
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2024

PUBLIC DISCLOSURE COPY

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: HOLY NAME MEDICAL CENTER, INC. D Employer identification number: 22-1487322 E Telephone number: (201) 833-7016 G Gross receipts \$: 597,098,782. F Name and address of principal officer: MICHAEL MARON, 718 TEANECK ROAD, TEANECK, NJ 07666 H(a) Is this a group return for subsidiaries? Yes No H(b) Are all subsidiaries included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.HOLYNAME.ORG H(c) Group exemption number 0928 K Form of organization: X Corporation Trust Association Other L Year of formation: 1958 M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 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... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: SCOTT J MARIANI, Preparer's signature, Date, Check self-employed, PTIN: P00642486, Firm's name: WITHUMSMITH+BROWN, PC, Firm's EIN: 22-2027092, Firm's address: 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070, Phone no.: 973-898-9494

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **X** 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 **X** 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 \$ 250,245,285. including grants of \$ NONE) (Revenue \$ 341,252,196.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 204,058,536. including grants of \$ NONE) (Revenue \$ 176,630,067.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 24,360,648. including grants of \$ NONE) (Revenue \$ 42,327,854.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 42,226,977. including grants of \$ 2,192,511.) (Revenue \$ 12,328,688.)

4e Total program service expenses 520,891,446.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,229		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	X	
b	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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.
SANTO GENCARELLI, CPA 718 TEANECK ROAD TEANECK, NJ 07666

JSA (201)833-3318

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) MICHAEL MARON TRUSTEE - PRESIDENT & CEO	55.00 NONE	X		X				2,394,978.	NONE	58,230.
(2) VASANTHA K. KONDAMUDI EVP, CHIEF MEDICAL OFFICER	55.00 NONE				X			990,620.	NONE	86,105.
(3) SAIKRISHNAN KANDAMANGALAM EVP, CHIEF INFORMATION OFFICER	55.00 NONE				X			815,929.	NONE	208,223.
(4) JONATHAN H. LEE MEDICAL DIRECTOR, ONCOLOGY	55.00 NONE					X		897,971.	NONE	47,043.
(5) RYAN KENNEDY, CPA EVP/CFO (TERM 8/31/24)	55.00 NONE			X				604,106.	NONE	68,876.
(6) STEVEN L. MOSSER EVP, OPERATIONS	55.00 NONE				X			548,014.	NONE	62,292.
(7) MICHELE ACITO, DNP, RN, NE-BC EVP, CHIEF NURSING OFFICER	55.00 NONE				X			572,799.	NONE	35,618.
(8) RAJASEKAR PALANISAMY VP, HEAD OF SOFTWARE DEV	55.00 NONE					X		550,668.	NONE	56,684.
(9) DENNIS W. SPARKS VP, HUMAN RESOURCES, CHRO	55.00 NONE					X		538,669.	NONE	63,259.
(10) RON WHITE, M.D. DIRECTOR, RISK (TERM 9/08/24)	55.00 NONE					X		516,691.	NONE	39,830.
(11) NANCY PALAMARA VP, DIAGNOSTICS	55.00 NONE					X		495,631.	NONE	43,877.
(12) MICHAEL SKVARENINA FORMER KEY EMPLOYEE	55.00 NONE						X	285,118.	NONE	42,532.
(13) SANTO GENCCARELLI, CPA VP, FINANCE	55.00 NONE			X				275,098.	NONE	51,774.
(14) RANDY TARTACOFF, M.D. TRUSTEE - PRESIDENT MED STAFF	55.00 NONE	X						303,456.	NONE	21,600.

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

(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			
(15) MAUREEN C. DONOHUE TRUSTEE	1.00 55.00	X						NONE	205,750.	39,026.
(16) SEAN O'ROURKE FORMER KEY EMPLOYEE	NONE NONE						X	241,265.	NONE	1,716.
(17) DAVID BUTLER, M.D. TRUSTEE	55.00 NONE	X						NONE	197,147.	25,430.
(18) FERNANDO GARIP CHAIRPERSON - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(19) JAMES DOWLING VICE CHAIRPERSON - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(20) JOHN M. GERAGHTY SECRETARY - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(21) TED A. CARNEVALE, CPA TREASURER - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(22) ANGELICA BERRIE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(23) STEPHEN BORG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(24) DALE A. CREAMER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(25) MICHAEL R. DRESSLER, ESQ. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								10,031,013.	402,897.	952,115.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								10,031,013.	402,897.	952,115.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 678

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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

(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			
(26) SISTER SUSAN FRANCOIS TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(27) JOSEPH A. FRASCINO, M.D. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(28) ALEXANDRA GARCIA-WATTS TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(29) DANIEL LEBER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(30) MARGARETTE LEE, ESQ. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(31) SELWYN LEVINE, M.D. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(32) SISTER ANTOINETTE MOORE, CSJP TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 49

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	145,800.				
	c	Fundraising events	1c					
	d	Related organizations	1d	3,443,324.				
	e	Government grants (contributions) . .	1e	7,718,089.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,536,560.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		14,843,773.				
	Program Service Revenue				Business Code			
2a		NET PATIENT SERVICE REVENUE		622110	562,872,185.	562,872,185.		
b		OTHER HEALTHCARE RELATED REVENUE		622110	8,442,390.	8,182,306.	260,084.	
c		SCHOOL OF NURSING		611310	1,484,314.	1,484,314.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			572,798,889.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			3,326,774.		3,326,774.	
	4	Income from investment of tax-exempt bond proceeds . . .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					1,258,877.			
	b	Less: rental expenses	6b		631,279.			
	c	Rental income or (loss)	6c		627,598.	NONE		
	d	Net rental income or (loss)			627,598.		627,598.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					1,291,195.	41,562.		
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c		1,291,195.	41,562.		
	d	Net gain or (loss)			1,332,757.		1,332,757.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			NONE			
			b	Less: direct expenses	8b		NONE	
			c	Net income or (loss) from fundraising events			NONE	
9a	Gross income from gaming activities. See Part IV, line 19	9a			NONE			
			b	Less: direct expenses	9b		NONE	
			c	Net income or (loss) from gaming activities			NONE	
10a	Gross sales of inventory, less returns and allowances	10a			NONE			
			b	Less: cost of goods sold	10b		NONE	
			c	Net income or (loss) from sales of inventory			NONE	
Miscellaneous Revenue				Business Code				
	11a	CAFETERIA		900099	2,553,974.		2,553,974.	
	b	DAY CARE		624410	983,738.		983,738.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			3,537,712.			
12	Total revenue. See instructions				596,467,503.	572,538,805.	260,084.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Accounts receivable, Investments, and Total assets/liabilities. Includes sub-rows 10a, 10b, 10c for land and depreciation.

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	596,467,503.
2	Total expenses (must equal Part IX, column (A), line 25)	2	597,781,453.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,313,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	301,180,729.
5	Net unrealized gains (losses) on investments	5	2,330,530.
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 on Schedule O)	9	1,526,495.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	303,723,804.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

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

**SCHEDULE A
(Form 990)**

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

2024

**Open to Public
Inspection**

Name of the organization HOLY NAME MEDICAL CENTER, INC.	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).)
- 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 **section 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2024

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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); 13 First 5 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) and Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) and Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. 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.

19b 33 1/3% support tests - 2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2024

Department of the Treasury
Internal Revenue Service

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.

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization HOLY NAME MEDICAL CENTER, INC.	Employer identification number (EIN) 22-1487322
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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 EINs 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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
IF the amount on line 1e, column (a) or (b), is: THEN the lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.	
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	
over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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."

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

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.

SEE PAGE 4

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 11

HOLY NAME MEDICAL CENTER, INC. ENGAGES IN LOBBYING EFFORTS ON A FEDERAL AND STATE LEVEL. DURING 2024, 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 2024, THIS ALLOCATION AMOUNTED TO \$64,513.

IN ADDITION, HOLY NAME MEDICAL CENTER, INC. 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 \$31,917 DURING 2024.

Supplemental Financial Statements

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization: HOLY NAME MEDICAL CENTER, INC. 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several Yes/No questions regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and treasures and associated revenue/asset amounts.

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 make 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 program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	17,432,714.	17,779,629.	20,557,811.	18,870,612.	17,265,260.
b Contributions	4,644,018.	6,679,834.	3,209,519.	6,923,917.	1,746,802.
c Net investment earnings, gains, and losses	610,384.	1,248,622.	-1,619,499.	556,895.	1,090,762.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,705,410.	8,275,371.	4,368,202.	5,793,612.	1,232,212.
f Administrative expenses					
g End of year balance	17,981,706.	17,432,714.	17,779,629.	20,557,812.	18,870,612.

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 Term endowment 100.0000 %

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)		X
3a(ii)		X
3b		

b If "Yes" on line 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		257,762,440.	165,356,667.	92,405,773.
c Leasehold improvements		3,244,189.	3,119,486.	124,703.
d Equipment		254,018,909.	201,762,591.	52,256,318.
e Other		31,356,124.	NONE	31,356,124.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				183,456,390.

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, line 12, col. (B)) . . .		

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 SUPPLEMENTAL PAGE		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	113,995,252.	

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	51,224,815.
(2) OTHER RECEIVABLES	38,324,306.
(3) RIGHT OF USE ASSETS	10,811,391.
(4) OTHER ASSETS	12,461,462.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	112,821,974.

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	
(2) OPERATING LEASE LIABILITIES	10,832,046.
(3) DUE TO THIRD-PARTY PAYORS	15,878,535.
(4) OTHER LIABILITIES	4,330,569.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	31,041,150.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2d, 4a-4b), and total column (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2d, 4a-4b), and total column (1, 2e, 3, 4c, 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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

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.

