PREVENTION, D IAGNOSIS, TREATMENT, REHABILITATION AND WELLNESS MAINTENANCE. OVER 1,000 PHYSICIANS, REPRE SENTING DOZENS OF MEDICAL SPECIALTIES, PROVIDE PERSONAL ATTENTION IN A CULTURALLY SENSITIV E ENVIRONMENT, CREATING AN EXCEPTIONAL HEALTH CARE EXPERIENCE FOR EVERY PATIENT. HNM C IS R ECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TA X-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, HNM C PROVIDES MEDICALLY NECESS ARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RA CE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, HNM C OPERATES CONSISTE NTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. 1. HNM C PROVIDES MEDICALLY N ECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CH ARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. HNM C OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEA R; 3. HNM C MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS; 4. CONTROL OF HNM C RESTS WITH ITS BOARD OF TRUSTEES AND, TO THE EXTENT SET FORTH IN ITS BYLAWS, PEACE MINISTRIES, INC. HNM C'S BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADE RS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROG RAMS AND ACTIVITIES. HOLY NAME HEALTH CARE FOUNDATION, INC. ----- HOLY NAME HEALTH CARE FOUNDATION, INC. IS A NON-PROFIT CORPORATION THAT WAS ESTAB LISHED TO RAISE FUNDS FOR THE MEDICAL CENTER AND ITS AFFILIATED ORGANIZATIONS. HOLY NAME H EALTH CARE FOUNDATION, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX- EXEMPT PU RSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTE RNAL REVENUE CODE 509(A)(3). HOLY NAME REAL ESTATE CORPORATION ----- ----- HOLY NAME REAL ESTATE CORPORATION IS A NON-PROFIT CORPORATION WHICH WAS ORGANIZED T O OWN, LEASE AND OPERATE PROPERTY FOR THE BENEFIT OF THE MEDICAL CENTER AND ITS AFFILIATED ORGANIZATIONS. HOLY NAME REAL ESTATE CORPORATION IS RECOGNIZED BY THE INTERNAL REVENUE SE RVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUN DATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). HOLY NAME EMS, INC. ----- ----- HOLY NAME EMS, INC. IS A NON-PROFIT CORPORATION WHICH OWNS AND OPERATES THE MEDICAL CENTER 'S BASIC LIFE SUPPORT ("BLS") AND ADVANCED LIFE SUPPORT ("ALS") MEDICAL INTENSIVE CARE VEH ICLES AND SERVICES; HOLY NAME EMS, INC. IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS T AX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURS UANT TO INTERNAL REVENUE CODE 509(A)(3). MS COMPREHENSIVE CARE CENTER ----- ----- MS COMPREHENSIVE CARE CENTER IS A NON-PROFIT CORPORATION WHICH OFFERS COMPREHENSIV E MEDICAL, NURSING, BILLING, REHABILITATIVE, PSYCHOLOGICAL AND EDUCATIONAL CARE TO PATIEN TS WITH MULTIPLE SCLEROSIS. MS COMPREHENSIVE CARE CENTER IS RECOGNIZED BY THE INTERNAL REV ENUE SERVICE AS TAX- EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVAT E FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2). THE CRUDEM FOUNDATION, INC. ---- ----- THE CRUDEM FOUNDATION, INC. IS A NON-PROFIT CORPORATION WHICH WAS ESTABLISHED TO RAISE FUNDS FOR THE HOSPITAL SACRE COEUR IN MILOT HAITI. THE CRUDEM FOUNDAT ION, INC. IS 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). HNH FITNESS, LLC ----- HNH F</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI; QUESTION 6</p>	<p>ITNESS, LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS HOLY NAME ME DICAL CENTER. THE ORGANIZATION OPERATES A MEDICALLY BASED FITNESS AND WELLNESS CENTER AND PHYSICAL THERAPY PRACTICE. HOLY NAME MEDICAL CENTER ACO, LLC ----- ----- ---- HOLY NAME MEDICAL CENTER ACO, LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS HOLY NAME MEDICAL CENTER. THE ORGANIZATION OPERATES AS ACCOUNTABLE CARE ORG ANIZATION. HARMONY HEALTH ALLIANCE, LLC ----- HARMONY HEALTH ALLIAN CE, LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS HOLY NAME MEDICA L CENTER. THE ORGANIZATION IS A CLINICALLY INTEGRATED NETWORK OF HEALTHCARE PROVIDERS WITH THE GOAL OF PROVIDING IMPROVED PATIENT CARE QUALITY, EXPERIENCE, EFFICIENCY AND ENGAGEMEN T. FOR-PROFIT SYSTEM AFFILIATED ENTITIES ===== ===== HEALTH PARTN ER SERVICES, INC. ----- ----- HEALTH PARTNER SERVICES, INC. IS A FOR-PRO FIT CORPORATION ENGAGED IN PROVIDING MANAGEMENT SERVICES FOR HEALTHCARE PROVIDERS. HOLY NA ME PHYSICIAN NETWORK ----- ----- THE HOLY NAME PHYSICIAN NETWORK WAS FORME D ACCORDING TO EACH GROUP'S SPECIALIZED PRACTICE. THE FOR-PROFIT ORGANIZATION'S WITHIN THE HOLY NAME PHYSICIAN NETWORK ARE OUTLINED BELOW: - PEACE HEALTH PARTNERS, P.C.; - HOUSE PH YSICIAN PARTNERS, P.C.; - HEMATOLOGY ONCOLOGY PARTNERS, P.C.; - RIVERSIDE FAMILY PRACTICE, P.C.; - RADIATION ONCOLOGY PARTNERS, P.C.; - EXCELCARE MEDICAL ASSOCIATES, P.A.; - BREAST IMAGING PARTNERS, P.C.; - HOLY NAME CARDIOLOGY ASSOCIATES, P.C.; - BREAST CARE PARTNERS, P.C.; - HOLY NAME PULMONARY ASSOCIATES, P.C.; - WOMENS CLINIC PARTNERS, P.C.; - MULKAY CAR DIOLOGY CONSULTANTS AT HOLY NAME MEDICAL CENTER; - HOLY NAME PRIMARY CARE & SPECIALTY ASSO CIATES, P.C.; - PRIMARY CARE OF ORADELL; - HOLY NAME MEDICAL ASSOCIATES, P.C.; - NORTH JER SEY MEDICAL ASSOCIATES, P.C.; - NORTH JERSEY MEDICAL PARTNERS, P.C.; - HOLY NAME PHYSICIAN PARTNERS, P.C.; AND - HOLY NAME ANESTHESIA PARTNERS, P.C. THESE ORGANIZATIONS ENGAGE IN P ROFESSIONAL MEDICAL HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF HOLY NAME MEDICAL CE NTER AND ITS AFFILIATES.</p>

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 22-1487322**Name:** HOLY NAME MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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	HOLY NAME MEDICAL CENTER 718 TEANECK ROAD TEANECK, NJ 07666 WWW.HOLYNAME.ORG 10205	X	X					X			1

