

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC		D Employer identification number 52-0738041
	Doing Business As		E Telephone number 301-754-7034
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 421,777,775.
	1500 FOREST GLEN ROAD		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number 0928
City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20910-1484		F Name and address of principal officer: KEVIN J. SEXTON SAME AS C ABOVE	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HOLYCROSSHEALTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1959
M State of legal domicile: MD			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HEALTH CARE AND RELATED ACTIVITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3517
	6 Total number of volunteers (estimate if necessary)	6	360
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	47,705.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	16,871.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,105,691.	1,685,783.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	380,716,457.	400,596,609.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,491,905.	7,368,515.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,015,678.	11,801,042.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	396,329,731.	421,451,949.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	40,877.	82,700.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	184,761,795.	197,090,908.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,172,731.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	185,647,210.	191,441,333.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	370,449,882.	388,614,941.
19 Revenue less expenses. Subtract line 18 from line 12	25,879,849.	32,837,008.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	363,353,708.	405,868,972.
	22 Net assets or fund balances. Subtract line 21 from line 20	152,152,533.	161,981,959.
		211,201,175.	243,887,013.

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		
	ANNE GILLIS, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: HEALTH CARE AND RELATED ACTIVITIES - SEE SCHEDULE H FOR MORE INFORMATION

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 304,161,900. including grants of \$ 82,700.) (Revenue \$ 409,841,550.) HOLY CROSS HOSPITAL OF SILVER SPRING, INC. IS ONE OF THE LARGEST COMMUNITY HOSPITALS IN THE STATE OF MARYLAND. THE HOSPITAL OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT ACUTE AND SPECIALTY CARE SERVICES, WITH AN EMPHASIS ON CANCER CARE, EMERGENCY CARE, SENIOR SERVICES, SURGICAL SPECIALTIES AND WOMEN AND CHILDREN SERVICES. FOR MORE INFORMATION ON SPECIFIC SERVICES PROVIDED, PLEASE SEE THE HOSPITAL'S WEBSITE AT WWW.HOLYCROSSHEALTH.ORG.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) MISSION

THE MISSION STATEMENT OF THE HOSPITAL IS AS FOLLOWS: WE SERVE TOGETHER IN TRINITY HEALTH IN THE SPIRIT OF THE GOSPEL TO HEAL BODY, MIND, AND SPIRIT TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND TO STEWARD THE RESOURCES ENTRUSTED TO US.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) ROLE STATEMENT

HOLY CROSS HOSPITAL EXISTS TO SUPPORT THE HEALTH MINISTRY OF TRINITY HEALTH AND TO BE THE MOST TRUSTED PROVIDER OF HEALTH CARE SERVICES IN OUR AREA. OUR HEALTH CARE TEAM WILL ACHIEVE THIS TRUST THROUGH: - HIGH-QUALITY, EFFICIENT AND SAFE HEALTH CARE SERVICES FOR ALL IN PARTNERSHIP WITH OUR PHYSICIANS AND OTHERS - ACCESSIBILITY OF SERVICES TO OUR MOST VULNERABLE AND UNDERSERVED POPULATIONS - COMMUNITY OUTREACH THAT IMPROVES HEALTH STATUS - ONGOING LEARNING AND SHARING OF NEW KNOWLEDGE - OUR FRIENDLY, CARING SPIRIT

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 304,161,900.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		14
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANNE GILLIS - 301-754-7034**
1500 FOREST GLEN RD., SILVER SPRING, MD 20910

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

Check if Schedule O contains a response to any question in this Part VII

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
KEVIN J. SEXTON PRESIDENT & CEO	50.00	X		X				0.	728,750.	171,616.
SR. JEANETTE FETIG, CSC VICE CHAIR	1.00	X		X				0.	0.	0.
EDWARD H. BERSOFF, PH.D TRUSTEE	1.00	X						0.	0.	0.
SR. EILEEN WROBLESKI, CSC TRUSTEE	1.00	X						0.	0.	0.
LENORA BOOTH TRUSTEE	1.00	X						0.	0.	0.
RAM TREHAN, M.D. SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
MICHAEL SLUBOWSKI TRUSTEE/TRIN PRES UNTIL 12/10	3.00	X						0.	1,153,164.	271,732.
JOHN MCSHEA CHAIR	1.00	X		X				0.	0.	0.
PAMELA PARKER, M.D. TRUSTEE	1.00	X						0.	0.	0.
EARL THORPE TRUSTEE UNTIL 12/10	1.00	X						0.	0.	0.
CORRINE PARVER TRUSTEE	1.00	X						0.	0.	0.
ALEXANDER SLOAN, M.D. TRUSTEE	1.00	X						0.	0.	0.
PAUL KAPLUN TRUSTEE	1.00	X						0.	0.	0.
TOM TSUI TRUSTEE	1.00	X						0.	0.	0.
J. RICHARD O'CONNELL (AS OF 1/11) TRUSTEE/TRIN EVP & COO HOSPITAL NTWKS	3.00	X						0.	761,373.	137,960.
MARY PATERSON, RN, PH.D TRUSTEE AS OF 1/11	1.00	X						0.	0.	0.
GARY E. VOGAN CFO & ASST. TREASURER	50.00			X				0.	356,371.	49,465.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
ROSEANNE PAJKA SVP CORP DEV & ASST SECRETARY	50.00			X				0.	258,880.	34,360.
ANNICE CODY VP, PLANNING	50.00			X				0.	249,055.	41,915.
JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	2.00			X				0.	2,853,932.	791,453.
KEDRICK ADKINS TRINITY PRES INTEGRATED SVCS	2.00			X				0.	1,160,870.	198,248.
JUDITH FRUITERMAN VP PATIENT CARE & CNE	50.00			X				0.	242,276.	49,521.
JUAN MANUEL OCASIO COLON VP HUMAN RESOURCES	50.00			X				0.	219,642.	23,569.
MICHAEL MURPHY TRINITY EVP HEALTH NETWORKS	2.00			X				0.	539,823.	68,542.
AMINULLAH AMINI MEDICAL DIRECTOR	50.00				X			816,677.	0.	27,903.
IRA ROY TANNEBAUM SURG. HOSPITALIST	50.00				X			406,751.	0.	36,934.
1b Sub-total								1,223,428.	8,524,136.	1,903,218.
c Total from continuation sheets to Part VII, Section A								553,729.	621,608.	202,635.
d Total (add lines 1b and 1c)								1,777,157.	9,145,744.	2,105,853.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **179**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO AFFILIATES PO BOX 536922, ATLANTA, GA 30353	FOOD MANAGEMENT SVCS	3,291,083.
CHILDRENS NATIONAL MEDICAL CENTER, 12211 PLUM ORCHARD DR, SILVER SPRING, MD 20904	MEDICAL SERVICES	1,990,266.
SCOTT LONG CONSTRUCTION 14170 NEWBROOK DR., CHANTILLY, VA 20151	CONSTRUCTION SERVICES	1,769,633.
GEORGE WASHINGTON UNIV., 2300 1ST ST NW ROSS HALL, WASHINGTON, DC 20037	MEDICAL SERVICES	1,321,948.
AMERICAN ENDOSCOPY SERVICES, INC. 8 CADILLAC DR. # 200, BRENTWOOD, TN 37027	MANAGEMENT SERVICES	811,720.