Part XIII Supplemental Information (continued)SCHEDULE D, PART VIII - INVESTMENTS - PROGRAM RELATED
=====

DESCRIPTION -----	BOOK VALUE -----	COST OR FMV -----
CASH & CASH EQUIV; LIM USE	17,266,063.	FMV
MUTUAL FUNDS - EQUITY; LIM USE	1,626,505.	FMV
EQUITIES; LIMITED USE	229,761.	FMV
CORPORATE BONDS; LIMITED USE	3,359,278.	FMV
U.S. GOVT OBLIGATIONS; LIM USE	485,860.	FMV
CERT OF DEPOSIT; LIMITED USE	1,706,097.	FMV
ALT INVESTMENTS; LIMITED USE	5,933.	FMV
COMINGLED FUNDS	158,834.	FMV
ACCRUED INTEREST; LIMITED USE	7,129.	FMV
CASH & CASH EQUIVALENTS	1,026,353.	FMV
MUTUAL FUNDS - EQUITY	43,532,087.	FMV
EQUITIES	4,226,214.	FMV
CORPORATE BONDS	9,884,248.	FMV
U.S. GOVERNMENT OBLIGATIONS	10,133,529.	FMV
CERTIFICATES OF DEPOSIT	172,740.	FMV
ALTERNATIVE INVESTMENTS	758,300.	FMV
COMINGLED FUNDS	2,967,822.	FMV
ACCRUED INTEREST	254,212.	FMV
ASSETS HELD BY RELATED ORG.	16,194,287.	FMV

TOTALS	113,995,252.	
	=====	

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HOLY NAME MEDICAL CENTER, INC.

Employer identification number

22-1487322

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	FINANCIAL VEHICLE	1,627,738.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		1,744,244.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					3,371,982.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,371,982.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (Rev. 12-2024)

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____

3 Enter total number of other organizations or entities _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I

THIS ORGANIZATION ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO HNH
INSURANCE COMPANY, LTD. OF HOLY NAME MEDICAL CENTER; A FINANCIAL VEHICLE,
\$1,627,738 FOR THE BENEFIT OF HOLY NAME MEDICAL CENTER AND CERTAIN
RELATED ORGANIZATIONS.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
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, INC.**
Employer identification number: **22-1487322**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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 free 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 _____%	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 <u>500.0000</u> %	<input checked="" type="checkbox"/>	
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?		
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

	(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
7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			5,281,163.	448,912.	4,832,251.	0.81
b Medicaid (from Worksheet 3, column a).			77,685,652.	49,920,528.	27,765,124.	4.64
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs . .			82,966,815.	50,369,440.	32,597,375.	5.45
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,884,494.		1,884,494.	0.32
f Health professions education (from Worksheet 5)			433,066.		433,066.	0.07
g Subsidized health services (from Worksheet 6)			57,968,457.	14,854,798.	43,113,659.	7.21
h Research (from Worksheet 7)			861,115.		861,115.	0.14
i Cash and in-kind contributions for community benefit (from Worksheet 8)			136,700.		136,700.	0.02
j Total. Other benefits			61,283,832.	14,854,798.	46,429,034.	7.76
k Total. Add lines 7d and 7j			144,250,647.	65,224,238.	79,026,409.	13.21

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2024

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 benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			35,408.		35,408.	0.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			35,408.		35,408.	0.01

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?	X	
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.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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		
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)	174,893,719.
6 Enter Medicare allowable costs of care relating to payments on line 5	219,560,389.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-44,666,670.
8 Describe in Part VI the extent to which any shortfall reported on 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?	X
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	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers', directors', trustees', or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BERGEN RENAL CARE				
2 CENTER, LLC	HEALTHCARE SERVICES	0.06000		0.35000
3 BERGEN RENAL HOME PD				
4 CENTER, LLC	HEALTHCARE SERVICES	0.06000		0.35000
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):

1 HOLY NAME MEDICAL CENTER, INC.
 718 TEANECK ROAD
 TEANECK NJ 07666
 WWW.HOLYNAME.ORG

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			1

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)

Name of hospital facility or letter of facility reporting group: HOLY NAME MEDICAL CENTER, INC.

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.HOLYNAME.ORG</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>WWW.HEALTHYBERGEN.ORG</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," list url: <u>WWW.HOLYNAME.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: HOLY NAME MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written FAP 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:	X	
a	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200.0000</u> % for eligibility for discounted care of <u>500.0000</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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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):	X	
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 limited-English proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: HOLY NAME MEDICAL CENTER, INC.

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
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:		X
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)		
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 extraordinary collection actions (ECAs) 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 FAP? If "No," indicate why:	X	
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)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: HOLY NAME MEDICAL CENTER, INC.

		Yes	No
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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.		X
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.		X

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Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

THIS COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF HOLY NAME MEDICAL CENTER, INC. ("HNMC"). SUBSEQUENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS. A CHNA PROVIDES INFORMATION SO THAT COMMUNITIES MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THIS ASSESSMENT FOR HNMC IS PART OF A REGIONAL PROJECT CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) FOR THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) OF BERGEN COUNTY ("THE PARTNERSHIP"). PRC IS A NATIONALLY RECOGNIZED HEALTH CARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES SINCE 1994. METHODOLOGY - THIS ASSESSMENT INCORPORATES DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH (THROUGH THE PRC COMMUNITY HEALTH SURVEY AND PRC ONLINE KEY INFORMANT SURVEY), AS WELL AS SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED

ONLINE KEY INFORMANT SURVEY

TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. 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 CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION.

LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN BERGEN COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE.

IN ALL, 146 COMMUNITY STAKEHOLDERS IN BERGEN COUNTY TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED BELOW:

- 17 PHYSICIANS

Part V Facility Information (continued)

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

- 15 PUBLIC HEALTH REPRESENTATIVES
- 39 OTHER HEALTH PROVIDERS
- 26 SOCIAL SERVICES PROVIDERS
- 49 OTHER COMMUNITY LEADERS

FINAL PARTICIPATION INCLUDED REPRESENTATIVES OF THE ORGANIZATIONS OUTLINED BELOW:

- ACADEMIC MEDICAL PRACTICE
- AGE-FRIENDLY ENGLEWOOD
- AGE-FRIENDLY TEANECK
- ALL THINGZ AP
- ANNIE CLYDE HOLT FOOD PANTRY
- ASIAN WOMEN'S CHRISTIAN ASSOCIATION
- BALANCE AND THRIVE COUNSELING CENTER
- BC SPECIAL SERVICES SCHOOL DISTRICT
- BECTON DICKINSON/PRIVATE PRACTICE/CHIP
- BEHAVIORAL HEALTH
- BERGEN COMMUNITY COLLEGE
- BERGEN COUNTY
- BERGEN COUNTY COMMISSIONER
- BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES
- BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES-DRUG PREVENTION ALLIANCE
- BERGEN COUNTY DIVISION OF SENIOR SERVICES
- BERGEN FAMILY CENTER
- BERGEN FAMILY CENTER, SOUTHEAST SENIOR CENTER FOR INDEPENDENT LIVING
- BERGEN NEW BRIDGE MEDICAL CENTER
- BERGEN VOLUNTEER MEDICAL INITIATIVE
- BERGEN'S PROMISE
- BOROUGH OF WESTWOOD
- BOYS & GIRLS CLUB
- CARLSTADT HEALTH DEPARTMENT
- CENTER FOR FOOD ACTION
- CHRISTIAN HEALTH
- CHURCH OF THE TABERNACLE NORTH BERGEN
- COMMUNITY CHEST
- COMMUNITY HEALTH
- COMMUNITY OUTREACH
- COMPREHENSIVE BEHAVIORAL HEALTH CARE
- DIGITAL VOICE NETWORK
- DWIGHT MORROW HS
- EASTWICK COLLEGE
- EBENEZER CHURCH
- EMBODY WELLNESS
- ENGLEWOOD HEALTH
- ENGLEWOOD HEALTH DEPARTMENT
- EZ RIDE-BIKE & PEDESTRIAN
- FAMILY PROMISE OF RIDGEWOOD

Part V Facility Information (continued)

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

- FAMILY SUCCESS CENTER
- FOOD PANTRY-FAIRLAWN
- FRANKLIN LAKES RECREATION
- FUSION MUSLIM COMMUNITY CENTER OF NJ
- GALILEE CHURCH
- GARFIELD PUBLIC SCHOOL
- GENERATIONS COUNSELING & CARE MANAGEMENT
- GREATER BERGEN COMMUNITY ACTION
- HACKENSACK MERIDIAN
- HACKENSACK MERIDIAN HEALTH-PASCACK VALLEY MEDICAL CENTER
- HACKENSACK PUBLIC SCHOOLS
- HEALTHBARN USA
- HOLY NAME
- HOLY NAME CANCER COMMUNITY
- HOLY NAME FITNESS
- JEWISH FAMILY AND CHILDREN'S SERVICES
- KOREAN AMERICAN SENIOR CITIZENS ASSOCIATION OF NJ
- KOREAN COMMUNITY CENTER
- K-RADIO, ESTHER HA FOUNDATION
- LPM STRATEGIES, LLC
- MAYWOOD HEALTH DEPARTMENT/WELLNESS
- MEADOWLANDS AREA YMCA
- MEALS ON WHEELS NORTHERN JERSEY
- METRO COMMUNITY CENTER/CHURCH
- MIDLAND PARK SENIOR CENTER AND AGE FRIENDLY RIDGEWOOD
- MOUNT BETHEL CHURCH
- NAACP, BERGEN COUNTY CHAPTER
- NEW JERSEY BUDDIES
- OFFICE OF CONCERN FOOD PANTRY
- PASCACK MEDICAL GROUP
- PASCACK VALLEY MEDICAL CENTER
- PASCACK VALLEY MEDICAL GROUP
- PEDIATRIC EMERGENCY DEPARTMENT
- PHYSICIANS' PRACTICE ENHANCEMENT
- PILGRIM CHURCH
- PRESBYTERIAN CHURCH OF TEANECK
- RENFREW CENTER FOR EATING DISORDERS
- RIDGECREST APARTMENTS
- RIDGEWOOD PUBLIC SCHOOLS
- RUSSELL BERRIE FOUNDATION
- SADDLE BROOK PUBLIC SCHOOLS
- SHOPRITE
- SODEXO
- TEANECK HEALTH DEPARTMENT
- TEANECK RECREATION DEPARTMENT
- TEANECK RECREATION CENTER
- THE CENTER FOR ALCOHOL AND DRUG RESOURCES
- TOWNSHIP OF TEANECK