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") HOLY NAME MEDICAL CENTER ("HNMC") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY. THE ORGANIZATIONS CHNA INCORPORATES DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (THE COMMUNITY HEALTH SURVEY) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA). THESE QUANTITATIVE COMPONENTS ALLOW FOR COMPARISON TO BENCHMARK DATA AT THE COUNTY, STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH AN ONLINE KEY INFORMANT SURVEY OF VARIOUS COMMUNITY STAKEHOLDERS. KEY INFORMANT SURVEY ----- IN AN EFFORT TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, THE ORGANIZATION UTILIZED A KEY INFORMANT SURVEY AS PART OF ITS CHNA PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY THE PARTICIPATING HOSPITALS AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP ("CHIP") OF BERGEN COUNTY. THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PROVIDERS AND REPRESENTATIVES OF BEHAVIORAL HEALTH, CHILDREN AND FAMILIES, COMMUNITY CENTERS AND RECREATION, BERGEN COUNTY, VARIOUS MUNICIPALITIES, CULTURAL ADVOCATES AND ORGANIZATIONS FOOD RESOURCES, CLINICAL AND OTHER HEALTH SPECIALTIES, HOUSING AND HOMELESSNESS, LAW ENFORCEMENT, FIRE, EMS, OLDER ADULTS/HEALTHY AGING, PHILANTHROPY, RELIGIOUS OR FAITH-BASED ORGANIZATIONS, SERVICES FOR LOW-RESOURCE INDIVIDUALS AND FAMILIES AND A VARIETY OF OTHER COMMUNITY LEADERS. ADMINISTRATIVE AND CLINICAL LEADERSHIP FROM THE PARTICIPATING HOSPITALS WERE ALSO INCLUDED. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE INTERVIEWED BY PHONE USING A STRUCTURED INTERVIEW GUIDE DEVELOPED BY JOHN SNOW, INC. ("JSI") AND THE CHNA STEERING COMMITTEE. IN ALL, APPROXIMATELY 80 COMMUNITY STAKEHOLDERS IN BERGEN COUNTY TOOK PART IN THE KEY INFORMANT SURVEY. IN THE PHONE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED. RESULTS OF THIS SURVEY ARE INCLUDED IN THE CHNA. PARTICIPATION INCLUDED REPRESENTATIVES OF THE ORGANIZATIONS LISTED BELOW: OFFICE OF ALCOHOL AND DRUG DEPENDENCY, BERGEN COUNTY DEPT OF HEALTH SERVICES; COMPREHENSIVE BEHAVIORAL HEALTH CARE; DIVISION OF MENTAL HEALTH SERVICES, BERGEN COUNTY DEPT OF HEALTH SERVICES; PARTNERSHIP FOR MATERNAL AND CHILD HEALTH; PASCACK VALLEY HIGH SCHOOL; CHILDREN'S AID AND FAMILY SERVICES; DWIGHT MORROW ZONE, BERGEN FAMILY CENTER; HACKENSACK SCHOOL DISTRICT; COMMUNITY CENTERS AND RECREATION; WESTWOOD RECREATION DEPARTMENT; WYCKOFF BOARD OF HEALTH; BE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>BERGEN COUNTY DIVISION OF COMMUNITY DEVELOPMENT; TOWNSHIP OF TEANECK; DIVISION OF DISABILITY SERVICES, BERGEN COUNTY DEPT OF HEALTH SERVICES; PUBLIC HEALTH NURSE, CITY OF GARFIELD; BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES; HEALTH AND HUMAN SERVICES COMMITTEE, BERGEN COUNTY LINKS; HEALTH INSURANCE AGENT/INTERPRETER; HEALTH AND WELLNESS COORDINATOR, GARDEN STATE EQUALITY; MEALS ON WHEELS NORTH JERSEY; REGISTERED DIETICIAN, SHOP RITE OF HILLSDALE; REGISTERED DIETICIAN, SHOPRITE OF NORTHVALE; VAN DYK HEALTH CARE; BERGEN COUNTY CANCER EDUCATION AND EARLY DETECTION, BERGEN CO. DEPT. OF HEALTH SERVICES; JEWISH HOME FAMILY; AMERICAN CANCER SOCIETY; BERGEN VOLUNTEER MEDICAL INITIATIVE; CANCERCARE; NORTH HUDSON COMMUNITY ACTION; LEADERSHIP, BERGEN COUNTY HOSPITALS; PHYSICIANS, BERGEN COUNTY HOSPITALS; TRUSTEES, BERGEN COUNTY HOSPITALS; ASIAN HEALTH SERVICES, HOLY NAME MEDICAL CENTER; SENIOR HOUSING SERVICES; BERGEN COUNTY HOUSING AUTHORITY; RIDGECREST APARTMENTS; WESTWOOD POLICE DEPARTMENT; WESTWOOD FOR ALL AGES; MIDLAND PARK SENIOR CENTER AND AGE-FRIENDLY RIDGEWOOD; BERGEN COUNTY DIVISION OF SENIOR SERVICES; AGE FRIENDLY ENGLEWOOD; BERGEN COUNTY DIVISION OF SENIOR SERVICES; THE RUSSELL BERRIE FOUNDATION; RELIGIOUS OR FAITH-BASED INDIVIDUALS/REPRESENTATIVES; FAMILY PROMISE OF RIDGEWOOD; NORTH HUDSON COMMUNITY ACTION CORPORATION; AND SOCIAL SERVICE ASSOCIATION OF RIDGEWOOD AND VICINITY.</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 7A & 7B	THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, 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: WWW.HOLYNAME.ORG/INCLUDES/FILES/HNMC-CHNA-2019.PDF ADDITIONALLY, THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY'S CHNA, WHICH INCLUDES THIS ORGANIZATION, IS MADE WIDELY AVAILABLE AT THE FOLLOWING URL: WWW.HEALTHYBERGEN.ORG

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 7D	IN ADDITION TO POSTING THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") ON THE MEDICAL CENTER'S WEBSITE AND MAKING A PAPER COPY AVAILABLE WITHIN THE HOSPITAL FACILITY, THE CHNA WAS DISCUSSED AT THE ANNUAL OPEN PUBLIC MEETING OF THE BERGEN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AND WAS MADE AVAILABLE AT THE MEDICAL CENTERS ANNUAL OPEN PUBLIC MEETING.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 10A	THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: WWW.HOLYNAME.ORG/INCLUDES/FILES/2019-IMPLEMENTATION-STRATEGY.PDF

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>PRIORITY AREAS ----- HOLY NAME'S CHNA PROVIDED MANY OPPORTUNITIES TO VET QUANTITATIVE AND QUALITATIVE FINDINGS. BASED ON THESE FINDINGS, HOLY NAME'S SERVICE LINES AND AREAS OF EXPERTISE, LEADERSHIP AND STAFF FROM HOLY NAME MEDICAL CENTER IDENTIFIED THREE COMMUNITY HEALTH PRIORITY AREAS, WHICH TOGETHER EMBODY THE LEADING HEALTH ISSUES AND BARRIERS TO CARE FOR RESIDENTS OF THE HOSPITALS SERVICE AREA: (1) CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS; (2) SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE; AND (3) MENTAL HEALTH AND SUBSTANCE USE DISORDERS. PRIORITY POPULATIONS ----- BASED ON THE CHNA'S QUANTITATIVE AND QUALITATIVE FINDINGS, THERE WAS AGREEMENT THAT THE IMPLEMENTATION STRATEGY SHOULD PRIORITIZE CERTAIN DEMOGRAPHIC AND SOCIOECONOMIC SEGMENTS OF THE POPULATION THAT HAVE COMPLEX NEEDS OR FACE ESPECIALLY SIGNIFICANT BARRIERS TO CARE. FIVE PRIORITY POPULATIONS WERE IDENTIFIED: - INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS; - OLDER ADULTS; - RACIALLY, ETHNICALLY & CULTURALLY DIVERSE POPULATIONS; - INDIVIDUALS WITH LIMITED RESOURCES; AND - YOUTH AND ADOLESCENTS. PRIORITY AREA #1: CHRONIC / COMPLEX CONDITIONS AND RISK FACTORS ----- GOALS INCLUDE: (1) ENHANCE ACCESS TO HEALTH EDUCATION, SCREENING AND REFERRAL/TREATMENT SERVICES (2) SUPPORT INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS AND THEIR CAREGIVERS (3) ENHANCE UNDERSTANDING OF END-OF-LIFE NEEDS AND CARE OBJECTIVES ADDRESSING THESE GOALS INCLUDE: - SCREEN FOR CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS AND REFER TO APPROPRIATE SERVICES; - INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE EDUCATION REGARDING CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS; - INCREASE SKILLS, CONFIDENCE, AND ABILITIES OF PARENTS AND CAREGIVERS; - INCREASE THE NUMBER OF INDIVIDUALS FROM PRIORITY POPULATIONS ENGAGED IN CARE; - IMPROVE COORDINATION OF CARE FOR ADULTS WITH CHRONIC/COMPLEX CONDITIONS; - PROMOTE CHRONIC DISEASE MANAGEMENT AND BEHAVIORAL CHANGE; - INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY; - INCREASE ACCESS TO END-OF-LIFE AND PALLIATIVE CARE PROGRAMS; - DECREASE SOCIAL ISOLATION AMONG OLDER ADULTS; - INCREASE THE NUMBER OF ADULTS WITH ADVANCE HEALTHCARE DIRECTIVES; AND - PROVIDE SUPPORT FOR THE HEALTH CARE OF IMPOVERISHED PERSONS IN MILOT, HAITI. PRIORITY AREA #2: SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE ----- GOALS INCLUDE: (1) ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE ISSUES THAT INHIBIT THE ABILITY OF INDIVIDUALS TO LEAD HAPPY, HEALTHY, AND PRODUCTIVE LIVES (2) REDUCE HEALTH DISPARITIES OBJECTIVES ADDRESSING THESE GOALS INCLUDE: - SUPPORT PROGRAMS AND POLICIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH; - ADDRESS COMMON BARRIERS TO ACCESSING HEALTH CARE; - PROMOTE CARE COORDINATION AND ENGAGEMENT IN PRIMARY CARE; - PROMOTE CULTURAL COMPETENCY, HEALTH LITERACY, AND LINGUISTICALLY; APPROPRIATE CARE TO REDUCE HEALTH DISPARITIES AND T</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>O INCREASE ACCESS TO SERVICES; - REDUCE INAPPROPRIATE USE OF THE EMERGENCY ROOM AND HOSPITAL READMISSIONS; AND - REDUCE TRANSPORTATION BARRIERS. PRIORITY AREA #3: MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS ----- GOAL: (1) SUPPORT AND/OR IMPLEMENT STRATEGIES THAT PROMOTE MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING OBJECTIVES ADDRESSING THIS GOAL INCLUDE: - ENHANCE IDENTIFICATION OF INDIVIDUALS WITH UNDIAGNOSED MENTAL AND BEHAVIORAL HEALTH CONDITIONS; - SUPPORT EFFORTS THAT AIM TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER; - SUPPORT INITIATIVES THAT PROMOTE HEALTHY MENTAL, EMOTIONAL, AND SOCIAL BEHAVIORS; - EXPAND ACCESS TO BEHAVIORAL HEALTH SCREENING, TREATMENT, AND SUPPORTIVE SERVICES; - COLLABORATE WITH CLINICAL AND COMMUNITY-BASED PARTNERS TO ADDRESS MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER; AND - REDUCE USE OF OPIOIDS, ESPECIALLY OPIOID PRESCRIPTIONS ISSUED BY HNMC AND ITS AFFILIATES. NEEDS THAT WILL NOT BE ADDRESSED ----- THERE ARE ALSO COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED THROUGH HOLY NAME'S CHNA THAT WERE NOT PRIORITIZED FOR INCLUSION IN THE IMPLEMENTATION STRATEGY. REASONS FOR THIS INCLUDE: - FEASIBILITY OF HOLY NAME HAVING AN IMPACT ON THIS ISSUE IN THE SHORT OR LONG-TERM - SPECIFIC CAPABILITY OF THE ORGANIZATION - THE ISSUE IS ALREADY ADDRESSED BY COMMUNITY PARTNERS IN A WAY THAT DOES NOT WARRANT ADDITIONAL SUPPORT POVERTY/EMPLOYMENT, HOUSING STABILITY, AND CERTAIN LEVELS OF BEHAVIORAL AND SUBSTANCE ABUSE NEEDS WERE IDENTIFIED AS COMMUNITY NEEDS, BUT WERE DEEMED TO BE OUTSIDE OF HOLY NAME MEDICAL CENTER'S PRIMARY SPHERE OF INFLUENCE. HOLY NAME REMAINS OPEN AND WILLING TO WORK WITH HOSPITALS AND OTHER PUBLIC AND PRIVATE PARTNERS TO ADDRESS THESE ISSUES SHOULD AN OPPORTUNITY ARISE. HOLY NAME MEDICAL CENTER WILL STRIVE TO PROMOTE ITS MISSION: "WE ARE A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENTIOUS STEWARDSHIP. WE HELP OUR COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMENT." IN CONCERT WITH THIS MISSION, THE MEDICAL CENTER IS COMMITTED TO THE STRATEGIES OUTLINED BELOW AND INCLUDED WITHIN THE ORGANIZATION'S IMPLEMENTATION STRATEGY ACTION PLAN.</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: WWW.HOLYNAME.ORG/FINANCIAL/FINANCIAL-ASSISTANCE-POLICY.ASPX