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 **76**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	51,046.				
	e	Government grants (contributions)	101,756.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1532981.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1685783.			
	Program Service Revenue	2 a	NET PATIENT SVC REV	Business Code 900099	400,596,609.	400,548,904.	47,705.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		400,596,609.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2586832.		2,586,832.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	461218.			
			(ii) Personal				
			b Less: rental expenses	221352.			
			c Rental income or (loss)	239866.			
	d	Net rental income or (loss)		239,866.		239,866.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,819,236.			
			(ii) Other	66,921.			
			b Less: cost or other basis and sales expenses		104474.		
			c Gain or (loss)	4,819,236.	-37553.		
	d	Net gain or (loss)		4781683.		4,781,683.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
			b Less: direct expenses				
c Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a	OTHER REVENUE	900099	9292646.	9292646.			
b	CAFETERIA REVENUE	900099	2268530.		2,268,530.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		11,561,176.				
12	Total revenue. See instructions.		421,451,949.	409,841,550.	47,705.	9,876,911.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	82,700.	82,700.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,402,104.		2,402,104.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	212,716.		212,716.	
7 Other salaries and wages	158896800.	143341963.	14,929,854.	624,983.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,200,043.	8,803,824.	3,358,581.	37,638.
9 Other employee benefits	11,521,797.	10,346,357.	1,138,847.	36,593.
10 Payroll taxes	11,857,448.	10,667,000.	1,146,799.	43,649.
11 Fees for services (non-employees):				
a Management	2,102,798.	2,102,798.		
b Legal	505,584.		505,584.	
c Accounting	63,695.		63,695.	
d Lobbying	76,750.		76,750.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	23,498,077.	11,838,842.	11,560,015.	99,220.
12 Advertising and promotion	1,620,876.	25,555.	1,555,359.	39,962.
13 Office expenses	5,010,907.	3,645,228.	1,170,977.	194,702.
14 Information technology	18,319,913.	358,697.	17,917,389.	43,827.
15 Royalties				
16 Occupancy	8,133,440.	7,315,141.	818,299.	
17 Travel	600,308.	371,219.	205,698.	23,391.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	138,451.	109,340.	25,477.	3,634.
20 Interest	3,532,026.	3,532,026.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,014,294.	11,565,010.	11,449,284.	
23 Insurance	3,515,572.		3,515,572.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MEDICAL SUPPLIES	61,991,858.	61,991,858.		
b BAD DEBT	20,041,004.	20,041,004.		
c INTERCO PURCHASED SVCS	6,415,020.	515,696.	5,899,324.	
d CONTRACT LABOR EXPENSE	5,433,107.	2,185,823.	3,230,112.	17,172.
e EQUIPMENT MAINTENANCE	5,367,654.	4,756,996.	610,658.	
f All other expenses	2,059,999.	564,823.	1,487,216.	7,960.
25 Total functional expenses. Add lines 1 through 24f	388614941.	304161900.	83,280,310.	1,172,731.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	12,418,230.	1	10,938,561.	
	2 Savings and temporary cash investments	167,857.	2	172,151.	
	3 Pledges and grants receivable, net	8,213.	3	8,782.	
	4 Accounts receivable, net	49,775,981.	4	53,686,014.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	5,662,531.	8	6,346,250.	
	9 Prepaid expenses and deferred charges	1,909,956.	9	950,126.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 338,450,985.			
	b Less: accumulated depreciation	10b 208,300,155.	132,768,148.	10c	130,150,830.
	11 Investments - publicly traded securities	88,522,148.	11	81,132,908.	
	12 Investments - other securities. See Part IV, line 11	44,891,483.	12	95,187,139.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	371,593.	14		
	15 Other assets. See Part IV, line 11	26,857,568.	15	27,296,211.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	363,353,708.	16	405,868,972.		
Liabilities	17 Accounts payable and accrued expenses	46,809,461.	17	54,577,031.	
	18 Grants payable		18		
	19 Deferred revenue	530,173.	19	230,537.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,156,039.	23	671,327.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	103,656,860.	25	106,503,064.	
	26 Total liabilities. Add lines 17 through 25	152,152,533.	26	161,981,959.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	211,032,360.	27	243,713,541.	
	28 Temporarily restricted net assets	143,215.	28	140,450.	
	29 Permanently restricted net assets	25,600.	29	33,022.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	211,201,175.	33	243,887,013.	
34 Total liabilities and net assets/fund balances	363,353,708.	34	405,868,972.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	421,451,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	388,614,941.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,837,008.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	211,201,175.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-151,170.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	243,887,013.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

52-0738041

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC	Employer identification number 52-0738041
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KAISER PERMANENTE - KAISER FOUNDATION HEALTH PLAN 2101 E. JEFFERSON ST. ROCKVILLE, MD 20849	\$ 171,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	TRINITY HEALTH 27870 CABOT DRIVE NOVI, MI 48377	\$ 51,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	MARYLAND DEPT OF HEALTH AND MENTAL HYGIENE 201 WEST PRESTON STREET BALTIMORE, MD 21201	\$ 52,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	THE J. WILLARD AND ALICE S. MARRIOTT FOUNDATION 10400 FERNWOOD ROAD BETHESDA, MD 20817	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	SUSAN G. KOMEN FOUNDATION 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244	\$ 323,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	MONTGOMERY COUNTY 255 ROCKVILLE PIKE, SUITE L-15 ROCKVILLE, MD 20850	\$ 19,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization	Employer identification number
HOLY CROSS HOSPITAL OF SILVER SPRING, INC	52-0738041