Part V Facility Information (continued)

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

- VALLEY HOME CARE
- VALLEY HOSPITAL
- VANTAGE HEALTH SYSTEM
- WEST BERGEN MENTAL HEALTHCARE
- WESTWOOD FOR ALL AGES
- WFM PROJECT & CONSTRUCTION
- YOUNG MEN'S CHRISTIAN ASSOCIATION NORTHERN NEW JERSEY

FOCUS GROUPS & KEY INFORMANT INTERVIEWS

TO COMPLEMENT THE SURVEY AND OTHER FINDINGS, MULTIPLE FOCUS GROUPS WERE HELD THROUGHOUT THE COUNTY AMONG THOSE REPRESENTING THE FOLLOWING POPULATIONS:

- AFRICAN AMERICAN COMMUNITY LEADERS
- ELDER CARE PROVIDERS
- EMT/FIRST RESPONDERS
- HEALTH OFFICERS FROM BERGEN COUNTY COMMUNITIES
- KOREAN LANGUAGE SPEAKERS
- LGBTQ+ COMMUNITY MEMBERS
- MENTAL HEALTH AND SUBSTANCE USE PROVIDERS
- LATINX COMMUNITY LEADERS
- YOUTH SERVICE PROVIDERS

IN ADDITION, A SERIES OF ONE-ON-ONE INTERVIEWS WAS ALSO CONDUCTED WITH A VARIETY OF KEY INFORMANTS. THESE FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED BY 35TH STREET CONSULTING, LLC.

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: [HTTPS://WWW.HOLYNAME.ORG/INCLUDES/FILES/HNMC-CHNA-2022.PDF](https://www.holyname.org/includes/files/hnmc-chna-2022.pdf)

ADDITIONALLY, THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY'S CHNA, WHICH INCLUDES THIS ORGANIZATION, IS MADE WIDELY AVAILABLE AT THE FOLLOWING URL:
[HTTPS://WWW.HOLYNAME.ORG/INCLUDES/FILES/CHNA-BERGEN-COUNTY-2022.PDF](https://www.holyname.org/includes/files/chna-bergen-county-2022.pdf)

Part V Facility Information (continued)

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

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 CENTER'S ANNUAL OPEN PUBLIC MEETING.

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:
[HTTPS://WWW.HOLYNAME.ORG/INCLUDES/FILES/2023-2025-IMPLEMENTATION-STRATEGY.PDF](https://www.holyname.org/includes/files/2023-2025-implementation-strategy.pdf)

SCHEDULE H, PART V, SECTION B, QUESTION 11

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, INC. IDENTIFIED THREE COMMUNITY HEALTH PRIORITY AREAS, WHICH TOGETHER EMBODY THE LEADING HEALTH ISSUES AND BARRIERS TO CARE FOR RESIDENTS OF THE HOSPITAL'S SERVICE AREA:

- (1) BUILDING BRIDGES - CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS;
 - (2) HEALTHY BODIES - SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE;
- AND
- (3) HEALTHY MINDS - 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

Part V Facility Information (continued)

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

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: BUILDING BRIDGES

GOAL: HEALTHY LIVING RESOURCES WILL BE COORDINATED, ACCESSIBLE AND CAPABLE OF CREATING WHOLE, HEALTHY COMMUNITIES

OBJECTIVES ADDRESSING THESE GOALS INCLUDE:

1. CREATE AND CONTINUE PARTNERSHIPS WITH COMPLEMENTARY AGENCIES
2. GATHER FEEDBACK REGARDING CHANGING COMMUNITY NEEDS AND NEW COMMUNITY RESOURCES
3. EMBRACE OPPORTUNITIES FOR COLLABORATIVE ACTION WITH DIVERSE COMMUNITY PARTNERSHIPS
4. REDUCE BARRIERS TO MAKING AND RECEIVING REFERRALS BETWEEN PARTNER AGENCIES

PRIORITY AREA: #2: HEALTHY BODIES

GOALS: ALL PEOPLE WILL HAVE ACCESS TO THE RESOURCES NEEDED TO PREVENT, SCREEN, AND TREAT DISEASE, ENABLING THEM TO ACHIEVE THEIR HEALTHIEST LIFE

OBJECTIVES ADDRESSING THESE GOALS INCLUDE:

1. PROVIDE EDUCATION AND HEALTH PROMOTION ACTIVITIES AND INCREASE PARTICIPATION AMONG DIVERSE AND VULNERABLE POPULATIONS
2. SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES
3. LEVERAGE UTILIZATION OF SOCIAL DETERMINANTS OF HEALTH (SDOH) METRICS TO INCREASE CONNECTIONS TO FOOD, AND NUTRITION ACCESS FOR ALL PATIENTS, INCLUDING VULNERABLE POPULATIONS
4. EXPLORE, STRENGTHEN, AND EXPAND PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

PRIORITY AREA #3: HEALTHY MINDS

GOALS: ALL PEOPLE WILL HAVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SUPPORTS AT THE APPROPRIATE LEVEL OF CARE

Part V Facility Information (continued)

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

OBJECTIVES ADDRESSING THESE GOALS INCLUDE:

1. PROVIDE BEHAVIORAL HEALTH EDUCATION RESOURCES AND SCREENINGS FOR PATIENTS
2. REDUCE DISPARITIES IN ACCESS TO BEHAVIORAL HEALTH INFORMATION AMONG DIVERSE AND VULNERABLE
3. INVOLVE PARTNER ORGANIZATIONS OUTSIDE OF HOLY NAME IN MEETING PATIENT NEEDS

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

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? 8

Name and address	Type of facility (describe)
1 ORADELL REHAB 514 KINDERKAMACK ROAD ORADELL NJ 07649	OUTPATIENT SERVICES - REHABILITATION
2 ENGLEWOOD PULMONARY 200 GRAND AVE ENGLEWOOD NJ 07631	OUTPATIENT SERVICES - PULMONARY
3 HN INSTITUTE FOR WOUND HEALING 699 TEANECK ROAD TEANECK NJ 07666	OUTPATIENT SERVICES - WOUNDCARE
4 HNMC RADIOLOGY & ADULT CLINIC 222 CEDAR LANE TEANECK NJ 07666	OUTPATIENT SERVICES - RADIOLOGY & CLINIC
5 VILLA MARIE CLAIRE 12 WEST SADDLE RIVER ROAD SADDLE RIVER NJ 07458	HOSPICE FACILITY
6 HNH FITNESS, LLC 514 KINDERKAMACK ROAD ORADELL NJ 07649	MEDICALLY BASED FITNESS CENTER
7 HACKENSACK CARDIOLOGY 493 ESSEX STREET HACKENSACK NJ 07601	OUTPATIENT SERVICES - CARDIOLOGY
8 UNION CITY LAB 408 37TH STREET, 2ND FLOOR UNION CITY NJ 07087	LABORATORY
9	
10	

Part VI Supplemental Information

Provide the following information.

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- 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.

SCHEDULE H, PART I; LINE 3C

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, HOLY NAME MEDICAL CENTER, INC. ("HNMC") 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 HNMC'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW.

NEW JERSEY CHARITY CARE

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.
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- 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.

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 EMERGENCY 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.

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.
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- 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.

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

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.
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- 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.

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

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.
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- 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.

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 HNMC'S 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

Part VI Supplemental Information

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- 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.

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 HNMC'S FAP
 WILL BE LIMITED TO BUT NOT BILLED MORE THAN THE AMOUNTS GENERALLY BILLED
 TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

SCHEDULE H, PART I, QUESTION 6A

NOT APPLICABLE.

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.
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- 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.

SCHEDULE H, PART I, QUESTION 7

THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED.

SCHEDULE H, PART I, QUESTION 7B

HOLY NAME MEDICAL CENTER PARTNERED WITH BERGEN COUNTY AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO THE MEDICAL CENTER USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM DURING 2024 TOTALED APPROXIMATELY \$30.5M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM DURING 2024 TOTALED APPROXIMATELY \$13M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, HOLY NAME MEDICAL CENTER, INC. RECEIVED ADDITIONAL FUNDS FROM

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

MEDICAID ADD-ON PAYMENTS. FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM MEDICAID ADD-ON PAYMENTS PROGRAM DURING 2024 TOTALED APPROXIMATELY \$2.6M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF HOLY NAME MEDICAL CENTER DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE \$99,150,174 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 16.59%.

SCHEDULE H, PART II

ACTIVITIES CLASSIFIED AS COMMUNITY BUILDING INCLUDE USE OF THE ORGANIZATION'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

Part VI Supplemental Information

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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

Part VI Supplemental Information

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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.

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.
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- 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.

SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4

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.

ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE

NET PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION FOR WHICH THE COMPANY EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THE COMPANY 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 PAYER CLASSES FOR

Part VI Supplemental Information

Provide the following information.

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- 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.

INPATIENT AND OUTPATIENT REVENUE. BASED ON HISTORICAL COLLECTION TRENDS AND OTHER ANALYSES, THE COMPANY 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 COMPANY'S INITIAL ESTIMATE OF THE TRANSACTION PRICE FOR 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 COMPANY'S STANDARD CHARGES. THE COMPANY DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYER 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 COMPANY'S DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE COMPANY DETERMINES THE TRANSACTION

Part VI Supplemental Information

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- 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.
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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 COMPANY'S HISTORICAL COLLECTION EXPERIENCE FOR APPLICABLE PATIENT PORTFOLIOS.