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization HOLY NAME MEDICAL CENTER

Employer identification number

22-1487322

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 8
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIPS	83	114,372			
(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 I, PART II	PLEASE NOTE THAT CERTAIN GIFTS, GRANTS AND CONTRIBUTIONS PROVIDED TO OTHER ORGANIZATIONS WERE LESS THAN OR EQUAL TO \$5,000 EACH. THEREFORE, IN ACCORDANCE WITH FORM 990 RULES AND REGULATIONS THOSE CONTRIBUTIONS WOULD NOT BE INCLUDED WITHIN IN SCHEDULE I, PART II. THE TOTAL AMOUNTS PAID FOR CONTRIBUTIONS AND EVENT SPONSORSHIPS CAN BE FOUND WITHIN CORE FORM, PART IX, LINE 1.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 07927	13-1788491	501(c)(3)	10,000				PROGRAM SUPPORT
CAUCUS EDUCATIONAL CORP 75 MIDLAND AVE MONTCLAIR, NJ 07042	22-3240680	501(c)(3)	125,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOLY NAME HEALTH CARE FOUNDATION INC 718 TEANECK ROAD TEANECK, NJ 07666	22-2737143	501(C)(3)	17,000				PROGRAM SUPPORT
SAVE LATIN AMERICA 138 39TH STREET UNION CITY, NJ 07087	22-2942402	501(c)(3)	6,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SHARSHERET INC 1086 TEANECK ROAD STE 2G TEANECK, NJ 07666	22-3454940	501(C)(3)	85,000				PROGRAM SUPPORT
SINAI SPECIAL NEEDS INSTITUTE 1485 TEANECK RD STE 304 TEANECK, NJ 07666	13-4198529	501(C)(3)	150,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SISTERS OF ST JOSEPH OF PEACE 399 HUDSON TERR ENGLEWOOD CLIFFS, NJ 07632	22-2942402	501(c)(3)	7,500				PROGRAM SUPPORT
THE COUNCIL OF IRISH OF GREATER BERGEN CO PO BOX 5113 BERGENFIELD, NJ 07621	46-5202238	501(C)(3)	7,500				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>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 on Line 1a?</p>	2				
<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 4A	THE FOLLOWING INDIVIDUAL INCLUDED IN SCHEDULE J, PART II RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN HIS 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: RICHARD VAN EERDE, \$115,698.
SCHEDULE J, PART I; QUESTION 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HER 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: SHERYL SLONIM, DNP, RN-BC, \$400,000. THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE 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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: MICHAEL MARON, \$579,130; SHERYL SLONIM, DNP, RN-BC, \$161,492; ADAM JARRETT, M.D., FACHE, \$137,054; MARYANN KICENUIK, ESQ., \$75,000; RYAN KENNEDY, CPA, \$67,971 AND KRISTEN SILBERSTEIN, \$50,000.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THIS AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED WITHIN HER 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: SHERYL SLONIM, DNP, RN-BC, \$400,000.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number
22-1487322

Part I 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	64579FH89	09-02-2010	55,971,065	SEE SUPPLEMENTAL INFO		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		07-12-2016	54,425,000	SEE SUPPLEMENTAL INFO		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		47,290,816		5,485,000				
2 Amount of bonds legally defeased		0		0				
3 Total proceeds of issue		55,971,117		54,425,000				
4 Gross proceeds in reserve funds		0		0				
5 Capitalized interest from proceeds		0		0				
6 Proceeds in refunding escrows		0		0				
7 Issuance costs from proceeds		1,242,174		597,834				
8 Credit enhancement from proceeds		0		0				
9 Working capital expenditures from proceeds		0		0				
10 Capital expenditures from proceeds		7,560,834		0				
11 Other spent proceeds		47,290,816		53,827,166				
12 Other unspent proceeds		0		0				
13 Year of substantial completion	2010		2016					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	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					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.600 %		0.600 %					
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 ▶	0 %		0 %					
6 Total of lines 4 and 5	0.600 %		0.600 %					
7 Does the bond issue meet the private security or payment test?		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				
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				
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					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X					
b Exception to rebate?				X				
c No rebate due?				X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	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				
b Name of provider	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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Return Reference	Explanation
SCHEDULE K	SCHEDULE K, PART I, LINE A, COLUMN F PER THE ORGANIZATIONS CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE PROCEEDS OF THE NEW JERSEY HEALTHCARE FACILITIES AUTHORITY SERIES 2010 BOND FINANCING WERE USED AS FOLLOWS: 1) TO REFUND THE SERIES 1997 AND 2008 REVENUE BONDS; 2) PAYMENT OF CAPITAL EXPENDITURES RELATING TO MEDICAL CENTER FACILITIES; 3) FUNDING OF DEBT SERVICE RESERVE FUND FOR THE SERIES 2010 BOND; AND 4) THE PAYMENT OF CERTAIN COSTS OF ISSUANCE OF THE SERIES 2010 BONDS. SCHEDULE K, PART I, LINE B, COLUMN F PER THE ORGANIZATIONS CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE PROCEEDS OF THE NEW JERSEY HEALTHCARE FACILITIES AUTHORITY SERIES 2016A & 2016B BOND FINANCING WERE USED TO FUND AND PAY IN FULL THE 2006 DEBT SERVICE RESERVE FUND, 2006 DEBT SERVICE PRINCIPAL FUND AND THE 2006 DEBT SERVICE INTEREST FUND FOR THE SERIES 2006 BONDS.