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
HOLY CROSS HOSPITAL OF SILVER SPRING, INC	52-0738041

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC	Employer identification number 52-0738041
--	---

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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

LHA

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.
 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
1 a Total lobbying expenditures to influence public opinion (grass roots 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:	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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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					

Schedule C (Form 990 or 990-EZ) 2010

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		19,011.
f Grants to other organizations for lobbying purposes?	X		31,285.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		80,669.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			130,965.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

HOLY CROSS HOSPITAL HAS MADE GRANTS TO OTHER ORGANIZATIONS IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS. THESE ORGANIZATIONS HAVE PROVIDED HOLY CROSS HOSPITAL WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

Part IV Supplemental Information (continued)

MARYLAND HOSPITAL ASSOCIATION - \$23,170

CATHOLIC HOSPITAL ASSOCIATION - \$ 3,085

AMERICAN HOSPITAL ASSOCIATION - \$ 5,030

TOTAL - \$31,285

HOLY CROSS HOSPITAL ALSO PAID THIRD PARTY LOBBYING FIRMS DURING THE YEAR TO LOBBY AGAINST LEGISLATION DETERMINED TO BE ADVERSE TO HOLY CROSS HOSPITAL AND LOBBY IN FAVOR OF MATTERS OF INTEREST AND CONCERN TO HOLY CROSS HOSPITAL. DURING FISCAL YEAR 2011, EMPLOYEES OF HOLY CROSS HOSPITAL PERSONALLY MET WITH CONGRESSIONAL REPRESENTATIVES TO DISCUSS THE FOLLOWING:

- COVERAGE FOR THE UNINSURED
- QUALITY AND EFFICIENCY OF HEALTH CARE
- ALIGNMENT OF PAYMENT INCENTIVES IN MEDICARE AND MEDICAID, AND
- SAFEGUARDING THE MISSION OF TAX-EXEMPT HOSPITALS.

ADVOCACY ACTION DAYS WERE HELD IN MARCH 2011 IN WASHINGTON, D.C. OVER 50 MEETINGS WERE HELD WITH MEMBERS OF THE HOUSE AND SENATE DELIVERING A MESSAGE ABOUT TRANSFORMING AMERICA'S HEALTH. PARTICIPANTS INCLUDED TRINITY HEALTH EXECUTIVES, MINISTRY ORGANIZATION CEO'S, LOCAL BOARD MEMBERS AND ADVOCACY LEADERS. THE FOCUS OF THE MEETINGS WAS TO DISCUSS WHAT POLICYMAKERS CAN AND SHOULD DO TO ACHIEVE THE TRINITY HEALTH VISION OF AN ALL-INCLUSIVE, NATIONAL AFFORDABLE HEALTH CARE SYSTEM THAT DELIVERS HIGH VALUE AND CLINICAL EXCELLENCE ACROSS THE CONTINUUM OF CARE.

HOLY CROSS HOSPITAL MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV 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? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	25,600.	23,125.	32,366.		
b Contributions					
c Net investment earnings, gains, and losses	8,422.	3,475.	-8,241.		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,000.	1,000.	1,000.		
f Administrative expenses					
g End of year balance	33,022.	25,600.	23,125.		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 100.00 %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		493,418.		493,418.
b Buildings		183596284.	107788131.	75,808,153.
c Leasehold improvements				
d Equipment		89,796,244.	65,473,353.	24,322,891.
e Other	77,060.	64,487,979.	35,038,671.	29,526,368.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				130150830.

Part VII Investments - Other Securities. 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) ABSOLUTE RETURN STRATEGY		
(B) FUNDS	44,068,120.	END-OF-YEAR MARKET VALUE
(C) COMMINGLED FUNDS DIRECTLY		
(D) HOLDING SECURITIES	12,339,074.	END-OF-YEAR MARKET VALUE
(E) BOND FUND	38,779,945.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	95,187,139.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,945,499.
(2) INTERCOMPANY ACCOUNTS RECEIVABLES	5,774,284.
(3) INVESTMENT IN AFFILIATES	1,686,728.
(4) INTERCOMPANY OTHER LONG TERM ASSETS	17,889,700.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	27,296,211.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) INTERCOMPANY ACCOUNTS PAYABLE	6,321,119.
(3) DEFERRED COMPENSATION LIABILITY	47,567.
(4) ASSET RETIREMENT OBLIGATION (FIN	
(5) 47)	713,651.
(6) OTHER LIABILITIES	29,309.
(7) INTERCOMPANY NOTES PAYABLE	99,391,418.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	106,503,064.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PURPOSE OF THE LOUIS GALDIERI, M.D. MEMORIAL FUND

ENDOWMENT IS TO PROVIDE AN AWARD TO A STUDENT(S) OF HOLY CROSS HOSPITAL

SCHOOL OF RADIOLOGIC TECHNOLOGY WHO EXEMPLIFIES THE VALUES OF THE SCHOOL

THROUGH TEAMWORK, INITIATIVE, CONCERN FOR OTHERS AND SCIENTIFIC CURIOSITY.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **HOLY CROSS HOSPITAL OF SILVER SPRING, INC**
Employer identification number: **52-0738041**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? 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 _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? 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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)	1	8,561	13,804,726.		13,804,726.	3.75%
b Unreimbursed Medicaid (from Worksheet 3, column a)	4	125,586	3,996,251.	2,951,173.	1,045,078.	.28%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	5	134,147	17,800,977.	2,951,173.	14,849,804.	4.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	79	189,524	7,228,552.	290,630.	6,937,922.	1.88%
f Health professions education (from Worksheet 5)	6	8,722	4,295,113.	9,175.	4,285,938.	1.16%
g Subsidized health services (from Worksheet 6)	13	35,173	8,297,787.	827,516.	7,470,271.	2.03%
h Research (from Worksheet 7)	2	1,305	291,459.		291,459.	.08%
i Cash and in-kind contributions to community groups (from Worksheet 8)	2	26,022	205,447.	250.	205,197.	.06%
j Total. Other Benefits	102	260,746	20,318,358.	1,127,571.	19,190,787.	5.21%
k Total. Add lines 7d and 7j	107	394,893	38,119,335.	4,078,744.	34,040,591.	9.24%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: NOT REQUIRED (SEE SUPPLEMENTAL INFO.)