GENERALLY, THE COMPANY BILLS PATIENTS AND THIRD-PARTY PAYERS 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 COMPANY. NET PATIENT SERVICE REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL CHARGES. THE COMPANY 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 COMPANY'S OUTPATIENT SETTINGS. THE COMPANY MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE

Part VI Supplemental Information

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COMPANY 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 COMPANY 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 COMPANY'S IN-HOUSE PATIENTS OCCURS WITHIN DAYS OR WEEKS AFTER THE END OF THE REPORTING PERIOD.

Part VI Supplemental Information

Provide the following information.

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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 YEARS ENDED DECEMBER 31, 2024 AND 2023, CHANGES IN THE COMPANY'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 IN THE PATIENT'S ABILITY TO PAY (DETERMINED ON A PORTFOLIO BASIS WHEN APPLICABLE) ARE RECORDED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, WAS NOT SIGNIFICANT.

THE COMPANY HAS DETERMINED THAT THE NATURE, AMOUNT, TIMING AND UNCERTAINTY OF REVENUE AND CASH FLOWS ARE AFFECTED BY THE FOLLOWING FACTORS: PAYERS, LINES OF BUSINESS AND TIMING OF WHEN REVENUE IS RECOGNIZED.

Part VI Supplemental Information

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SCHEDULE H, PART III, SECTION B, QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2024 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).

Part VI Supplemental Information

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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," AND 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

Part VI Supplemental Information

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- 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.

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

Part VI Supplemental Information

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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

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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, AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE

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UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE 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

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WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF
THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED
"DUAL 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 INCLUDABLE 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:

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- 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 BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE 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

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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 IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

FOR THE YEAR ENDED DECEMBER 31, 2024, HNMC'S NET COMMUNITY BUILDING COSTS

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.
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TOTALED \$35,408; BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY TOTALED \$5,619,213; AND ITS MEDICARE SHORTFALL (I.E., THE AMOUNT BY WHICH MEDICARE COSTS EXCEEDED REIMBURSEMENT) TOTALED \$44,666,669. IF THESE AMOUNTS WERE INCLUDABLE AS COMMUNITY BENEFIT COSTS FOR FORM 990 PURPOSES HNMC'S 2024 NET COMMUNITY BENEFIT EXPENSE WOULD TOTAL \$120,245,533 AND ITS 2024 COMMUNITY BENEFIT PERCENTAGE WOULD BE 20.12%.

SCHEDULE H, PART III, SECTION B, QUESTION 9B

ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE BUT, RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF HOLY NAME MEDICAL CENTER, INC. 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

Part VI Supplemental Information

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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

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- 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.

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

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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

Part VI Supplemental Information

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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.

Part VI Supplemental Information

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SCHEDULE H, PART VI, QUESTION 2

IN ACCORDANCE WITH PROVISIONS OF THE AFFORDABLE CARE ACT, ENACTED MARCH 23, 2010, HNMC BEGAN A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"). THE ORGANIZATION'S 1ST CHNA WAS COMPLETED IN 2013, ITS 2ND IN 2016, ITS 3RD IN 2019, AND ITS MOST RECENT IN 2022. A COMPLETE NEEDS ASSESSMENT IS PERFORMED EVERY THREE YEARS AND IS MADE WIDELY AVAILABLE ON THE ORGANIZATION'S 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

Part VI Supplemental Information

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- 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

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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 PROIVDE CLAIMS DATA, WHICH ARE ANALYZED, PROVIDING VALUABLE INSIGHTS INTO CARE NEEDS AND INTO WAYS TO FACILITATE BETTER HEALTH AND HEALTH CARE WHILE REDUCING COSTS.

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SCHEDULE H, PART VI, QUESTION 3

IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) HOLY NAME MEDICAL CENTER, INC. 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 HNMC 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 HNMC'S WEBSITE AT:

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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 HNMC'S FINANCIAL COUNSELING OFFICE AND PATIENT ACCESS DEPARTMENT ON THE MAIN FLOOR. THE ORGANIZATION'S 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) HNMC 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 HNMC REPRESENTS 5% OR 1,000; WHICHEVER IS LESS; OF THE POPULATION OF INDIVIDUALS LIKELY TO BE AFFECTED OR ENCOUNTERED BY HNMC. TRANSLATED VERSIONS ARE ALSO AVAILABLE UPON REQUEST AND ARE POSTED ON HNMC'S WEBSITE. IN CIRCUMSTANCES WHERE A

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SIGNIFICANT NUMBER OF PATIENTS ARE NOT PROFICIENT IN READING AND WRITING ENGLISH, OR WHOSE PRIMARY LANGUAGE IS OTHER THAN WHAT HNMC HAS ALREADY TRANSLATED, MAY REQUEST ASSISTANCE IN ORDER TO COMPLETE REQUIRED FORMS.

SCHEDULE H, PART VI, QUESTION 4

LOCATED IN TEANECK, IN THE SOUTHERN PORTION OF BERGEN COUNTY AND APPROXIMATELY FIVE MILES TO THE NORTHWEST OF NEW YORK CITY, HNMC'S SERVICE AREA COMPRISES 40 MUNICIPALITIES IN BERGEN, HUDSON AND PASSAIC COUNTIES.

THE RACIAL MIX OF THE SERVICE IS APPROXIMATELY 39.9% WHITE, HISPANICS 34.3%; 11.6% ASIAN, 12.5% BLACK, AND 7% OTHER, INCLUDING MULTI-RACIAL PERSONS. THE BROAD AGE MAKE-UP OF THE SERVICE AREA INCLUDES 43.5% AGED 18-39; 41.2% AGED 40-64; AND 15.3% AGED 65 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.

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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 SERVICED 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, THE

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- 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.

HISPANIC POPULATION INCREASED BY 59,403 PERSONS, OR 40.9%, BETWEEN 2010 AND 2020. BOTH HISPANICS (OF ANY RACE) AND ASIAN POPULATIONS HISPANIC 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. AS THESE POPULATIONS IN BERGEN COUNTY AND THE SURROUNDING AREA CONTINUE TO EXPAND, HNMC IS ADDRESSING THE COMMUNITY'S MEDICAL NEEDS WITH COMPREHENSIVE, ROBUST PROGRAMS FOR THE COMMUNITIES WE SERVE. HOLY NAME ATTEMPTS TO PROVIDE ALL PATIENTS WITH HIGH QUALITY HEALTH CARE IN THEIR NATIVE LANGUAGE AND IN AN ENVIRONMENT SENSITIVE TO THEIR CULTURE.

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.

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.
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- 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.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE HOLY NAME
MEDICAL CENTER, INC. AND SUBSIDIARIES.

PEACE MINISTRIES, INC.

PEACE MINISTRIES, INC. IS THE TAX-EXEMPT PARENT OF THE SYSTEM. THIS
INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP 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 INTEGRATED NETWORK OF HEALTHCARE PROVIDERS IN THE STATE OF
NEW JERSEY.

THE PRIMARY ACTIVITY OF THE 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.

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.
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- 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.

PEACE MINISTRIES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(1).

HOLY NAME MEDICAL CENTER, INC.

HOLY NAME MEDICAL CENTER, INC. ("HNMC") IS A COMPREHENSIVE, 361-BED ACUTE
CARE FACILITY PROVIDING TECHNOLOGICALLY ADVANCED AND LEADING EDGE CARE
ACROSS A CONTINUUM THAT ENCOMPASSES EDUCATION, PREVENTION, DIAGNOSIS,
TREATMENT, REHABILITATION AND WELLNESS MAINTENANCE. OVER 1,000
PHYSICIANS, REPRESENTING DOZENS OF MEDICAL SPECIALTIES, PROVIDE PERSONAL
ATTENTION IN A CULTURALLY SENSITIVE ENVIRONMENT, CREATING AN EXCEPTIONAL
HEALTH CARE EXPERIENCE FOR EVERY PATIENT.

HNMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE

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.
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- 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.

CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. 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, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, HNMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN 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 AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;
4. CONTROL OF HNMC RESTS WITH ITS BOARD OF TRUSTEES AND, TO THE EXTENT

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.
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- 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.

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.

HOLY NAME MEDICAL CENTER FOUNDATION, INC.

HOLY NAME MEDICAL CENTER FOUNDATION, INC. IS A NON-PROFIT CORPORATION
THAT WAS ESTABLISHED TO RAISE FUNDS FOR THE MEDICAL CENTER AND ITS
AFFILIATED ORGANIZATIONS.

HOLY NAME MEDICAL CENTER FOUNDATION, 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

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.
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- 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.

CODE §509(A)(3).

HOLY NAME REAL ESTATE CORPORATION

HOLY NAME REAL ESTATE CORPORATION IS A NON-PROFIT CORPORATION WHICH WAS ORGANIZED TO 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 SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

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

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.
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- 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.

("ALS") MEDICAL INTENSIVE CARE VEHICLES AND SERVICES;

HOLY NAME EMS, 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)(3).

MS COMPREHENSIVE CARE CENTER

MS COMPREHENSIVE CARE CENTER IS A NON-PROFIT CORPORATION WHICH OFFERS
COMPREHENSIVE MEDICAL, NURSING, BILLING, REHABILITATIVE, PSYCHOLOGICAL
AND EDUCATIONAL CARE TO PATIENTS WITH MULTIPLE SCLEROSIS.

MS COMPREHENSIVE CARE CENTER 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)(2).

THE CRUDEM FOUNDATION, INC.

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.
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- 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.

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 FOUNDATION, 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).

HOLY NAME HEALTH PHYSICIANS, P.C.

HOLY NAME HEALTH PHYSICIANS, P.C. IS A NON-PROFIT PROFESSIONAL CORPORATION WHICH ENGAGES IN PROFESSIONAL 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 CENTER, INC. AND ITS AFFILIATES.

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.
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- 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.

HOLY NAME HEALTH PHYSICIANS, P.C. 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)(3).

HOLY NAME HEALTH, INC.

HOLY NAME HEALTH, INC. IS A NON-PROFIT CORPORATION WHICH SUPPORTS THE CHARITABLE PURPOSES AND TAX-EXEMPT ACTIVITIES OF HOLY NAME MEDICAL CENTER, INC.