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
HOLY NAME 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

22-1487322

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>HOLY NAME MEDICAL CENTER ("HNMC") IS A PRIVATE, 361-BED NEW JERSEY-LICENSED GENERAL ACUTE CARE MEDICAL CENTER. THE MEDICAL CENTER IS A NON-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEW JERSEY, AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE. PURSUANT TO ITS CHARITABLE PURPOSES, HNMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, NATIONAL ORIGIN, AGE, DISABILITY OR ABILITY TO PAY. MOREOVER, HNMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN INTERNAL REVENUE SERVICE ("IRS") REVENUE RULING 69-545: 1. HNMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. HNMC OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. HNMC MAINTAINS A MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL OF HNMC RESTS WITH ITS BOARD OF TRUSTEES AND, TO THE EXTENT SET FORTH IN ITS BYLAWS, PEACE MINISTRIES, INC. HNMC'S BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF HNMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT HNMC PROVIDES SUBSTANTIAL COMMUNITY BENEFIT, THAT THE USE AND CONTROL OF HNMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. PEACE MINISTRIES, INC ("PMI") IS A NON-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEW JERSEY AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE. PMI IS THE SOLE MEMBER OF THE MEDICAL CENTER. THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OF EACH ENTITY IS EITHER PMI OR HNMC. MISSION ===== WE ARE A COMMUNITY OF CAREGIVERS COMMITTED TO A MINISTRY OF HEALING, EMBRACING THE TRADITION OF CATHOLIC PRINCIPLES, THE PURSUIT OF PROFESSIONAL EXCELLENCE, AND CONSCIENTIOUS STEWARDSHIP. WE HELP OUR COMMUNITY ACHIEVE THE HIGHEST ATTAINABLE LEVEL OF HEALTH THROUGH EDUCATION, PREVENTION AND TREATMENT. HISTORY ===== THE MEDICAL CENTER WAS FOUNDED BY THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF PEACE (THE "SISTERS") IN 1925, AND IN 1958 WAS INCORPORATED AS AN INDEPENDENT NEW JERSEY NON-PROFIT CORPORATION, SPONSORED BY THE SISTERS. IT WAS THE DEDICATION</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>OF TWO TEANECK SURGEONS AND THE LEADERSHIP OF A SISTER THAT MADE HNMC A REALITY IN 1925. RECOGNIZING THE NEED TO SERVE THE SICK AND INDIGENT OF THE COMMUNITY, DR FRANK MCCORMACK AND DR. GEORGE PITKIN APPEALED TO MOTHER GENERAL AGATHA BROWN OF THE SISTERS FOR HELP IN FINDING A SUITABLE MEDICAL CENTER SITE AND PROVIDING ADMINISTRATIVE AND NURSING STAFF. THE SISTERS PURCHASED THE ESTATE OF THE LATE WILLIAM WALTER PHELPS AND ERECTED THE MEDICAL CENTER THERE, STAFFING IT WITH SISTERS. AT ITS OPENING IN 1925, HNMC HAD 115 BEDS. FIVE YEARS LATER, A 90-BED CLINIC BUILDING WAS BUILT TO MEET THE NEEDS OF AREA RESIDENTS WHO HAD BEEN IMPOVERISHED BY THE GREAT DEPRESSION. TEANECK WAS LITTLE MORE THAN A RURAL VILLAGE THEN; IN ALL OF BERGEN COUNTY THERE WERE SOME 250,000 INHABITANTS. WITH THE COMPLETION OF THE GEORGE WASHINGTON BRIDGE IN 1931, A SURGE OF DEVELOPMENT FOLLOWED WORLD WAR II AND THE AREA SOON BECAME A THRIVING RESIDENTIAL AND BUSINESS COMMUNITY. HNMC THRIVED AS WELL. IN 1955 A SECOND ADDITION WAS COMPLETED: THE FOUR-STORY, 110-BED MARIAN BUILDING, WITH TWO MORE STORIES ADDED TO THE FACILITY WITHIN THE NEXT TEN YEARS. DURING THE 1960'S, THE WEST WING OF THE MARIAN BUILDING WAS ENLARGED BY THREE MORE UNITS. FACED AGAIN WITH THE THREAT OF OVERCROWDING IN THE 1980'S, THE MEDICAL CENTER COMPLEX WAS ONCE MORE ENLARGED WITH CONSTRUCTION OF THE BRESLIN/KENNEDY BUILDING. IN 1993 THE "NEW ADDITION" WAS CONSTRUCTED, PRINCIPALLY TO ACCOMMODATE THE INCREASING AMBULATORY AND SAME-DAY-STAY PATIENTS, AND A NEW PHYSICAL MEDICINE BUILDING WAS ADDED. A FOUR-LEVEL REGIONAL CANCER CENTER WAS COMPLETED IN THE LATE 1990'S. MORE RECENT ADDITIONS INCLUDE A NEW 41-BAY EMERGENCY DEPARTMENT, A HEALTH AND FITNESS CENTER, AND A RESIDENTIAL HOSPICE, VILLA MARIE CLAIRE. THE MEDICAL CENTER HAS GROWN IN SIZE, REPUTATION AND CAPABILITY WITH EACH ADDITION. AS HNMC CELEBRATES OVER 90 YEARS, IT CONTINUES TO TAKE STEPS TO BECOME A NATIONAL MODEL BY IMPLEMENTING NEW, ADVANCED TECHNOLOGIES AND MEDICAL/SURGICAL TECHNIQUES, AS WELL AS BEST PRACTICES IN PROCESSES SUCH AS SIMULATION LEARNING, HEALTHCARE INFORMATION SYSTEMS, END-OF-LIFE CARE, DISASTER PREPAREDNESS, AND BUILDING CONSTRUCTION AND DESIGN. IMPROVEMENTS SUCH AS THESE ALLOW HNMC TO PROVIDE EVERY PATIENT WITH A SUPERIOR EXPERIENCE CHARACTERIZED BY SAFE, HIGH QUALITY CARE. LEADING-EDGE CARE ===== HNMC IS A COMPREHENSIVE, 361-BED ACUTE CARE FACILITY PROVIDING LEADING-EDGE MEDICAL PRACTICE AND TECHNOLOGY ADMINISTERED IN AN ENVIRONMENT ROOTED IN A TRADITION OF COMPASSION AND RESPECT FOR EVERY PATIENT. HNMC OFFERS HIGH QUALITY HEALTHCARE ACROSS A CONTINUUM THAT ENCOMPASSES EDUCATION, PREVENTION, EARLY INTERVENTION, COMPREHENSIVE TREATMENT OPTIONS, REHABILITATION, AND WELLNESS MAINTENANCE-FROM PRE-CONCEPTION THROUGH END-OF-LIFE. WITH MORE THAN 900 PHYSICIANS REPRESENTING DOZENS OF MEDICAL AND SURGICAL SPECIALTIES, HNMC PROVIDES AN EXCEPTIONAL HEALTHCARE EXPERIENCE FOR ITS PATIENTS. A FEW OF THE "CENTERS OF EXCELLENCE" AT HNMC</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	INCLUDE: THE PATRICIA LYNCH CANCER CENTER AT HOLY NAME (INCLUDING A NEW INFUSION CENTER AND GYNECOLOGICAL SPECIALTY); INTERVENTIONAL INSTITUTE (OFFERING INNOVATIVE, NON-SURGICAL TREATMENT OPTIONS); CARDIOVASCULAR SERVICES; GEORGE P. PITKIN M.D. EMERGENCY CARE CENTER; WOMEN'S AND CHILDREN'S HEALTH SERVICES; HOSPICE AND PALLIATIVE CARE SERVICES, BOTH HOME-BASED AND RESIDENTIAL, INCLUDING VILLA MARIE CLAIRE, HNMCM'S COMPREHENSIVE HOSPICE FACILITY IN SADDLE RIVER, NJ; BREAST CENTER; AND INSTITUTE FOR SIMULATION LEARNING. OTHER OUTSTANDING SERVICES INCLUDE, BUT ARE NOT LIMITED TO: SPECIALTY SURGERY SERVICES WITH EXPERTISE IN MINIMALLY INVASIVE TECHNIQUES, INCLUDING ROBOTICS; ADVANCED RADIOLOGICAL IMAGING; REHABILITATION MEDICINE, AND SPORTS MEDICINE, ENCOMPASSING HNH FITNESS, HNMCM'S MEDICALLY-BASED FITNESS CENTER IN ORADELL, NJ; BARIATRIC MEDICINE; CENTER FOR SLEEP MEDICINE; MATERNAL-FETAL MEDICINE FOR HIGH-RISK AND COMPLICATED PREGNANCIES; RENAL DIALYSIS; THE NEW INSTITUTE FOR WOUND HEALING; CULTURALLY AND LINGUISTICALLY-SENSITIVE HEALTH PROGRAMS, SUCH AS ASIAN HEALTH SERVICES, WHICH ADDRESSES KOREAN, CHINESE, JAPANESE, FILIPINO, AND ASIAN INDIAN NEEDS, AND THE HISPANIC OUTREACH PROGRAM, FAMILIA Y SALUD; INSTITUTE FOR CLINICAL RESEARCH; MULTIPLE SCLEROSIS CENTER; AND THE HOLY NAME SCHOOL OF NURSING.