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

Part V Facility Information (continued) **NOT REQUIRED (SEE SUPPLEMENTAL INFO.)**

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
11	Explained the basis for calculating amounts charged to patients?		
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?		
13	Included measures to publicize the policy within the community served by the hospital facility?		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other actions (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other actions (describe in Part VI)		
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) **NOT REQUIRED (SEE SUPPLEMENTAL INFO.)**

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		
	If "No," indicate the reasons why (check all that apply):		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
	If "Yes," explain in Part VI.		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?		
	If "Yes," explain in Part VI.		

Part V Facility Information (continued)

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 WOODMORE DIALYSIS CENTER 11721 WOODMORE ROAD MITCHELLVILLE, MD 20721	DIALYSIS TREATMENT
2 HOLY CROSS HOSPITAL HEALTH CENTER 7987 GEORGIA AVENUE SILVER SPRING, MD 20910	HEALTH CLINIC
3 HOLY CROSS HOSPITAL HEALTH CENTER 702 RUSSELL AVENUE, SUITE 100 GAITHERSBURG, MD 20877	HEALTH CLINIC
4 DOCTORS REGIONAL CANCER CENTER 8116 GOOD LUCK ROAD, SUITE 005 LANHAM, MD 20706	CANCER TREATMENT
5 DOCTORS REGIONAL CANCER CENTER 4901 TELSIA DRIVE, SUITE A BOWIE, MD 20715	CANCER TREATMENT
6 CHESAPEAKE POTOMAC REGIONAL CANCER CT 30077 BUSINESS CENTER DRIVE CHARLOTTE HALL, MD 20622	CANCER TREATMENT
7 CHESAPEAKE POTOMAC REGIONAL CANCER CT 11340 PEMBROOKE SQUARE, SUITE 201 WALDORF, MD 20603	CANCER TREATMENT
8 CLINICAL IMAGING OF SILVER SPRING 1300 SPRING STREET, SUITE 120 SILVER SPRING, MD 20910	IMAGING CENTER
9 HOLY CROSS HOSPITAL SENIOR SOURCE 8580 SECOND AVENUE SILVER SPRING, MD 20910	HEALTH SCREENING
10 HOLY CROSS HOSPITAL RADIATION TRTMNT 2121 MEDICAL PARK DR., SUITE 4 SILVER SPRING, MD 20902	CANCER TREATMENT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

PART I, LINE 6A: HOLY CROSS HOSPITAL OF SILVER SPRING, INC. (HOLY CROSS HOSPITAL) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF MARYLAND. IN ADDITION, HOLY CROSS HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, HOLY CROSS HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7: THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LINE 7A: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR

Part VI Supplemental Information

HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7B: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LN 7 COL(F): THE FOLLOWING NUMBER, \$20,041,004, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE

Part VI Supplemental Information

H, PART I, LINE 7, COLUMN (F).

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART II: COMMUNITY BUILDING ACTIVITIES - AS COMMUNITIES THROUGHOUT MONTGOMERY COUNTY GROW MORE DIVERSE, CERTAIN POPULATIONS CONTINUE TO EXPERIENCE POORER HEALTH AND DISPROPORTIONATE RATES OF ILLNESS AND DEATH. HOLY CROSS HOSPITAL HAS PIONEERED INNOVATIVE EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES.

HOLY CROSS HOSPITAL'S SENIOR MANAGEMENT, DIRECTORS, MANAGERS, PHYSICIANS, AND NURSES CONTRIBUTED MORE THAN 193 STAFF HOURS AND A TOTAL OF \$12,705 TOTAL COMMUNITY BENEFIT EXPENSES WITH NO OFFSETTING REVENUE TO PROVIDE LEADERSHIP AND RESOURCES TO EQUIP COMMUNITY ORGANIZATIONS WITH THE SKILLS NEEDED TO CREATE HEALTHY COMMUNITIES. OUR STAFF PARTICIPATES ON BOARDS, ADVISORY COMMITTEES, AND COMMISSIONS, USING TIME THAT WOULD OTHERWISE BE ALLOCATED FOR OTHER ACTIVITIES AT HOLY CROSS HOSPITAL.

ESTABLISHING TRUSTED RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS SUCH AS THE MONTGOMERY COUNTY PUBLIC SCHOOLS, GRASS ROOTS ORGANIZATION FOR THE

Part VI Supplemental Information

WELL-BEING OF SENIORS (GROWS), MONTGOMERY COUNTY WORKFORCE & ECONOMIC DEVELOPMENT AND THE INTERFAITH COMMUNITY AGAINST DOMESTIC VIOLENCE ENABLES COMMUNITY MEMBERS WITH THE ABILITY AND RESOURCES TO VOICE CONCERNS ABOUT UNMET HEALTH NEEDS, TO MOBILIZE TO ACHIEVE COMMON GOALS AND TO IMPROVE THEIR OVERALL HEALTH BY IMPLEMENTING EFFECTIVE COMMUNITY PROGRAMS. IN FY11, HOLY CROSS HOSPITAL PROVIDED A TOTAL COMMUNITY BENEFIT OF \$50,394 THROUGH ITS PARTNERSHIP WITH THE DON BOSCO CRISTO REY HIGH SCHOOL. THE DON BOSCO CRISTO REY WORK STUDY PROGRAM, A YOUTH ASSET DEVELOPMENT PROGRAM, PROVIDES LOW-INCOME STUDENTS AN OPPORTUNITY TO EARN 63 PERCENT OF THE COST OF THEIR COLLEGE PREP EDUCATION WHILE GAINING VALUABLE JOB EXPERIENCE.

PART III, LINE 4: HOLY CROSS HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS:

"SUBSTANTIALLY ALL OF THE CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR."

COSTING METHODOLOGY FOR LINES 2 AND 3: AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY.

ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND

Part VI Supplemental Information

ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

THE AMOUNT ON LINE 3 IS BASED ON THE NUMBER OF ACCOUNTS IN BAD DEBT THAT WE ESTIMATE MAY QUALIFY FOR CHARITY IF SUFFICIENT FINANCIAL ASSISTANCE DOCUMENTATION HAD BEEN COMPLETED.

PART III, LINE 8: HOLY CROSS HOSPITAL OF SILVER SPRING, INC. DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B: HOLY CROSS HOSPITAL'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: AGENCY WILL PERFORM COLLECTION SERVICES IN ACCORDANCE WITH THE POLICIES AND PROCEDURES OF HOLY

Part VI Supplemental Information

CROSS HOSPITAL AND THE CREDITOR, AS THEY EXIST FROM TIME TO TIME, RELEVANT TO BILLING, COLLECTION AND FINANCIAL SUPPORT OF PATIENTS WITH PAYMENT OBLIGATIONS.