HOLY NAME HEALTH, 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)(3).

HNH FITNESS, LLC

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.
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- 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.

HNH FITNESS, LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS HOLY NAME MEDICAL CENTER, INC. THE ORGANIZATION OPERATES A MEDICALLY BASED FITNESS AND WELLNESS CENTER AND PHYSICAL THERAPY PRACTICE THAT PROVIDES 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 CENTER, INC. AND ITS AFFILIATES.

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, INC. THE ORGANIZATION OPERATES AS AN ACCOUNTABLE CARE ORGANIZATION THAT PROVIDES 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 CENTER, INC. AND ITS AFFILIATES.

HARMONY HEALTH ALLIANCE, LLC

Part VI Supplemental Information

Provide the following information.

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- 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.

HARMONY HEALTH ALLIANCE, LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS HOLY NAME MEDICAL CENTER, INC. THE ORGANIZATION IS A CLINICALLY INTEGRATED NETWORK OF HEALTHCARE PROVIDERS WITH THE GOAL OF PROVIDING IMPROVED PATIENT CARE QUALITY, EXPERIENCE, EFFICIENCY AND ENGAGEMENT WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF HOLY NAME MEDICAL CENTER, INC. AND ITS AFFILIATES.

HEALTH PARTNER SERVICES, INC.

HEALTH PARTNER SERVICES, INC. IS AN ENTITY ENGAGED IN PROVIDING MANAGEMENT SERVICES FOR HEALTHCARE PROVIDERS WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF HOLY NAME MEDICAL CENTER, INC. AND ITS AFFILIATES.

Part VI Supplemental Information

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PAIX TECHNOLOGIES, INC.

PAIX TECHNOLOGIES, INC. IS AN ENTITY ENGAGED IN SELLING A SOFTWARE
LICENSE FOR DEVELOPED APPLICATIONS.

HNH INSURANCE COMPANY, LTD.

HNH INSURANCE COMPANY, LTD. IS A FOREIGN CORPORATION WHOLLY OWNED BY HOLY
NAME MEDICAL CENTER, INC. THE ORGANIZATION IS A FINANCIAL VEHICLE THROUGH
WHICH THE SYSTEM INSURERS A PORTION OF ITS PROFESSIONAL LIABILITY AND
GENERAL LIABILITY RISK THROUGH THE SINGLE PARENT CAPTIVE INSURANCE
COMPANY.

PAIX SERVICES INDIA PRIVATE LIMITED

PAIX SERVICES INDIA PRIVATE LIMITED WAS FORMED AS A SUBSIDIARY TO PAIX

Part VI Supplemental Information

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WITH THE PURPOSE OF PROVIDING SUPPORT SERVICES TO THE MEDICAL CENTER AND

HPS.

HOLY NAME PHYSICIAN NETWORK

THE HOLY NAME PHYSICIAN NETWORK WAS FORMED ACCORDING TO EACH GROUP'S
SPECIALIZED PRACTICE. THE ENTITIES WITHIN THE HOLY NAME PHYSICIAN NETWORK
ARE OUTLINED BELOW:

- PEACE HEALTH PARTNERS, P.C.;
- HOUSE PHYSICIAN 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.;

Part VI Supplemental Information

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- 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.

- BREAST CARE PARTNERS, P.C.;
- HOLY NAME PULMONARY ASSOCIATES, P.C.;
- WOMEN'S CLINIC PARTNERS, P.C.;
- MULKAY CARDIOLOGY CONSULTANTS AT HOLY NAME MEDICAL CENTER, INC.;
- HOLY NAME PRIMARY CARE & SPECIALTY ASSOCIATES, P.C.;
- PRIMARY CARE OF ORADELL;
- HOLY NAME MEDICAL ASSOCIATES, P.C.;
- HOLY NAME PHYSICIAN PARTNERS, P.C.; AND
- HOLY NAME ANESTHESIA PARTNERS, P.C.

THESE ORGANIZATIONS ENGAGE IN PROFESSIONAL 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 CENTER, INC. AND ITS AFFILIATES.

Part VI Supplemental Information

Provide the following information.

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- 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.

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.

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

22-1487322

HOLY NAME MEDICAL CENTER, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAUCUS EDUCATIONAL CORPORATION 75 MIDLAND AVE MONTCLAIR, NJ 07042	22-3240680	501(C)(3)	125,000.				PROGRAM SUPPORT
(2) METROPOLITAN YMCA OF THE ORANGES 304 S LIVINGSTON AVE LIVINGSTON, NJ 07039	22-1487387	501(C)(3)	50,000.				PROGRAM SUPPORT
(3) TEANECK VOLUNTEER AMBULANCE CORPS 55 WINDSOR ROAD TEANECK, NJ 07666	23-7124300	501(C)(3)	50,000.				PROGRAM SUPPORT
(4) BERGEN VOLUNTEER MEDICAL INITIATIVE 75 ESSEX STREET HACKENSACK, NJ 07601	20-2633437	501(C)(3)	30,000.				PROGRAM SUPPORT
(5) ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	02-0687863	501(C)(3)	15,550.				PROGRAM SUPPORT
(6) BERGEN CATHOLIC HIGH SCHOOL 1040 ORADELL AVENUE ORADELL, NJ 07649	22-1599180	RELIGIOUS	20,000.				PROGRAM SUPPORT
(7) HOLY NAME MEDICAL CENTER FOUNDATION, INC. 1485 TEANECK RD, STE 304 TEANECK, NJ 07666	22-2737143	501(C)(3)	2,145,505.				PROGRAM SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NURSING SCHOLARSHIPS	34	44,750.			
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.

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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HOLY NAME MEDICAL CENTER, INC.

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

**Open to Public
Inspection**

Employer identification number

22-1487322

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **5a**
- b** Any related organization? **5b** **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **6a**
- b** Any related organization? **6b** **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL MARON 1 TRUSTEE - PRESIDENT & CEO	(i)	1,468,454.	900,000.	26,524.	36,800.	21,430.	2,453,208.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VASANTHA K. KONDAMUDI 2 EVP, CHIEF MEDICAL OFFICER	(i)	717,012.	250,000.	23,608.	74,237.	11,868.	1,076,725.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SAIKRISHNAN KANDAMANGA 3 EVP, CHIEF INFORMATION OFFICER	(i)	524,402.	275,000.	16,527.	174,928.	33,295.	1,024,152.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN H. LEE 4 MEDICAL DIRECTOR, ONCOLOGY	(i)	893,585.	NONE	4,386.	12,448.	34,595.	945,014.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RYAN KENNEDY, CPA 5 EVP/CFO (TERM 8/31/24)	(i)	394,557.	200,000.	9,549.	44,074.	24,802.	672,982.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN L. MOSSER 6 EVP, OPERATIONS	(i)	441,294.	100,000.	6,720.	25,955.	36,337.	610,306.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELE ACITO, DNP, RN 7 EVP, CHIEF NURSING OFFICER	(i)	465,776.	100,000.	7,023.	13,800.	21,818.	608,417.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAJASEKAR PALANISAMY 8 VP, HEAD OF SOFTWARE DEV	(i)	349,482.	200,000.	1,186.	23,389.	33,295.	607,352.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS W. SPARKS 9 VP, HUMAN RESOURCES, CHRO	(i)	419,556.	100,000.	19,113.	48,258.	15,001.	601,928.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RON WHITE, M.D. 10 DIRECTOR, RISK (TERM 9/08/24)	(i)	505,656.	NONE	11,035.	25,599.	14,231.	556,521.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NANCY PALAMARA 11 VP, DIAGNOSTICS	(i)	393,577.	100,000.	2,054.	24,542.	19,335.	539,508.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL SKVARENINA 12 FORMER KEY EMPLOYEE	(i)	273,731.	NONE	11,387.	5,610.	36,922.	327,650.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SANTO GENCARELLI, CPA 13 VP, FINANCE	(i)	244,656.	30,000.	442.	17,397.	34,377.	326,872.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RANDY TARTACOFF, M.D. 14 TRUSTEE - PRESIDENT MED STAFF	(i)	300,000.	NONE	3,456.	20,100.	1,500.	325,056.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAUREEN C. DONOHUE 15 TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	205,750.	NONE	NONE	8,230.	30,796.	244,776.	NONE
SEAN O'ROURKE 16 FORMER KEY EMPLOYEE	(i)	25,121.	NONE	216,144.	622.	1,094.	242,981.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID BUTLER, M.D. 1 TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	195,911.	NONE	1,236.	4,000.	21,430.	222,577.	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I; QUESTION 4B

THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL 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 INDIVIDUAL MAY NEVER ACTUALLY RECEIVE HIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN HIS INDIVIDUAL 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES:

SAIKRISHNAN KANDAMANGALAM, \$123,806.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2024 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 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 K
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, 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

**Open to Public
Inspection**

Name of the organization

HOLY NAME MEDICAL CENTER, INC.

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		04/02/2020	19,100,000.	SEE SUPPLEMENTAL INFO		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		07/12/2021	45,437,000.	SEE SUPPLEMENTAL INFO		X		X		X
C NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		03/27/2024	55,000,000.	SEE SUPPLEMENTAL INFO		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	15,640,000.		8,710,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	19,100,000.		45,437,000.		55,000,000.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	233,746.		193,023.		602,309.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	18,866,254.		45,243,977.		54,397,691.			
12 Other unspent proceeds								
13 Year of substantial completion	2020		2021		2024			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use

SCHEDULE K

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		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	0.6000 %		0.6000 %		0.6000 %			
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	NONE %		NONE %		NONE %			
6 Total of lines 4 and 5	0.6000 %		0.6000 %		0.6000 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
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?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		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		X		

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

SCHEDULE K

SCHEDULE K, PART I, LINE A, COLUMN F

PER THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE PROCEEDS OF THE NEW JERSEY HEALTHCARE FACILITIES AUTHORITY SERIES 2020 BOND FINANCING WERE USED TO REFUND THE SERIES 2010 BONDS.