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PROMOTION OF COMMUNITY HEALTH ===== HNMC PROMOTES THE HEALTH OF ITS COMMUNITIES IN A VARIETY OF WAYS. THE MAJORITY OF THE BOARD OF TRUSTEES LIVE IN BERGEN COUNTY, NEW JERSEY, WHERE HNMC IS LOCATED, WITH MOST LIVING IN THE MUNICIPALITIES OF THE MEDICAL CENTER'S DEFINED SERVICE AREA. THE TRUSTEES' UNDERSTANDING OF THE SERVICE AREA IS THUS ENHANCED, AS IS THEIR UNDERSTANDING OF THE NEED TO REINVEST FUNDS IN IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH. AS PART OF ITS CHARITABLE PURPOSE, HNMC PROVIDES A WIDE ARRAY OF SERVICES TO THE COMMUNITY, TARGETED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY. THE MAJORITY OF SUCH SERVICES ARE FREE. A SMALL SAMPLING OF SUCH ACTIVITIES IS PROVIDED BELOW. FREQUENT HEALTH FAIRS THROUGHOUT THE REGION ARE GIVEN. AT THESE FAIRS RISK ASSESSMENTS, SCREENINGS AND LITERATURE ARE PROVIDED (MANY IN SPANISH AND KOREAN, AS WELL AS ENGLISH); IMMUNIZATIONS ARE PROVIDED; ENROLLMENT ASSISTANCE FOR PERSONS WHO WISH TO OBTAIN HEALTH INSURANCE (ANY TYPE) BUT WHO HAVE HAD DIFFICULTY DUE TO LANGUAGE OR OTHER BARRIERS; NEED-BASED FREE AND/OR VERY LOW FEE TRANSPORTATION (E.G., FOR CANCER TREATMENT, DIALYSIS) IS AVAILABLE; COMMUNITY HEALTH NURSES AND MOBILE LEARNING ARE ALSO PROVIDED; STAFF FROM VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER VISIT LOCAL SCHOOLS TO PROVIDE HEALTH CLASSES; SCREENINGS, E.G., BLOOD PRESSURE, CANCER, STROKE, DIABETES, PROSTATE CANCER, BREAST CANCER, OSTEOPOROSIS, PERIPHERAL ARTERY DISEASE, SKIN CANCER, COLON CANCER, AND OTHER CLINICAL SCREENING AND EDUCATION ARE PROVIDED, TYPICALLY AS PART OF COMMUNITY PROGRAMS SPECIFIC TO THE PARTICULAR DISEASE GROUP; SENIOR CENTERS ARE SUPPORTED WITH FREE EXERCISE CLASSES, LECTURES AND SCREENINGS; SUPPORT GROUPS ARE PROVIDED, SUCH AS CANCER, PERINATAL BEREAVEMENT, ADULT BEREAVEMENT, NEW MOTHERS, DIABETES, SMOKING, AND CARDIAC DISEASE; HNMC'S ALS BIKE TEAM, ALS VEHICLES AND/OR SPECIAL OPERATIONS VEHICLES ARE PRESENT AT EVENTS OCCURRING IN MUNICIPALITIES IN HNMC'S SERVICE AREA WITHOUT CHARGE; COURSES (PROVIDED EITHER FREE OR FOR A LOW FEE) ARE PROVIDED THROUGHOUT THE YEAR. EXAMPLES INCLUDE: CPR CERTIFICATION, DEFENSIVE DRIVING, GENERAL AND SPECIALTY (E.G., OSTEOPOROSIS) EXERCISE, BREASTFEEDING PREPARATION, STRESS MANAGEMENT, DIABETES SELF-MANAGEMENT, BABY CARE BASICS, WEIGHT MANAGEMENT, AND PARENTING; CLASSES TO PROMOTE BETTER HEALTH ARE ABUNDANT: YOGA, WEIGHT REDUCTION, PILATES, STRENGTH AND BALANCE; OSTEOPOROSIS, PROPER HAND-WASHING, QI GONG AND TAI CHI, COOKING FOR CARDIAC PATIENTS; LECTURES, OFTEN INVOLVING HNMC'S MEDICAL STAFF AS PRESENTERS, ARE PROVIDED, THE MAJORITY OF WHICH ARE FREE. MEN'S HEALTH, WOMEN'S HEALTH, A MID-LIFE AND MENO PAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES, DEPRESSION, ASTHMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL WELLNESS, CARDIAC ISSUES, ALZHEIMERS, JOINT REPLACEMENT, SLEEP APNEA, CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND WELL-BEING ARE AMONG THE TOPICS P</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>RESERVED; HNMC'S WEBSITE (WWW.HOLYNAME.ORG) PROVIDES A WEALTH OF FREE CONSUMER HEALTH INFORMATION. THE SITE INCLUDES AN ON-LINE MEDICAL LIBRARY HOUSING INFORMATION ON DISEASES AND CONDITIONS, SURGERIES AND PROCEDURES, VITAMINS AND SUPPLEMENTS, NUTRITION, WELLNESS, AND A DRUG REFERENCE. ON-LINE RISK ASSESSMENTS AND QUIZZES ARE ALSO AVAILABLE, AS IS THE ABILITY TO SET UP A PERSONAL HEALTH PAGE. A KOREAN LANGUAGE VERSION IS ALSO AVAILABLE (WWW.KHOLYNAME.ORG). AN INTERACTIVE BODY GUIDE ("SYMPTOM CHECKER") ALLOWS THE USER TO RESEARCH HEALTH INFORMATION ABOUT THE SYMPTOMS THE USER IS EXPERIENCING; BLOOD DRIVES ARE HOSTED REGULARLY AT HNMC. EACH YEAR THE MEDICAL CENTER CONTRIBUTES TO AIRFARE, SUPPLIES AND OTHER SUPPORT FOR HNMC NURSES AND DOCTORS TO TRAVEL TO THIRD WORLD COUNTRIES (E.G., HAITI) TO PROVIDE MEDICAL CARE, INCLUDING SURGERY, TO PERSONS WHO OTHERWISE WOULD NEVER RECEIVE ADEQUATE TREATMENT DUE TO POVERTY AND LACK OF ACCESS. HNMC SUPPORTS THE BERGEN VOLUNTEER MEDICAL INITIATIVE ("BVMI"), WHICH PROVIDES FREE CARE TO PERSONS IN NEED AND OTHER SIMILAR PROGRAMS. HOLYNAME ALSO PARTICIPATES IN THE WOMEN, INFANTS AND CHILDREN ("WIC") AND HEALTH START PROGRAMS, PROVIDING NUTRITIONAL AND SOCIAL SERVICES, ANCILLARY SERVICES AND OTHER PROGRAMS TO PARTICIPANTS. INEXPENSIVE MEDICALLY SUPERVISED DAY CARE FOR ILL CHILDREN IS AVAILABLE ON CAMPUS TO WORKING PARENTS IN THE COMMUNITY AFFORDING THEM THE ABILITY TO WORK EVEN WHEN A CHILD IS SICK. SENIOR OR DISABLED PERSONS REQUIRING MEDICAL DAY CARE ARE TRANSPORTED FREE OF CHARGE TO HNMC'S ADULT DAY CARE PROGRAM, REDUCING THE BURDEN ON FAMILY CARETAKERS. HNMC'S EMERGENCY DEPARTMENT ("ED") IS OPEN 24 HOURS A DAY, EVERY DAY OF THE YEAR. ALTHOUGH THE ED GENERALLY IS ABLE TO COVER ITS COSTS, IT PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE AND IS A WELL-USED RESOURCE FOR MANY WITHOUT INSURANCE WHO RELY ON IT FOR CARE. OTHER SERVICES, SUCH AS CLINICS, DO NOT COVER THEIR COSTS, AND HNMC ABSORBS THE ADDITIONAL EXPENSE. LANGUAGE INTERPRETATION IS AVAILABLE FOR APPROXIMATELY 220 LANGUAGES AT THE MEDICAL CENTER THROUGH USE OF A COMMERCIAL SERVICE THAT PROVIDES A LIVE TRANSLATOR 24/7, FREE OF CHARGE TO THE PATIENT AND FAMILY. HNMC HOSTS A PROGRAM ("PROJECT SEARCH") IN WHICH PERSONS AGED 18-22 WITH DISABILITIES WHO MIGHT OTHERWISE BE UNABLE TO OBTAIN EMPLOYMENT ARE TAUGHT MARKETABLE SKILLS VIA MENTORED ROTATIONS IN MANY OF THE MEDICAL CENTERS DEPARTMENTS. A TEACHER IS PROVIDED BY BERGEN COUNTY. OTHERWISE, HNMC PROVIDES A DEDICATED CLASSROOM AND STAFF FROM SEPTEMBER THROUGH JUNE, OFFERING THREE ELEVEN-WEEK SUPERVISED ROTATIONS FOR EACH STUDENT. THIS VERY SUCCESSFUL PROGRAM HAS PROVIDED THESE STUDENTS WITH THE ABILITY TO SEEK JOBS, AND THE MEDICAL CENTER HAS ALSO HIRED SOME OF THE STUDENTS UPON COMPLETION. THE MEDICAL CENTER ABSORBS ALL COSTS WITHOUT REIMBURSEMENT. HNMC HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA. HNMC HAS INTENTIONALLY SOUGHT OUT PHYSICIANS FLUENT IN SPANISH.