PART VI, LINE 2: NEEDS ASSESSMENT - HOLY CROSS HOSPITAL IDENTIFIES UNMET COMMUNITY HEALTH CARE NEEDS IN A VARIETY OF WAYS. EACH YEAR SINCE 2005, WE HAVE INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF EXTERNAL PARTICIPANTS TO REVIEW OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. WE ALSO SOLICITED GUIDANCE ON LONG-TERM STRATEGIES IN 2010 WHEN WE DEVELOPED OUR FISCAL 2011-2014 STRATEGIC PLAN.

EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER AND THE DEPARTMENT DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, A VARIETY OF INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES, AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE EXPERTS IN A RANGE OF AREAS INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS, DISPARITIES IN HEALTH CARE, AND HEALTH AND SOCIAL SERVICES. THE GROUP'S INPUT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

ON AN ONGOING BASIS, WE PARTICIPATE IN A VARIETY OF COALITIONS, COMMISSIONS, COMMITTEES, BOARDS, PARTNERSHIPS AND PANELS. OUR ETHNIC HEALTH PROMOTERS AND COMMUNITY OUTREACH WORKERS SPEND TIME IN THE COMMUNITY AND BRING BACK FIRST-HAND KNOWLEDGE OF COMMUNITY NEEDS.

Part VI Supplemental Information

IN 2010, CONGRESS ENACTED THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (THE AFFORDABLE CARE ACT), WHICH PUTS IN PLACE COMPREHENSIVE HEALTH INSURANCE REFORMS THAT WILL ENHANCE THE QUALITY OF HEALTH CARE FOR ALL AMERICANS. IN AN EFFORT TO ENHANCE THE QUALITY OF HEALTH CARE, THE AFFORDABLE CARE ACT WILL ALSO REQUIRE NON-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS. BUILDING ON OUR EFFORTS SINCE 2005 TO OBTAIN EXTERNAL INPUT, HOLY CROSS HOSPITAL COLLABORATED WITH MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS) AND OTHER COMMUNITY PARTNERS (INCLUDING ALL OTHER HOSPITALS LOCATED IN MONTGOMERY COUNTY) TO DEVELOP AND PARTICIPATE IN A FORMAL COUNTY-WIDE PROCESS TO IDENTIFY AND ADDRESS KEY PRIORITY AREAS THAT WOULD IMPROVE THE HEALTH AND WELL-BEING OF MONTGOMERY COUNTY.

HEALTHY MONTGOMERY: THE MONTGOMERY COUNTY HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS WAS INITIATED TO ADDRESS THE NEED OF ALL ORGANIZATIONS TO HAVE VALID, RELIABLE, AND USER-FRIENDLY DATA RELATED TO HEALTH AND THE SOCIAL DETERMINANTS OF HEALTH. IT COORDINATES EFFORTS OF PUBLIC AND PRIVATE ORGANIZATIONS, LIKE HOLY CROSS HOSPITAL, TO IDENTIFY AND ADDRESS HEALTH AND HEALTH-RELATED ISSUES IN MONTGOMERY COUNTY.

IN 2011, HOLY CROSS HOSPITAL AND THE FOUR OTHER INDIVIDUAL HOSPITALS EACH GAVE \$25,000, FOR A TOTAL OF \$125,000, IN GRANTS TO THE INSTITUTE FOR PUBLIC HEALTH INNOVATION. THESE FUNDS CONTINUE TO SUPPORT THE HEALTHY MONTGOMERY STEERING COMMITTEE MEETINGS, PREPARATION AND PRESENTATION OF ALL OF THE COMMUNITY CONVERSATIONS, PREPARATION OF THE NEEDS ASSESSMENT REPORT (QUANTITATIVE DATA AND INFORMATION FROM THE COMMUNITY CONVERSATIONS), SUPPORT FOR THE STEERING COMMITTEE IN DETERMINING SELECTION CRITERIA THAT WILL BE USED TO CHOOSE THE PRIORITIES FOR

Part VI Supplemental Information

COMMUNITY HEALTH IMPROVEMENT, AND SUPPORT FOR THE PRIORITY SELECTION PROCESS.

AT THIS TIME, PRINCE GEORGE'S COUNTY DOES NOT HAVE A SIMILAR COUNTY-WIDE DATA PROGRAM SO HOLY CROSS HOSPITAL USED THE DATA SOURCES FOUND IN HEALTHY MONTGOMERY TO EXTRACT DATA THAT WAS SPECIFIC TO PRINCE GEORGE'S COUNTY SO THAT HEALTH INFORMATION COULD BE ANALYZED FOR BOTH COUNTIES. THE CENTER FOR DISEASE AND CONTROL COUNTY HEALTH RANKINGS DATA WAS ALSO ANALYZED. AS THE NEEDS ASSESSMENT PROCESS EVOLVES IN PRINCE GEORGE'S COUNTY, WE WILL INCORPORATE THIS INFORMATION IN OUR ONGOING ANALYSIS AND RESPONSE.

HEALTHY MONTGOMERY

HEALTHY MONTGOMERY BUILDS ON PAST AND CURRENT EFFORTS, INCLUDING ENVIRONMENTAL SCANS, COMPREHENSIVE NEEDS ASSESSMENTS, COMMUNITY HEALTH-RELATED WORK, AND RELEVANT INFORMATION FROM THE HEALTHCARE PROVIDER ORGANIZATIONS IN THE COUNTY. IN ADDITION TO NUMEROUS QUANTITATIVE DATA SOURCES, COMMUNITY CONVERSATIONS WERE HELD WITH GROUPS OF RESIDENTS TO SOLICIT THEIR IDEAS ABOUT HEALTH AND WELL BEING IN THEIR COMMUNITIES AND IN THE COUNTY AS A WHOLE. THESE CONVERSATIONS PROVIDED VIEWS OF DIVERSE SUBPOPULATIONS ON THE ISSUES THEY FIND CRITICAL.