SCHEDULE K, PART I, LINE B, COLUMN F

PER THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE PROCEEDS OF THE NEW JERSEY HEALTHCARE FACILITIES AUTHORITY SERIES 2021 BOND FINANCING WERE USED TO REFUND THE SERIES 2016 BONDS.

SCHEDULE K, PART I, LINE C, COLUMN F

PER THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE PROCEEDS OF THE NEW JERSEY HEALTHCARE FACILITIES AUTHORITY SERIES 2024 BOND FINANCING WERE USED TO FINANCE FUTURE CAPITAL PROJECTS AND TO REIMBURSE THE MEDICAL CENTER FOR CERTAIN FUNDS SPENT ON PRIOR CAPITAL PROJECTS.

**SCHEDULE L
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public
Inspection**

Name of the organization HOLY NAME MEDICAL CENTER, INC.	Employer identification number 22-1487322
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			SEE SUPPLEMENTAL PAGE									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$	28,501,677.					

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PATRICK MARON	FAMILY MEMBER OF TRST/OFF	251,688.	EMPLOYEE		X
(2) BARBARA CARNEVALE	FAMILY MEMBER OF TRUSTEE	25,756.	EMPLOYEE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART II, SUPPLEMENTAL RETIREMENT BENEFIT - CASD

MICHAEL A. MARON, THE ORGANIZATION'S CEO, AGREED TO RELINQUISH BENEFITS TO WHICH HE WAS OTHERWISE ENTITLED IN EXCHANGE FOR A SPLIT DOLLAR LIFE INSURANCE RETENTION AND LOAN PLAN (THE PLAN). THIS EXCHANGE WAS DONE AT NO ADDED COST TO THE ORGANIZATION. THE ORGANIZATION WILL BE FULLY REPAYED ITS LOANS, PLUS INTEREST, BY THE CEO OR HIS ESTATE. TO ENSURE REPAYMENT, THE LOAN IS SECURED BY COLLATERAL ASSIGNMENTS ON TWO LIFE INSURANCE POLICIES' CASH VALUE AND DEATH PROCEEDS. THE PLAN IS STRUCTURED TO PROVIDE THE ORGANIZATION WITH A SIGNIFICANT RETENTION INCENTIVE. THE ORGANIZATION'S ADVISORS HAVE OPINED THAT THIS NEW PROGRAM SATISFIES ALL APPLICABLE LAWS, COMPENSATION REASONABLENESS AND BEST PRACTICE STANDARDS.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART II

=====

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN		(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?		(H) APPROVED		(I) WRITTEN	
		TO	FROM			YES	NO	YES	NO	YES	NO
MICHAEL MARON TRUSTEE/OFFICER	SUPPRETCASD		X		28,501,677.		X	X			X
TOTAL						28,501,677.					

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Department of the Treasury
Internal Revenue Service

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HOLY NAME MEDICAL CENTER, INC.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HOLY NAME MEDICAL CENTER, INC. ("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

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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 INCIDENTALY.

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

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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 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

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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 95 YEARS, IT CONTINUES TO TAKE STEPS TO BECOME A NATIONAL MODEL BY IMPLEMENTING NEW, ADVANCED TECHNOLOGIES AND

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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 1,000 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 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);

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- 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, HNMC'S COMPREHENSIVE HOSPICE FACILITY IN
SADDLE RIVER, NJ;
- BREAST CENTER;
- INSTITUTE FOR SIMULATION LEARNING;
- FIRST IN THE WORLD TO ENROLL COVID-19 PATIENTS IN REGENERON MONOCLONAL
ANTIBODY TREATMENT CLINICAL TRIAL;
- FIRST IN THE U.S. TO USE PLURISTEM'S PLACENTA CELL-BASED ANTIVIRAL
THERAPY;
- 250,000+ VACCINE DOSES ADMINISTERED AT MEGA AND SATELLITE SITES
THROUGHOUT BERGEN (DECEMBER 2021 - MAY 2022): TEANECK, ORADELL, WEST NEW
YORK AND PARAMUS; AND
- 175,000 PCR TESTS COVID-19 TESTS ADMINISTERED (MARCH 2020 - MAY 2022).

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,
HNMC'S MEDICALLY-BASED FITNESS CENTER IN ORADELL, NJ;
- BARIATRIC MEDICINE;

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- 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 SISTER CLAIRE TYNAN SCHOOL OF NURSING.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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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

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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 MENOPAUSE LECTURE SERIES, SLEEP DISORDERS, ALLERGIES,
DEPRESSION, ASTHMA, UTERINE FIBROIDS, COPD, STROKE, HYPERTENSION, MENTAL
WELLNESS, CARDIAC ISSUES, ALZHEIMER'S, JOINT REPLACEMENT, SLEEP APNEA,
CANCERS, CHILDREN'S HEALTH, DISASTER PREPAREDNESS, AND GENERAL HEALTH AND
WELL-BEING ARE AMONG THE TOPICS PRESENTED;

- 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.HOLYNAME.ORG). AN INTERACTIVE BODY GUIDE ("SYMPTOM
CHECKER") ALLOWS THE USER TO RESEARCH HEALTH INFORMATION ABOUT THE

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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. HOLY NAME 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.

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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 CENTER'S 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 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 AND ASIAN INDIAN POPULATIONS ADDRESS NEEDS SPECIFIC TO THESE GROUPS. CARE IS PROVIDED IN A

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CULTURALLY SENSITIVE MANNER.

THE INSTITUTE FOR CLINICAL RESEARCH AT HNMC PROVIDES EXCEPTIONAL 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

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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 PETER'S 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.

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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

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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:

- 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

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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. ADDITIONAL ARTICULATION AGREEMENTS WITH ROWAN UNIVERSITY, THOMAS EDISON UNIVERSITY, WILLIAM PATERSON, AND OTHERS ALLOW RN STUDENTS TO SEEMLESSLY PROGRESS INTO BACHELOR OF NURSING SCIENCE (BSN) PROGRAMS, MASTER'S, AND ADVANCED PRACTICE NURSING DEGREES. IN THIS PROCESS, STUDENT EMPLOYEES WORK WITH VARIOUS ADMINISTRATIVE LEADERS WITHIN HNMC TO COMPLETE CLINICAL ROTATIONS AND DEGREE REQUIREMENTS.

- UNDERGRADUATE, NURSE PRACTITIONER AND NURSING DOCTORAL STUDENTS FROM FAIRLEIGH DICKINSON UNIVERSITY ("FDU"), ROWAN UNIVERSITY AND ABOUT 30 OTHER INSTITUTIONS COMPLETE ROTATIONS WITH OVERSIGHT FROM HNMC'S DEPARTMENT OF NURSING EDUCATION.

- DURING 2024 ROWAN UNIVERSITY ("ROWAN") AND HOLY NAME MEDICAL CENTER ("HNMC") ENTERED INTO AN AGREEMENT WHEREBY ROWAN AND HNMC COMMITTED TO WORK TOGETHER IN A PROGRAM FOR THE EDUCATION OF HEALTH PROFESSIONALS, INCLUDING MEDICAL STUDENTS, AND RECOGNIZE THAT CLINICAL EXPERIENCE IN A HOSPITAL CONSTITUTES AN IMPORTANT PART OF THE EDUCATIONAL CURRICULUM. UNDER ROWAN'S ACCREDITED PROGRAM FOR THE EDUCATION AND TRAINING OF MEDICAL STUDENTS ("PROGRAM") AT ROWAN VIRTUA SCHOOL OF OSTEOPATHIC MEDICINE THE AGREEMENT WAS FOR THE PURPOSE OF PROVIDING CLINICAL EXPERIENCE AT HNMC TO AT LEAST FORTY (40) STUDENTS IN INTERNAL MEDICINE,

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INTERNAL MEDICINE SELECTIVE ROTATIONS, FAMILY MEDICINE, GENERAL SURGERY/ANESTHESIA, PEDIATRICS, OBSTETRICS & GYNECOLOGY, PSYCHIATRY, GERIATRICS, EMERGENCY MEDICINE, AND CRITICAL CARE MEDICINE AS WELL AS MEDICINE AND SURGICAL SUBSPECIALTY ELECTIVE ROTATIONS DURING THE FIRST TWO YEARS AND TO AT LEAST FIFTY (50) STUDENTS IN YEAR THREE.

-HNMC EMPLOYEES SERVE AS SUPERVISORS AND CLINICAL INSTRUCTORS FOR THESE STUDENTS. IN ALL CASES, INSTRUCTION AND OVERSIGHT ARE PROVIDED BY HNMC STAFF.

- HNMC HAS A NUMBER OF OTHER ACADEMIC 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.

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- 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.

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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 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 COMPRISED OF PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS WHO ARE READY TO RESPOND 24 HOURS A DAY, 7 DAYS A WEEK TO ASSIST LOCAL COMMUNITIES WITH EMERGENCIES.

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CORONAVIRUS PANDEMIC

=====

FOLLOWING THE ADMISSION OF OUR FIRST COVID-19 POSITIVE PATIENT ON MARCH 4, 2020, HOLY NAME MEDICAL CENTER, INC. QUICKLY BECAME THE EPICENTER OF NJ'S OUTBREAK AND ONE OF THE FIRST AND HARDEST HIT HOSPITALS IN THE COUNTRY. WITH THE COVID INPATIENT CENSUS DOUBLING EVERY FOUR DAYS TO A

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PEAK OF 251 INPATIENTS, AND THOUSANDS OF VIRUS-POSITIVE PATIENTS BEING MONITORED IN THEIR HOMES WITH TELEMEDICINE, HOLY NAME WAS "GROUND ZERO" OF THE PANDEMIC. HOLY NAME'S MASSIVE CRISIS RESPONSE AND MANAGEMENT EFFORT TO CONFRONT UNPRECEDENTED CHALLENGES RESULTED IN A REMARKABLE SAFETY RECORD TO TREAT PATIENTS AND TO PROTECT STAFF AND PATIENTS. LESS THAN 10 PERCENT OF ALL EMPLOYEES WHO WERE TESTED FOR COVID TESTED POSITIVE, AND FOLLOWING THE BUILDING OF FIVE NEW ICUS, NOT ONE EMPLOYEE TESTED POSITIVE.