</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>SH AND WHO CARE FOR HISPANIC POPULATIONS, AND PROVIDES FREE TRANSPORTATION FOR SUCH POPULATIONS (AS WELL AS OTHERS) UNABLE TO ACCESS CARE ON THEIR OWN. HNMC HAS ALSO ADDED MANY KOREAN PHYSICIANS TO ITS MEDICAL STAFF AND PROVIDES A KOREAN CLINIC WEEKLY, WITH KOREAN SPEAKING PHYSICIANS (AND NURSES), AS THE ASIAN COMMUNITY IS ONE OF THE FASTEST GROWING SECTORS IN THE COUNTY. RECENT ADDITIONS OF STAFF TO SUPPORT THE EXPANDED CHINESE, JAPANESE, FILIPINO, ASIAN AND INDIAN POPULATIONS ADDRESS NEEDS SPECIFIC TO THESE GROUPS. CARE IS PROVIDED IN A CULTURALLY SENSITIVE MANNER. THE INSTITUTE FOR CLINICAL RESEARCH AT HNMC PROVIDES EXPERIMENTAL INVESTIGATORS, FACILITIES, AND SERVICES FOR SPONSORING AGENCIES THAT SEEK TO ADVANCE PATIENT CARE THROUGH SUPERIOR CLINICAL RESEARCH. THE INSTITUTE IS DEDICATED TO CONDUCTING EXPEDITIOUS, HIGH-QUALITY CLINICAL TRIALS TO TEST NEW MEDICATIONS, DEVICES, DIAGNOSTIC MODALITIES AND TREATMENT PROTOCOLS. AS A DYNAMIC HEALTH CARE INSTITUTION THAT HAS RECEIVED MANY HONORS OF DISTINCTION FOR ITS CLINICAL EXCELLENCE AND COMPASSIONATE PATIENT CARE, HNMC IS WELL-SUITED TO PARTICIPATE IN THE QUEST FOR SCIENTIFIC BREAKTHROUGHS. HNMC'S STATE-OF-THE-ART FACILITIES MATCH THE HIGHEST STANDARDS FOR CARRYING OUT TODAY'S MOST PROMISING CLINICAL RESEARCH. THE INSTITUTE PROVIDES SPONSORS WITH RESEARCH SUPPORT THROUGHOUT ALL THE STAGES OF THEIR CLINICAL TRIALS. SINCE ITS INCEPTION, HNMC HAS BEEN ACTIVELY INVOLVED IN HEALTH PROFESSIONS EDUCATION, TRAINING, EDUCATING AND MENTORING HEALTHCARE PROFESSIONALS. THE HOLY NAME SCHOOL OF NURSING WAS FOUNDED IN 1925, WITH A DEDICATION TO FOSTERING THE WELL-BEING AND DIGNITY OF ALL INDIVIDUALS, SICK OR WELL. THE REGISTERED NURSE ("RN") PROGRAM IS A HIGHLY COMPETITIVE REGISTERED NURSE DIPLOMA PROGRAM, AND IS ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION. IN 1972 THE SCHOOL EXPANDED TO INCLUDE A PRACTICAL NURSE ("LPN") PROGRAM AS WELL, WHICH IS A 12-MONTH PRACTICAL NURSE DIPLOMA PROGRAM ALSO ACCREDITED WITH THE NEW JERSEY BOARD OF NURSING. BOTH PROGRAMS CONTINUE TO SUPPLY THE REGION WITH HIGHLY SKILLED NURSES OF MANY ETHNICITIES AND AGE GROUPS. THE REGISTERED NURSE PROGRAM HAS A COLLABORATIVE AGREEMENT WITH SAINT PETERS UNIVERSITY TO PROVIDE STUDENTS IN THE PROGRAM THE OPTION OF TAKING COLLEGE CREDITS, IN ADDITION TO THE BASIC CURRICULUM, TO EARN AN ASSOCIATE OF APPLIED SCIENCE (AAS) DEGREE IN HEALTH SCIENCES FROM SAINT PETER'S UNIVERSITY. HNMC ALSO SUPPORTS ITS COMMUNITY THROUGH THE USE OF THE MEDICAL CENTER'S FACILITY AND/OR EMPLOYEES TO SUPPORT EFFORTS THAT: PROMOTE THE POSITIVE GROWTH OF THE COMMUNITY; ASSIST DIVERSE GROUPS IN COMING TOGETHER FOR THE COMMUNITY'S SHORT AND LONG TERM BENEFIT; AND SEEK TO PROTECT THE COMMUNITY FROM ANYTHING THAT COULD SIGNIFICANTLY AFFECT THE HEALTH AND WELL-BEING OF THE COMMUNITY.</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>HNMC ALSO ASSISTS OTHER NON-PROFITS AND PROVIDES VARIOUS FORMS OF NON-MONETARY AID AS WELL. IN ADDITION, EMPLOYEES ARE PERMITTED TO ASSIST VALID NON-PROFIT ORGANIZATIONS DURING PAID WORK TIME. AMONG THE ORGANIZATIONS SO AIDED ARE NURSING HOMES, BOY SCOUTS, HOUSES OF WORSHIP, COMMUNITY SERVICE GROUPS, BATTERED WOMEN'S SHELTERS, ROTARY CLUBS, POLICE GROUPS, ENVIRONMENTAL GROUPS, SCHOOLS, AND NURSING HOMES. HNMC ALSO ALLOWS THE PUBLIC TO USE VARIOUS MEETING ROOMS (IN NON-CLINICAL AREAS) AND ITS CONFERENCE CENTER FOR EVENTS. CAREER DAYS ARE HELD FOR LOCAL HIGH SCHOOLS, FOSTERING ENTRANCE OF INTERESTED AND APPLICABLE STUDENTS INTO THE HEALTH PROFESSIONS. ALTHOUGH HNMC'S PARKING FEES ARE MINIMAL, FREE PARKING IS EXTENDED TO PERSONS IN NEED. SINCE 2012, THE MEDICAL CENTER HAS PROVIDED ASSISTANCE TO A HOSPITAL IN THE EARTHQUAKE-RAVAGED COUNTRY OF HAITI THROUGH CASH SUPPORT, PROVISION OF EQUIPMENT AND PERSONNEL WORKING TO REBUILD THE HOSPITAL'S OPERATIONS, AND THROUGH TRAINING HEALTH PROVIDERS WORKING AT THE HOSPITAL. AFFILIATIONS AND ACADEMIC RELATIONSHIPS ===== THE HNMC COMMUNITY ENJOYS ACADEMIC RELATIONSHIPS THAT PROVIDE AN EDUCATIONAL ENVIRONMENT FOR STUDENTS FROM A VARIETY OF HEALTHCARE PROFESSIONS: IN JULY 2010, HNMC BEGAN ACCEPTING THIRD AND FOURTH YEAR STUDENTS FROM THE Touro College of Osteopathic Medicine (New York, NY), TO COMPLETE CLINICAL ROTATIONS IN FULFILLMENT OF THEIR CURRICULUM. AFFILIATION AGREEMENTS ARE MAINTAINED WITH BERGEN COMMUNITY COLLEGE (PARAMUS, NJ) FOR NURSING STUDENTS, AND FOR RADIOLOGY, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS. TRAINEES FROM RUTGERS UNIVERSITY (NEW BRUNSWICK, NJ) ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS WHO ARE COMPLETING ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION. THE TRAINEES ARE SUPERVISED BY A CLINICAL CARE COORDINATOR FROM THE UNIVERSITY. STUDENTS FROM OTHER PROGRAMS MAY BE ACCEPTED AS WELL. ONE COMMUNITY HEALTH STUDENT ROTATES THROUGH HNMC AS WELL. THE MEDICAL CENTER MAINTAINS A COLLABORATIVE AGREEMENT WITH ST. PETER'S UNIVERSITY (JERSEY CITY, NJ) TO PROVIDE THE OPTION FOR HOLY NAME SCHOOL OF NURSING STUDENTS TO TAKE ADDITIONAL COLLEGE CREDITS TO EARN AN ASSOCIATES OF APPLIED SCIENCE ("AAS") DEGREE IN HEALTH SCIENCES. THE AAS COMPLEMENTS THE DIPLOMA