THE HEALTH IMPROVEMENT PROCESS HAS FOUR OBJECTIVES:

1. TO IDENTIFY AND PRIORITIZE HEALTH NEEDS IN THE COUNTY AS A WHOLE AND IN THE DIVERSE COMMUNITIES WITHIN THE COUNTY;
2. TO ESTABLISH A COMPREHENSIVE SET OF INDICATORS RELATED TO HEALTH PROCESSES, HEALTH OUTCOMES AND SOCIAL DETERMINANTS OF HEALTH IN MONTGOMERY COUNTY THAT INCORPORATE A WIDE VARIETY OF COUNTY AND SUB-COUNTY INFORMATION RESOURCES AND UTILIZE METHODS APPROPRIATE TO THEIR COLLECTION,

Part VI Supplemental Information

ANALYSIS AND APPLICATION;

3. TO FOSTER PROJECTS TO ACHIEVE HEALTH EQUITY BY ADDRESSING HEALTH AND WELL-BEING NEEDS, IMPROVING HEALTH OUTCOMES AND REDUCING DEMOGRAPHIC, GEOGRAPHIC, AND SOCIOECONOMIC DISPARITIES IN HEALTH AND WELL-BEING;

4. TO COORDINATE AND LEVERAGE RESOURCES TO SUPPORT THE HEALTHY MONTGOMERY INFRASTRUCTURE AND IMPROVEMENT PROJECTS.

HEALTHY MONTGOMERY IS UNDER THE LEADERSHIP OF THE HEALTHY MONTGOMERY STEERING COMMITTEE, WHICH INCLUDES PLANNERS, POLICY MAKERS, HEALTH AND SOCIAL SERVICE PROVIDERS (INCLUDING HOLY CROSS HOSPITAL) AND COMMUNITY MEMBERS. IT IS AN ONGOING PROCESS THAT INCLUDES PERIODIC NEEDS ASSESSMENT, DEVELOPMENT AND IMPLEMENTATION OF IMPROVEMENT PLANS AND MONITORING OF THE RESULTING ACHIEVEMENTS. IT IS BASED ON MONTGOMERY COUNTY'S COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED DURING 2009-2011.

COMMUNITY NEEDS INDEX

FOR EACH ZIP CODE IN THE UNITED STATES, THE COMMUNITY NEEDS INDEX AGGREGATES FIVE SOCIOECONOMIC INDICATORS/BARRIERS TO HEALTH CARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITIES RELATED TO INCOME, EDUCATION, CULTURE/LANGUAGE, INSURANCE AND HOUSING. WE USE THE COMMUNITY NEEDS INDEX TO IDENTIFY COMMUNITIES OF HIGH NEED AND DIRECT A RANGE OF COMMUNITY HEALTH AND FAITH-BASED COMMUNITY OUTREACH EFFORTS TO THESE AREAS (WWW.CHWHEALTH.ORG/CNI).

OTHER AVAILABLE DATA

AS AVAILABLE, WE USE A RANGE OF OTHER SPECIFIC NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR ETHNIC AND RACIAL GROUPS, THOSE WITH LIMITED ENGLISH PROFICIENCY, SENIORS, AND WOMEN AND CHILDREN.

Part VI Supplemental Information

OUR WORK IS BUILT ON PAST AVAILABLE NEEDS ASSESSMENTS, AND WE USE THESE DOCUMENTS AS REFERENCE TOOLS, INCLUDING THE FOLLOWING KEY RESOURCES:

- AFRICAN AMERICAN HEALTH PROGRAM STRATEGIC PLAN TOWARD HEALTH EQUITY, 2009-2014;
- BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2008-2012;
- ASIAN AMERICAN HEALTH PRIORITIES, A STUDY OF MONTGOMERY COUNTY, MARYLAND, STRENGTHS, NEEDS, AND OPPORTUNITIES FOR ACTION, 2008.

WE REVIEW OUR OWN INTERNAL PATIENT DATA AND REVIEW PURCHASED AND PUBLICLY AVAILABLE DATA AND ANALYSES ON THE MARKET, DEMOGRAPHICS AND HEALTH SERVICE UTILIZATION.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HOLY CROSS HOSPITAL IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY.

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, HOLY CROSS HOSPITAL HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS

Part VI Supplemental Information

- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS.

HOLY CROSS HOSPITAL EFFECTIVELY COMMUNICATES WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND IN RESPONSE TO PATIENTS SEEKING FINANCIAL ASSISTANCE. INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS ALSO PROVIDED BY THE ONSITE FINANCIAL COUNSELING STAFF IN BOTH INPATIENT AND OUTPATIENT AREAS. PATIENT ACCOUNTING ALSO SUPPORTS THE FINANCIAL COUNSELING PROGRAM BY PROVIDING PATIENTS WITH INFORMATION AND APPLICATIONS WHILE HANDLING CUSTOMER SERVICE CALLS. OUR MEDICAID VENDOR AND COUNTY MEDICAID WORKERS ALSO PROVIDE THE PATIENTS WITH GUIDANCE REGARDING THE FINANCIAL ASSISTANCE PROGRAM WHEN NECESSARY. INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS PROVIDED BY THE COLLECTION AGENCY WORKING WITH OUR PATIENT ACCOUNTING DEPARTMENT AS WELL.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTH CARE SERVICES. THE HOSPITAL HAS ONSITE MEDICAID ELIGIBILITY REPRESENTATIVES THROUGH THE DECO MANAGEMENT GROUP.

Part VI Supplemental Information

ELIGIBILITY SPECIALISTS FROM MONTGOMERY COUNTY ARE ALSO AVAILABLE ONSITE AND HANDLE INPATIENT AND SOME OUTPATIENT MEDICAID REFERRALS. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH THE HOSPITAL WEBSITE, COMMUNITY BENEFITS BROCHURES, HOSPITAL POSTERS AND FLYERS, FINANCIAL ASSISTANCE INFORMATION KIOSKS, FINANCIAL ASSISTANCE APPLICATIONS, AND HOSPITAL STATEMENTS, WHICH INCLUDE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM IS ALSO POSTED IN THE WAITING AREAS FOR THE EMERGENCY CENTER, EXPRESS CARE CENTER, THE OB/GYN CLINIC, MAIN REGISTRATION AREAS, AND THE OFFSITE HEALTH CENTERS LOCATED IN SILVER SPRING AND GAITHERSBURG.