WE RETROFITTED THE MEDICAL CENTER TO BUILD NEW ICUS TO HANDLE PATIENT SURGE AND TO ISOLATE COVID-POSITIVE PATIENTS. OVER FOUR WEEKS IN MARCH-APRIL, OUR FACILITIES TEAM, WITH INPUT FROM NURSING AND OTHER CLINICIANS, BUILT FIVE ICUS CONTAINING 75 BEDS. IVS, PUMPS, VENTILATORS, MONITORS, AND MEDICATION COMPUTERS WERE PLACED OUTSIDE ROOMS THROUGH PUNCH-THROUGH PORTS, WHICH SAFEGUARDED PRECIOUS PPE AND REDUCED THE NUMBER OF TIMES CLINICAL STAFF HAD TO GO INSIDE. OVERHEAD MIRRORS ENABLED CAREGIVERS OUTSIDE TO SEE PATIENTS' FACES, WHILE INTERCOMS FACILITATED CONVERSATIONS. ADDITIONALLY, WE BUILT 250 UNIQUE NEGATIVE-PRESSURE ISOPODS FROM OFF-THE-SHELF MATERIALS READILY AVAILABLE AT BUILDING SUPPLY CENTERS TO SURROUND COVID-POSITIVE PATIENTS FOR TREATMENT AND TRANSPORTATION AND TO PROTECT STAFF. ALSO, 276 NEGATIVE-PRESSURE AREAS WERE CONSTRUCTED.

AS THE PANDEMIC CONTINUED, WE DEVELOPED NEW TREATMENT PROTOCOLS AND PARTICIPATED IN CLINICAL TRIALS AS A RESULT OF HOLY NAME'S HIGH PROFILE,

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WHICH NORMALLY WOULD HAVE BEEN RESERVED FOR LARGE ACADEMIC INSTITUTIONS,
FOR REMDESIVIR, BLOOD PLASMA, REGENERON ANTIBODY COCKTAILS, AND PLURISTEM
WITH PLACENTAL STEM CELLS, WHICH HOLY NAME WAS THE FIRST IN THE COUNTRY
TO USE.

IN THE BEGINNING OF JUNE 2020 AS WE EMBARKED UPON A "NEW NORMAL" ON OUR
ROAD TO RECOVERY, WE CONDUCTED A DEEP, RIGOROUS CLEANING OF OUR 450,000
SQUARE FEET OF CLINICAL AND NON-CLINICAL SPACE USING MANUAL DISINFECTION,
ELECTROSTATIC SANITIZING MIST, AND UV-C LIGHT. OUR ROUTINE STEPS INCLUDE
RIGOROUS CLEANING AND STERILIZING IN PATIENT CARE LOCATIONS; ADOPTING NEW
SCREENING PROTOCOLS AND PROTECTION PROCEDURES FOR PATIENTS AND STAFF; AND
SEPARATING NON-COVID TREATMENT AREAS FROM COVID TREATMENT AREAS.

WE HAVE CAREFULLY REOPENED TO THE PUBLIC IN PHASES, EXPANDING SERVICES AS
PUBLIC HEALTH GUIDELINES PERMIT. WE ARE NOW SCHEDULING ELECTIVE SURGERIES
AND PROCEDURES; RESUMING MANY ELECTIVE TESTS, SUCH AS MAMMOGRAMS AND
COLONOSCOPIES; AND OFFERING SELECT IN-PERSON REHABILITATION THERAPY
SERVICES.

TO SAFEGUARD OUR PATIENTS AND STAFF, WE HAVE INSTITUTED PROCEDURES FOR
PRE-REGISTERING, PRE-ADMISSION COVID-19 TESTING, AND ENTERING ALL OUR
FACILITIES.

OUR WEBSITE, WWW.HOLYNAME.ORG, CONTAINS CRUCIAL FACTS AND INFORMATION ON
COVID-19 TO EDUCATE AND INFORM THE COMMUNITY. ADDITIONALLY, WE HAVE A

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COVID-19 TOOLKIT ON OUR WEBSITE WHICH PROVIDES INFORMATION ON COVID-19
VACCINATIONS, TESTING, AND TREATMENTS. PATIENTS ARE ABLE TO SCHEDULE
APPOINTMENTS FOR TESTING AND VACCINATIONS ONLINE AS WELL AS PERFORM
SELF-ASSESSMENTS TO DIAGNOSE THEIR SYMPTOMS.

STARTING IN JANUARY 2021, WE OPENED UP VACCINATION CENTERS IN TEANECK,
WEST NEW YORK, ORADELL, AND PARAMUS. WE ADVERTISED THESE SITES ACROSS ALL
MEDIA, SOCIAL MEDIA, AND DIRECT MAILING PLATFORMS TO INFORM THE COMMUNITY
ON HOW TO REGISTER FOR THE COVID-19 VACCINATION AND WHERE TO GET IT. WE
BUILT AN ONLINE REGISTRATION TOOL TO STREAMLINE THE PROCESS TO ENSURE
THAT ALL PATIENTS COULD EASILY REGISTER AND HAVE ACCESS TO THE
VACCINATION. THROUGH AUGUST 2022, WE ADMINISTERED OVER 250,000
VACCINATIONS.

RECOGNITION

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HNMC IS RECOGNIZED FOR ITS CLINICAL SKILL, QUALITY OUTCOMES AND HIGH RATE
OF PATIENT SATISFACTION BY MULTIPLE NATIONAL ACCREDITATION AGENCIES AND
BENCHMARKING ORGANIZATIONS. HNMC HOLDS MAGNET STATUS FOR OUTSTANDING
NURSING CARE FROM THE AMERICAN NURSES CREDENTIALING CENTER ("ANCC"). THE
MAGNET RECOGNITION PROGRAM WAS DEVELOPED BY THE ANCC TO RECOGNIZE
HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE, AND TO PROVIDE
A VEHICLE FOR DISSEMINATING SUCCESSFUL NURSING PRACTICES AND STRATEGIES.
ONLY EIGHT PERCENT (8%) OF HOSPITALS NATIONWIDE ARE MAGNET RECOGNIZED

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HOSPITALS.

ACCREDITED BY THE JOINT COMMISSION ("TJC") HNMC HAS ALSO RECEIVED TJC'S
GOLD SEAL OF APPROVAL FOR HEALTHCARE QUALITY AND SAFETY FOR EACH OF HIP
REPLACEMENT AND KNEE REPLACEMENT. HNMC IS ALSO CERTIFIED BY TJC AS A
PRIMARY STROKE CENTER.

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 GUIDELINES" PROGRAM, AND IS A BARIATRIC SURGERY
CENTER OF EXCELLENCE, DESIGNATED AND ACCREDITED BY THE AMERICAN SOCIETY
FOR METABOLIC AND BARIATRIC SURGERY ("MBSQIP").

HNMC IS DESIGNATED AS A CENTER OF EXCELLENCE BY AAGL (AMERICAN
ASSOCIATION OF GYNECOLOGIC LAPAROSCOPISTS) FOR 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. HNMC HOLDS THE WOMEN'S CHOICE AWARDS FOR EACH OF "AMERICA'S BEST
HOSPITALS FOR CANCER CARE," AND "AMERICAN'S BEST HOSPITALS FOR BARIATRIC
SURGERY."

HNMC HAS BEEN PRAISED REPEATEDLY AS AN EXEMPLARY WORKPLACE BY NJBIZ (THE
LEADING WEEKLY BUSINESS PUBLICATION IN NEW JERSEY), WHICH CITES HNMC AS A
TOP BUSINESS (ALL INDUSTRIES) IN ITS 50 BEST PLACES TO WORK IN NEW JERSEY
PROGRAM, A DESIGNATION EARNED BY HNMC, AND BY NO OTHER HOSPITAL, FOR 14

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Name of the organization

HOLY NAME MEDICAL CENTER, INC.

Employer identification number

22-1487322

YEARS IN A ROW.

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.

CORE FORM, PART V; QUESTION 15

MICHAEL MARON IS AN OFFICER OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF HOLY NAME MEDICAL CENTER, INC. ON A FULL TIME BASIS. MR. MARON IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES A FEDERAL FORM W-2. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH HOLY NAME MEDICAL CENTER, INC. (EIN: 22-1487322). HOLY NAME MEDICAL CENTER, INC. FILED A 2024 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. MARON'S COMPENSATION IN EXCESS OF \$1M.

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

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HOLY NAME MEDICAL CENTER, INC.

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ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS
DEFINED IN THIS ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC.
AND ITS 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 EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, ASSISTANT VICE
PRESIDENT OF FINANCE AND EXECUTIVE DIRECTOR OF FINANCE ("INTERNAL WORKING
GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE
AND ACCURATE TAX RETURN.

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HOLY NAME MEDICAL CENTER, INC.

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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.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND ITS 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

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▶ Attach to Form 990 or 990-EZ.

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ITS REVIEW AND DISCUSSION.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND ITS 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, INC. 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:

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HOLY NAME MEDICAL CENTER, INC.

Supplemental Information to Form 990 or 990-EZ

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1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO 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

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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 WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION AFTER FILING ITS FORM 990 WITH THE IRS.