AWARDED FROM THE HOLY NAME SCHOOL OF NURSING. EMPLOYEES OF HNMC ARE ALSO ABLE TO CONTINUE THEIR STUDIES BY PURSUING BACHELOR'S (BSN), MASTER'S, AND ADVANCED PRACTICE NURSING DEGREES AT ST. PETER'S UNIVERSITY. IN THIS PROCESS, STUDENT EMPLOYEES WORK WITH VARIOUS ADMINISTRATIVE LEADERS WITHIN HNMC TO COMPLETE CLINICAL ROTATIONS. UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM FAIRLEIGH DICKINSON UNIVERSITY ("FDU") COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION. IN ADDITION, THE MEDICAL CENTER HOSTS, AT NO CHARGE, CLASSES PROVIDED BY FDU FOR BOTH NURSES AND ADULT LEARNERS. HNMC HAS A NUMBER OF OTHER ACADEMIC RE</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>RELATIONSHIPS THROUGH WHICH IT SERVES AS AN EDUCATIONAL ENVIRONMENT FOR STUDENTS. AFFILIATION AGREEMENTS ARE MAINTAINED WITH SEVERAL COLLEGES AND UNIVERSITIES FOR NURSING STUDENTS, AND FOR RADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, RESPIRATORY, AND SURGICAL TECHNICIANS. TRAINEES FROM A UNIVERSITY WHO ARE PREDOMINANTLY DOCTOR OF PHARMACY STUDENTS COMPLETE ROTATIONS IN ACUTE CRITICAL CARE, INFECTIOUS DISEASE, ONCOLOGY, NEPHROLOGY, AND ADMINISTRATION. COMMUNITY HEALTH STUDENTS ROTATE THROUGH THE MEDICAL CENTER AS WELL. PHYSICAL AND/OR OCCUPATIONAL THERAPY STUDENTS FROM WITH TEN COLLEGES IN NEW JERSEY AND OTHER STATES COMPLETE CLINICAL ROTATIONS AT THE MEDICAL CENTER; HNMC EMPLOYEES SERVE AS SUPERVISORS AND CLINICAL INSTRUCTORS FOR THESE STUDENTS. UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM YET ANOTHER UNIVERSITY COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION. IN ALL CASES, INSTRUCTION AND OVERSIGHT ARE PROVIDED BY HNMC STAFF. DURING CERTAIN YEARS STUDENTS FROM A PREPARATORY SCHOOL COMPLETE INTERNSHIPS AT THE MEDICAL CENTER IN VARIOUS DEPARTMENTS. TYPICALLY, SUCH STUDENTS ARE CONSIDERED DISADVANTAGED FROM A SOCIOECONOMIC STANDPOINT AND BENEFIT FROM THE COACHING RECEIVED FROM MEMBERS OF THE SENIOR ADMINISTRATIVE STAFF. THE STUDENTS SPEND ONE FULL DAY EACH WEEK AT HOLY NAME OVER THE COURSE OF A SEMESTER. EMERGENCY PREPAREDNESS ===== HNMC WAS ONE OF NINE HOSPITALS IN NEW JERSEY DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("NJDOH") AS A REGIONAL MEDICAL COORDINATION CENTER ("MCC"). THE ONLY FACILITY IN BERGEN COUNTY TO BE SO DESIGNATED, HNMC'S ON-CAMPUS MCC'S PURPOSE WAS ABLE TO BE ACTIVATED IN THE EVENT OF PUBLIC HEALTH EMERGENCIES AND/OR A TERRORIST ATTACK CAUSING MASS CASUALTY INCIDENTS, INFECTIOUS OR COMMUNICABLE DISEASE, OR OTHER TYPES OF PUBLIC HEALTH DISRUPTION. THE MCC ALSO MONITORED, ON A DAILY BASIS, SITUATIONAL AWARENESS OF LOCAL ACTIVITY. IN 2014, THE NJDOH LOST MUCH OF ITS FEDERAL FUNDING FOR THE STATEWIDE PROGRAM, CUTTING IN HALF THE NUMBER OF MCC'S IT COULD SUPPORT. HNMC CHOSE NOT TO APPLY TO RENEW ITS DESIGNATION BUT HAS MAINTAINED MOST OF ITS CAPABILITIES ON ITS OWN. GIVEN HNMC'S PROXIMITY TO NEW YORK CITY (I.E., FIVE MILES NORTH OF THE GEORGE WASHINGTON BRIDGE), EMERGENCY PREPAREDNESS IS DEEMED NECESSARY TO ENSURE THE HEALTH AND WELL-BEING OF THE COMMUNITY, REGARDLESS OF THE MCC DESIGNATION. HNMC HAS LONG BEEN RECOGNIZED BY STATE AND FEDERAL SECTORS FOR ITS EXPERTISE IN EMERGENCY PREPAREDNESS AND RESPONSE. HNMC HAS PARTICIPATED IN SEVERAL LARGE SCALE DISASTER DRILLS, AS WELL AS DRILLS CONDUCTED BY THE CENTERS FOR DISEASE CONTROL INVOLVING LOCAL, COUNTY, STATE, AND FEDERAL AGENCIES' EMERGENCY RESPONSE TO THREATS OF PUBLIC HEALTH SIGNIFICANCE. HNMC MAINTAINS ITS DESIGNATION BY THE FEDERAL DIVISION OF GLOBAL MIGRATION AND QUARANTINE TO DEAL WITH POSSIBLE COMMUNICABLE DISEASES AND ACTS OF BIOTERRORISM OCCURRING ON PUBLIC HEALTH CONVEYANCES. HNMC IS ALSO ACTIVE IN THE</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>NORTHERN NEW JERSEY URBAN AREA SECURITY INITIATIVE. MEMBERS OF HOLY NAME EMS SERVE ON THE STATEWIDE NJ EMS TASK FORCE. THE MEDICAL CENTER MAINTAINS A SPECIAL OPERATIONS TEAM COMPRI SED OF PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DA Y, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES. RECOGNITION ===== HN MC IS RECOGNIZED FOR ITS CLINICAL SKILL, QUALITY OUTCOMES AND HIGH RATE OF PATIENT SATISFA CTION BY MULTIPLE NATIONAL ACCREDITATION AGENCIES AND BENCHMARKING ORGANIZATIONS. HNMC HOL DS MAGNET STATUS FOR OUTSTANDING NURSING CARE FROM THE AMERICAN NURSES CREDENTIALING CENTE R ("ANCC"). THE MAGNET RECOGNITION PROGRAM WAS DEVELOPED BY THE ANCC TO RECOGNIZE HEALTHCA RE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE, AND TO PROVIDE A VEHICLE FOR DISSEMINATI NG SUCCESSFUL NURSING PRACTICES AND STRATEGIES. ONLY EIGHT PERCENT (8%) OF HOSPITALS NATIO NWIDE ARE MAGNET RECOGNIZED HOSPITALS. ACCREDITED BY THE JOINT COMMISSION ("TJC") HNMC HAS ALSO RECEIVED TJCS GOLD SEAL OF APPROVAL FOR HEALTHCARE QUALITY AND SAFETY FOR EACH OF HI P REPLACEMENT AND KNEE REPLACEMENT. HNMC IS ALSO CERTIFIED BY TJC AS A PRIMARY STROKE CENT ER. HOLY NAME IS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION AS A GOLD-PLUS, HONOR ROLL ELITE, PRIMARY STROKE CENTER AS PART OF THE "GET WITH THE GUIDE LINES" PROGRAM, AND IS A BARIATRIC SURGERY CENTER OF EXCELLENCE, DESIGNATED AND ACCREDITED BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY ("MBSQIP"). HNMC IS DESIGNATE D AS A CENTER OF EXCELLENCE BY AAGL (AMERICAN ASSOCIATION OF GYNECOLOGIC LAPAROSCOPISTS) F OR ITS MINIMALLY INVASIVE GYNECOLOGY SERVICE; BY SRC (SURGICAL REVIEW CORPORATION) FOR ITS ROBOTIC SURGERY PROGRAM; AND BY THE AMERICAN COLLEGE OF RADIOLOGY FOR BREAST IMAGING. HNM C HOLDS THE WOMENS CHOICE AWARDS FOR EACH OF "AMERICAS BEST HOSPITALS FOR CANCER CARE,""AME RICANS BEST HOSPITALS FOR BARIATRIC SURGERY." HNMC HAS BEEN PRAISED REPEATEDLY AS AN EXEMP LARY WORKPLACE BY NJBIZ (THE LEADING WEEKLY BUSINESS PUBLICATION IN NEW JERSEY), WHICH CIT ES HNMC AS A TOP BUSINESS (ALL INDUSTRIES) IN ITS 50 BEST PLACES TO WORK IN NEW JERSEY PRO GRAM, A DESIGNATION EARNED BY HNMC, AND BY NO OTHER HOSPITAL, FOR 14 YEARS IN A ROW.</p>