THE EMERGENCY CENTER ALSO HAS A FULL-TIME FINANCIAL ASSISTANCE COUNSELOR LOCATED IN THE MAIN EMERGENCY CENTER MONDAY THROUGH FRIDAY FROM 10 A.M. TO 6 P.M. WE ALSO HAVE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM POSTED IN THE DISCHARGE OFFICE, THE MAIN EMERGENCY CENTER WAITING ROOM AND THE EXPRESS CARE CENTER ON THE FIRST FLOOR. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY. HOLY CROSS HOSPITAL ALSO USES ETHNIC HEALTH PROMOTERS TO INFORM COMMUNITY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY ON A ONE-ON-ONE

Part VI Supplemental Information

BASIS OR IN GROUP SETTINGS WHERE PEOPLE GATHER IN THE COMMUNITY (E.G., HAIR SALONS, CHURCHES, COMMUNITY CENTERS). INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE, INPATIENT ADMISSION PACKETS, PATIENT STATEMENTS, AND AVAILABLE ONSITE APPLICATIONS. IN ADDITION TO ENGLISH, THIS INFORMATION IS AVAILABLE IN SPANISH, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. HOLY CROSS HOSPITAL EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES. ALL PATIENT REGISTRATION STAFF RECEIVES TRAINING REGARDING THE FINANCIAL ASSISTANCE PROGRAM. PATIENT ACCOUNTING ALSO RECEIVES INFORMATION ABOUT THE PROGRAM AND HOW TO HANDLE PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS RECEIVE IN DEPTH TRAINING TO HANDLE FINANCIAL ASSISTANCE REQUESTS, PROCESS APPLICATIONS AND MANAGE OUTCOMES.

PART VI, LINE 4: COMMUNITY INFORMATION - HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY RESIDENTS. AN ESTIMATED 1.6 MILLION PEOPLE MAKE UP OUR FOUR MARKET AREA OR OUR COMMUNITY BENEFIT SERVICE AREA (CBSA). WE DRAW 83 PERCENT OF OUR

Part VI Supplemental Information

DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS WITHIN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. SEVENTEEN PERCENT OF OUR DISCHARGES COME FROM OUTSIDE THIS FOUR-MARKET AREA. WHEN CONSIDERING BOTH INPATIENTS AND OUTPATIENTS, WE DRAW 69 PERCENT FROM MONTGOMERY COUNTY.

OUR CBSA HAS AN AVERAGE HOUSEHOLD INCOME OF \$103,384, (MORE THAN 50 PERCENT HIGHER THAN THE US AVERAGE) AND IS ONE OF THE MOST CULTURALLY AND ETHNICALLY DIVERSE AREAS IN THE NATION. DURING THE LAST TWO DECADES THE MINORITY POPULATION HAS GROWN CONSIDERABLY AND THE MINORITIES HAVE BECOME THE MAJORITY. TODAY, WITHIN OUR CBSA, 37 PERCENT OF RESIDENTS ARE NON-HISPANIC WHITES COMPARED TO 64 PERCENT OF THE TOTAL UNITED STATES POPULATION.

THE LAST TWO DECADES ALSO BROUGHT A SHIFT IN THE AREA'S FOREIGN-BORN POPULATION, MANY OF WHOM SPEAK ENGLISH LESS THAN "VERY WELL." THE FOREIGN-BORN POPULATION OF MONTGOMERY COUNTY HAS INCREASED FROM 12 PERCENT IN 1980 TO MORE THAN 30 PERCENT. FORTY-SIX PERCENT OF THOSE WHO ARE FOREIGN-BORN SPEAK ENGLISH LESS THAN "VERY WELL" (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2007). IN PRINCE GEORGE'S COUNTY, THE GAIN IN THE FOREIGN-BORN POPULATION AS A PERCENT OF TOTAL POPULATION GAIN FROM 2000-2007 WAS THE HIGHEST IN THE STATE AT 199.9 PERCENT COMPARED TO A STATE AVERAGE OF 70.7 PERCENT. MORE THAN 18 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN, OF WHICH 42 PERCENT SPEAK ENGLISH LESS THAN "VERY WELL" (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2009). THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS.

AT MEDIAN INCOME OF \$94,420 AND \$69,947 IN MONTGOMERY COUNTY AND PRINCE

Part VI Supplemental Information

GEORGE'S COUNTY, RESPECTIVELY, OUR CBSA IS RELATIVELY AFFLUENT COMPARED TO THE U.S. MEDIAN INCOME OF \$50,221. HOWEVER, DISPARITIES EXIST. FOR EXAMPLE, AMERICAN INDIAN/ALASKAN NATIVE, HISPANIC/LATINO, BLACK/AFRICAN AMERICAN MINORITY POPULATIONS IN MONTGOMERY COUNTY AVERAGE LOWER MEDIAN INCOME (\$61,351) THAN THE INCOME LEVEL DETERMINED FOR SELF-SUFFICIENCY (\$69,948). THE PRESENCE OF DISPARITIES AND INEQUITIES IS AN UNDERLYING THEME OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT. DESPITE INCOME LEVELS IN PRINCE GEORGE'S COUNTY ABOUT EQUAL TO THE COUNTY'S SELF-SUFFICIENCY INCOME LEVEL, LIFE EXPECTANCY IS LOWER AND MORTALITY RATES ARE HIGHER IN PRINCE GEORGE'S COUNTY.

THE HIGHEST POPULATION DENSITY IS CONCENTRATED NEAR OUR HOSPITAL IN SILVER SPRING, ESPECIALLY ON THE SOUTHERN BORDER BETWEEN MONTGOMERY AND PRINCE GEORGE'S COUNTIES AND IN GAITHERSBURG. AREAS TO THE IMMEDIATE SOUTH AND EAST OF HOLY CROSS HOSPITAL HAVE THE LOWEST MEDIAN INCOME IN THE AREA, AND SILVER SPRING AND GAITHERSBURG ARE NEXT. AREAS IN SILVER SPRING AND GAITHERSBURG HAVE THE HIGHEST PERCENTAGES OF RESIDENTS WHO SPEAK ENGLISH LESS THAN "VERY WELL."

FOR MANY HEALTH CONDITIONS AND NEGATIVE HEALTH BEHAVIORS, MINORITIES, ESPECIALLY NON-HISPANIC BLACKS, BEAR A DISPROPORTIONATE BURDEN OF DISEASE, INJURY, DEATH, AND DISABILITY WHEN COMPARED TO THEIR WHITE COUNTERPARTS (CDC, 2005) AND ARE MORE LIKELY TO BE WITHOUT HEALTH INSURANCE THAN NON-HISPANIC WHITES. MINORITIES ALSO MAKE UP A DISPROPORTIONATE NUMBER OF PERSONS UNABLE TO AFFORD HEALTH CARE WHEN NEEDED (MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, 2006).