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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. IN ADDITION, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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 THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THE ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII AND SCHEDULE J

MICHAEL SKVARENINA, A FORMER KEY EMPLOYEE OF THE ORGANIZATION, IS STILL

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EMPLOYED WITHIN THE SYSTEM AS THE VICE PRESIDENT OF INFORMATION
TECHNOLOGY.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC.
AND ITS 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.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

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- CHANGE IN NET INTEREST OF HNH INSURANCE COMPANY, LTD. - \$1,292;
- CHANGE IN NET INTEREST OF HOLY NAME MEDICAL CENTER FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$412,829);
- CHANGE IN BENEFICIAL INTEREST IN HOLY NAME MEDICAL CENTER FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$1,002,147; AND
- GAIN ON SPLIT DOLLAR LIFE INSURANCE - \$935,885.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC. AND ITS 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, 2024 AND DECEMBER 31, 2023; 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 ORGANIZATION'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION AND THE SELECTION OF AN INDEPENDENT AUDITOR.

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CORE FORM, PART XII; QUESTION 3A

THE ORGANIZATION IS AN AFFILIATE WITHIN HOLY NAME MEDICAL CENTER, INC.
AND ITS SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM
("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE
AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT AS SET FORTH IN THE UNIFORM
GUIDANCE, 2 C.F.R., PART 200, SUBPART F.

Name of the organization

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HOLY NAME MEDICAL CENTER, INC.

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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

HOLY NAME MEDICAL CENTER, INC. 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.

Name of the organization

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HOLY NAME MEDICAL CENTER, INC.

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FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

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.

LINE 4B, PROGRAM SERVICE

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.

LINE 4C, PROGRAM SERVICE

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.

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SYMMETRY WORKFORCE SOLUTIONS, LLC P.O. BOX 646064 PITTSBURGH, PA 15264	STAFFING	8,164,148.
CLAUDIO BOZZO & SON, INC 503 FARLEY ROAD WHITEHOUSE STATION, NJ 08889	CONSTRUCTION	5,805,295.
TVS NEXT PRIVATE LIMITED UNIT 1 3RD FL BLOCK A SHOLINGANALLUR CHENNAI INDIA	CONSULTING	3,370,855.
ENTRANS TECHNOLOGIES PRIVATE LIMITED 14 SECOND STREET NATESAN NAGAR SRI SAKTHI TAMIL NADU INDIA	IT/CONSULTING	3,003,895.
EASTPORT HOLDINGS, LLC 6 ANOLYN COURT BLUFFTON, SC 29910	ADVERTISING	2,585,087.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

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Related Organizations and Unrelated Partnerships

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.

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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 59-3836367 718 TEANECK ROAD TEANECK, NJ 07666	WELLNESS	NJ	1,636,959.	4,334,156.	HNMC
(2) HOLY NAME MEDICAL CENTER ACO, LLC 81-0906043 718 TEANECK ROAD TEANECK, NJ 07666	HEALTHCARE	NJ	2,661,972.	1,207,656.	HNMC
(3) HARMONY HEALTH ALLIANCE, LLC 82-1374662 718 TEANECK ROAD TEANECK, NJ 07666	HEALTHCARE	NJ	NONE	12,876.	HNMC
(4)					
(5)					
(6)					

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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 12-2024)

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
HOLY NAME MEDICAL CENTER FOUNDATION INC. 22-2737143 718 TEANECK ROAD	TEANECK, NJ 07666 FUNDRAISING	NJ	501(C)(3)	7	HNMC		X
HOLY NAME REAL ESTATE CORP 22-3412504 718 TEANECK ROAD	TEANECK, NJ 07666 PROPERTY CO	NJ	501(C)(3)	12A	HNMC		X
MS COMPREHENSIVE CARE CENTER 22-2402959 718 TEANECK ROAD	TEANECK, NJ 07666 HEALTHCARE	NJ	501(C)(3)	10	HNMC		X
HOLY NAME EMS 27-0294681 718 TEANECK ROAD	TEANECK, NJ 07666 HEALTHCARE	NJ	501(C)(3)	12A	HNMC		X
THE CRUDEM FOUNDATION, INC. 43-1660199 718 TEANECK ROAD	TEANECK, NJ 07666 FUNDRAISING	MA	501(C)(3)	7	HNMC FDN		X
PEACE MINISTRIES, INC. 46-5202238 399 HUDSON TERRACE	ENGLEWOOD CLIFFS, NJ 07632 RELIGIOUS ORD	NJ	501(C)(3)	7	N/A		X
HOLY NAME HEALTH PHYSICIANS, P.C. 85-2279567 718 TEANECK ROAD	TEANECK, NJ 07666 HEALTHCARE	NJ	501(C)(3)	12A	HNMC		X
HOLY NAME HEALTH, INC. 85-3847378 718 TEANECK ROAD	TEANECK, NJ 07666 INACTIVE	NJ	501(C)(3)	12C	PEACE MIN.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

HOLY NAME MEDICAL CENTER, INC.

22-1487322

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
HEALTH PARTNER SERVICES, INC. 718 TEANECK ROAD TEANECK, NJ 07666	22-3618636 MGMT SERVICES	NJ	HNMC	C CORP.	7,784,202.	1,341,121.	100.0000	X
PEACE HEALTH PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	22-3618634 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
HOUSE PHYSICIAN PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	22-3808427 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
RADIATION ONCOLOGY PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	20-1104758 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
EXCELCARE MEDICAL ASSOCIATES, P.A. 718 TEANECK ROAD TEANECK, NJ 07666	20-3130405 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
BREAST IMAGING PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	75-3226059 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
HOLY NAME CARDIOLOGY ASSOCIATES, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	75-3226063 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
HOLY NAME PULMONARY ASSOCIATES, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	83-0511119 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
WOMEN'S CLINIC PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	36-4635222 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
MULKAY CARDIOLOGY CONSULTANTS AT HNMC 718 TEANECK ROAD TEANECK, NJ 07666	46-3392343 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
HN PRIMARY CARE & SPECIALTY ASSOC., P.C. 718 TEANECK ROAD TEANECK, NJ 07666	46-3825486 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
PRIMARY CARE OF ORADELL 718 TEANECK ROAD TEANECK, NJ 07666	47-4651750 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
HOLY NAME MEDICAL ASSOCIATES, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	47-4693593 HEALTHCARE SVCS.	NM	N/A	C CORP.				X
HOLY NAME PHYSICIAN PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	47-4715360 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
HOLY NAME ANESTHESIA PARTNERS, P.C. 718 TEANECK ROAD TEANECK, NJ 07666	84-2398656 HEALTHCARE SVCS.	NJ	N/A	C CORP.				X
PAIX TECHNOLOGIES, INC. 718 TEANECK ROAD TEANECK, NJ 07666	85-2917949 HEALTHCARE SVCS.	NJ	HNMC	C CORP.	269,636.	2,078,084.	100.0000	X
HNH INSURANCE COMPANY, LTD 113 SOUTH CHURCH STREET GRAND CAYMAN, CJ KY1-1102	FINANCIAL VEHICLE	CJ	HNMC	FOREIGN CORP.	1,070,998.	1,744,244.	100.0000	X
PAIX SERVICES INDIA PRIVATE LIMITED 4TH FLOOR WEST WING CHENNAI, CHENNAI IN 600004	ADMIN. SERVICES	IN	N/A	FOREIGN CORP.				X

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

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH PARTNER SERVICES, INC.	R	80,380,000.	COST
(2) HEALTH PARTNER SERVICES, INC.	D	976,490.	COST
(3) MS COMPREHENSIVE CARE CENTER	D	12,858,331.	COST
(4) HOLY NAME REAL ESTATE CORPORATION	D	22,305,318.	COST
(5) HOLY NAME EMS	D	10,599,899.	COST
(6) HOLY NAME MEDICAL CENTER FOUNDATION, INC.	D	1,762,931.	COST

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOLY NAME MEDICAL CENTER FOUNDATION, INC.	C	3,443,324.	COST
(2) HOLY NAME MEDICAL CENTER FOUNDATION, INC.	B	2,145,505.	COST
(3) HOLY NAME REAL ESTATE CORPORATION	O	368,984.	COST
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER OF HOLY NAME MEDICAL CENTER, INC. AND ITS 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.

RENT AND ROYALTY INCOME

Taxpayer's Name HOLY NAME MEDICAL CENTER, INC.	Identifying Number 22-1487322
--	---

DESCRIPTION OF PROPERTY
HNMC RENTAL

	Yes	No	Did you actively participate in the operation of the activity during the tax year?
--	-----	----	--

TYPE OF PROPERTY:
REAL RENTAL INCOME

OTHER INCOME: RENTAL INCOME	1,240,853.	
TOTAL GROSS INCOME		1,240,853.

OTHER EXPENSES:
OTHER EXPENSES

	621,546.	
--	----------	--

DEPRECIATION (SHOWN BELOW)
LESS: Beneficiary's Portion

AMORTIZATION
LESS: Beneficiary's Portion

DEPLETION
LESS: Beneficiary's Portion

TOTAL EXPENSES		621,546.
TOTAL RENT OR ROYALTY INCOME (LOSS)		619,307.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		619,307.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME	1,240,853.

	1,240,853.
	=====

OTHER DEDUCTIONS

RENTAL EXPENSES	621,546.

	621,546.
	=====

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME	18,024.

	18,024.
	=====

OTHER DEDUCTIONS

RENTAL EXPENSES	9,733.

	9,733.
	=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
HNMC RENTAL	1,240,853.		621,546.	619,307.
HNH FITNESS RENTAL	18,024.		9,733.	8,291.
	-----	-----	-----	-----
TOTALS	1,258,877.		631,279.	627,598.
	=====	=====	=====	=====

SEE STATEMENT 0

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2024

Name of estate or trust

Employer identification number

HOLY NAME MEDICAL CENTER, INC.

22-1487322

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	1,332,757.			1,332,757.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				16 1,332,757.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2024

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		1,332,757.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a.	19		1,332,757.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		20
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3); or b \$3,000	()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$3,150	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$15,450	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

HOLY NAME MEDICAL CENTER, INC.

22-1487322

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SECURITIES	VARIOUS	VARIOUS	1,291,195.00				1,291,195.00
	FIXED ASSETS	VARIOUS	VARIOUS	41,562.00				41,562.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				1,332,757.				1,332,757.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.