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

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	PEACE MINISTRIES, INC. IS THE SOLE MEMBER OF THIS ORGANIZATION. PEACE MINISTRIES, INC. 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF ALL HOLY NAME MEDICAL CENTER VICE PRESIDENTS AND ABOVE (" SENIOR MANAGEMENT PERSONNEL"). THIS INCLUDES BUT IS NOT LIMITED TO, THE OFFICERS AND KEY EMPLOYEES INCLUDED IN CORE FORM, PART VII OF THIS FEDERAL FORM 990. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THESE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. 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 COMPOSED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS WITHIN THE ORGANIZATION ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	TH 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 HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW. THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	MICHAEL SKVARENINA, A FORMER KEY EMPLOYEE OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN THE SYSTEM AS THE VICE PRESIDENT OF INFORMATION TECHNOLOGY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	MICHAEL MARON IS AN OFFICER OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION. MR. MARON IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES FORM W-2. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH HOLY NAME MEDICAL CENTER (EIN: 22-1487322). HOLY NAME MEDICAL CENTER FILED A 2019 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. MARON'S COMPENSATION IN EXCESS OF \$1M.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CERTAIN INDIVIDUALS WERE REPORTED AS KEY EMPLOYEES ON THE ORGANIZATION'S 2018 FORM 990, CORE FORM, PART VII AND SCHEDULE J, PART II. UPON A REVIEW OF THEIR RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THESE INDIVIDUALS DO NOT SATISFY THE CRITERIA TO BE KEY EMPLOYEES UNDER FORM 990 RULES, REGULATIONS AND INSTRUCTIONS; STATE OF NEW JERSEY LAW; OR THE ORGANIZATION'S BYLAWS. ACCORDINGLY, THESE INDIVIDUALS HAVE NOT BEEN INCLUDED ON THE CURRENT YEAR FORM 990. THE APPLICABLE EMPLOYEES ARE STILL EMPLOYED BY THE ORGANIZATION AND THEREFORE ARE NOT DISCLOSED AS FORMER KEY EMPLOYEES. PLEASE NOTE THAT THE ORGANIZATION DID NOT AMEND ITS PRIOR YEAR FORM 990 WITH RESPECT TO THE RECLASSIFICATION OUTLINED ABOVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS INCLUDED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON 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 THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE: - CHANGE IN NET INTEREST OF HOLY NAME HEALTH CARE FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$2,034,680); - TRANSFER OF BUILDING FROM SISTERS OF SAINT JOSEPH OF PEACE HEALTH CARE SYSTEM CORPORATION - \$665,000; AND - CHANGE IN BENEFICIAL INTEREST IN HOLY NAME HEALTH CARE FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$106,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES, FOR THE YEARS ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR. THE ORGANIZATIONS 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 3A	THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT CPA FIRM TO PREPARE AND ISSUE AN AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HOLY NAME MEDICAL CENTER

Employer identification number

22-1487322

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HNH FITNESS LLC 718 TEANECK ROAD TEANECK, NJ 07666 59-3836367	WELLNESS	NJ	1,139,098	4,557,973	HNMC
(2) HOLY NAME MEDICAL CENTER ACO LLC 718 TEANECK ROAD TEANECK, NJ 07666 81-0906043	HEALTHCARE	NJ	371,980	928,244	HNMC
(3) HARMONY HEALTH ALLIANCE LLC 718 TEANECK ROAD TEANECK, NJ 07666 82-1374662	HEALTHCARE	NJ	14,410	14,620	HNMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOLY NAME HEALTH CARE FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666 22-2737143	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(2) HOLY NAME REAL ESTATE CORP 718 TEANECK ROAD TEANECK, NJ 07666 22-3412504	PROPERTY CO	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(3) MS COMPREHENSIVE CARE CENTER 718 TEANECK ROAD TEANECK, NJ 07666 22-2402959	HEALTHCARE	NJ	501(C)(3)	509(A)(2)	HNMC	Yes	
(4) HOLY NAME EMS INC 718 TEANECK ROAD TEANECK, NJ 07666 27-0294681	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HNMC	Yes	
(5) THE CRUEM FOUNDATION INC 718 TEANECK ROAD TEANECK, NJ 07666 43-1660199	FUNDRAISING	MO	501(C)(3)	509(A)(1)	HNHC FDN		No
(6) PEACE MINISTRIES INC 399 HUDSON TERRACE ENGLEWOOD CLIFFS, NJ 07632 46-5202238	RELIGIOUS ORD	NJ	501(C)(3)	509(A)(1)	NA		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	

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.

See Additional Data Table

(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

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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	THIS ORGANIZATION IS A MEMBER OF HOLY NAME MEDICAL CENTER, INC. AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE SYSTEM'S ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HEALTH PARTNER SERVICES INC 718 TEANECK ROAD TEANECK, NJ 07666 22-3618636	MGMT SERVICES	NJ	HNMC	C CORP.	2,134,326	473,933	100.000 %	Yes	
PEACE HEALTH PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 22-3618634	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HOUSE PHYSICIAN PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 22-3808427	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HEMATOLOGY ONCOLOGY PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 22-3808421	HEALTHCARE SVCS	NJ	NA	C CORP.					No
RIVERSIDE FAMILY PRACTICE PC 718 TEANECK ROAD TEANECK, NJ 07666 20-0446233	HEALTHCARE SVCS	NJ	NA	C CORP.					No
RADIATION ONCOLOGY PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 20-1104758	HEALTHCARE SVCS	NJ	NA	C CORP.					No
EXCELCARE MEDICAL ASSOCIATES PA 718 TEANECK ROAD TEANECK, NJ 07666 20-3130405	HEALTHCARE SVCS	NJ	NA	C CORP.					No
BREAST IMAGING PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 75-3226059	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HOLY NAME CARDIOLOGY ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 75-3226063	HEALTHCARE SVCS	NJ	NA	C CORP.					No
BREAST CARE PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 11-3787403	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HOLY NAME PULMONARY ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 83-0511119	HEALTHCARE SVCS	NJ	NA	C CORP.					No
WOMEN'S CLINIC PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 36-4635222	HEALTHCARE SVCS	NJ	NA	C CORP.					No
MULKAY CARDIOLOGY CONSULTANTS AT HNMC 718 TEANECK ROAD TEANECK, NJ 07666 46-3392343	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HN PRIMARY CARE & SPECIALTY ASSOC PC 718 TEANECK ROAD TEANECK, NJ 07666 46-3825486	HEALTHCARE SVCS	NJ	NA	C CORP.					No
PRIMARY CARE OF ORADELL 718 TEANECK ROAD TEANECK, NJ 07666 47-4651750	HEALTHCARE SVCS	NJ	NA	C CORP.					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HOLY NAME MEDICAL ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 47-4693593	HEALTHCARE SVCS	NJ	NA	C CORP.					No
NORTH JERSEY MEDICAL ASSOCIATES PC 718 TEANECK ROAD TEANECK, NJ 07666 47-4680926	HEALTHCARE SVCS	NJ	NA	C CORP.					No
NORTH JERSEY MEDICAL PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 47-4669357	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HOLY NAME PHYSICIAN PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 47-4715360	HEALTHCARE SVCS	NJ	NA	C CORP.					No
HOLY NAME ANESTHESIA PARTNERS PC 718 TEANECK ROAD TEANECK, NJ 07666 84-2398656	HEALTHCARE SVCS	NJ	NA	C CORP.					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTH PARTNER SERVICES INC	R	6,413,000	COST
MS COMPREHENSIVE CARE CENTER	D	856,838	COST
HOLY NAME REAL ESTATE CORPORATION	E	668,128	COST
HOLY NAME EMS	D	893,761	COST
HOLY NAME HEALTH CARE FOUNDATION INC	D	1,835,014	COST
HOLY NAME HEALTH CARE FOUNDATION INC	C	1,750,610	COST
HOLY NAME REAL ESTATE CORPORATION	O	153,468	COST