Part VI Supplemental Information

ALONG WITH ITS GROWTH, THE AREA IS ALSO RAPIDLY AGING. WE FACE SIMILAR DRAMATIC DEMOGRAPHIC CHANGE WITH THE COMING UNPRECEDENTED AGING OF OUR COUNTY. AS THE SENIOR POPULATION INCREASES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, THE NEED FOR SENIOR HEALTH SERVICES ALSO INCREASES. IT IS ESTIMATED THAT BY THE YEAR 2030 THE OVER 60 POPULATION IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES WILL INCREASE BY 142 PERCENT (316,495) AND 162 PERCENT (236,973), RESPECTIVELY (MARYLAND DEPARTMENT OF PLANNING POPULATION PROJECTIONS, 2008). CURRENTLY, THE TWO COUNTIES ALSO HAVE THE SECOND AND THIRD HIGHEST PERCENTAGE OF SENIOR MINORITIES IN THE STATE WITH 24.4 PERCENT RESIDING IN PRINCE GEORGE'S COUNTY AND 15.7 PERCENT IN MONTGOMERY COUNTY.

PART VI, LINE 5: OTHER INFORMATION - HOLY CROSS HOSPITAL HAS A 14-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS. ONLY TWO OF THE 14 BOARD MEMBERS ARE EMPLOYED BY HOLY CROSS HOSPITAL OR TRINITY HEALTH, THE HOSPITAL'S PARENT CORPORATION. ONE MEMBER IS THE HOSPITAL'S CHIEF EXECUTIVE OFFICER AND ANOTHER IS A TRINITY HEALTH EXECUTIVE. TWO COMMUNITY MEMBERS LIVE OUTSIDE OF OUR LOCAL AREA AND NO BOARD MEMBERS ARE FAMILY MEMBERS.

THE MEDICAL STAFF OF HOLY CROSS HOSPITAL IS ORGANIZED IN THE PUBLIC INTEREST. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS. WE HAVE A VERY LARGE, DIVERSE MEDICAL AND DENTAL STAFF OF 1,350 MEMBERS.

HOLY CROSS HOSPITAL OPERATES A VERY ACTIVE EMERGENCY ROOM, ONE OF THE BUSIEST IN THE STATE OF MARYLAND. IT IS ACCESSIBLE TO ANYONE NEEDING CARE REGARDLESS OF ABILITY TO PAY. IN ADDITION, WE HAVE AN INNOVATIVE EMERGENCY

Part VI Supplemental Information

ROOM TAILORED TO SERVE OUR GROWING SENIORS POPULATION. OUR SENIOR EMERGENCY CENTER PROVIDES SAFE AND EFFICIENT EMERGENCY SERVICES FOR PERSONS 65 AND OVER.

NO PART OF THE INCOME OF HOLY CROSS HOSPITAL INURES BENEFITS TO ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS.

HOLY CROSS HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF OUR COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING FY09-FY11, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, WE HAVE ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE. OUR VICE PRESIDENT OF COMMUNITY HEALTH IS A COMMISSIONER ON THE COMMISSION ON HEALTH. WE HAVE MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM. WE HAVE RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS.

HOLY CROSS HOSPITAL HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. APPROXIMATELY 360 VOLUNTEERS CONTRIBUTE THEIR TIME, AND THEIR PARTICIPATION IN OUR EFFORTS IS GRATIFYING.

Part VI Supplemental Information

PART VI, LINE 6: HOLY CROSS HOSPITAL IS A MEMBER ORGANIZATION OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE SYSTEMS IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH INVESTS OUR NET GAINS FROM OPERATIONS INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES AND OUTREACH FOR THE ELDERLY. IN FISCAL YEAR 2011, THIS INCLUDED NEARLY \$453 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH TO ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

FOR MORE INFORMATION ON TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **HOLY CROSS HOSPITAL OF SILVER SPRING, INC** Employer identification number **52-0738041**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND HOSPITAL EDUCATION & RESEARCH FOUNDATION - 6820 DEERPATH RD. - ELKRIDGE, MD 21075	52-0901664	501(C)(3)	70,000.	0.			SPONSORSHIP
MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY MARYLAND, INC. - 1000 TWINBROOK PARKWAY - ROCKVILLE, MD 20851	52-0681147	501(C)(3)	7,500.	0.			SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations 2.

3 Enter total number of other organizations 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: DONATIONS MADE BY HOLY CROSS HOSPITAL OF SILVER
 SPRING, INC. TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE
 RECIPIENT ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED
 WITH REGARD TO THE USE OF THE FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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 from the organization or a related organization?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in 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	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN J. SEXTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	429,118.	154,831.	144,801.	141,755.	29,861.	900,366.	13,424.
2 MICHAEL SLUBOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	701,008.	291,561.	160,595.	246,925.	24,807.	1,424,896.	42,832.
3 J. RICHARD O'CONNELL (AS OF 1/11)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	533,392.	113,794.	114,187.	116,680.	21,280.	899,333.	0.
4 GARY E. VOGAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	284,663.	69,059.	2,649.	32,187.	17,278.	405,836.	0.
5 ROSEANNE PAJKA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,471.	52,714.	1,695.	31,272.	3,088.	293,240.	0.
6 ANNICE CODY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	200,762.	47,868.	425.	22,050.	19,865.	290,970.	0.
7 JOSEPH SWEDISH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1240774.	645,161.	967,997.	763,945.	27,508.	3,645,385.	690,161.
8 KEDRICK ADKINS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	717,356.	326,029.	117,485.	184,461.	13,787.	1,359,118.	0.
9 JUDITH FRUITERMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	195,436.	45,132.	1,708.	36,085.	13,436.	291,797.	0.
10 JUAN MANUEL OCASIO COLON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	177,405.	41,876.	361.	15,622.	7,947.	243,211.	0.
11 MICHAEL MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	343,184.	68,618.	128,021.	47,238.	21,304.	608,365.	0.
12 AMINULLAH AMINI	(i)	574,886.	217,747.	24,044.	11,923.	15,980.	844,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 IRA ROY TANNEBAUM	(i)	400,756.	0.	5,995.	30,372.	6,562.	443,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 BLAIR EIG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	275,517.	54,124.	1,343.	24,701.	15,385.	371,070.	0.
15 YANCY PHILLIPS	(i)	230,189.	42,400.	24,723.	26,301.	12,044.	335,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ANN B. BURKE	(i)	252,800.	0.	3,617.	18,337.	18,172.	292,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY BROOKS SUTTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	65,420.	0.	225,204.	80,977.	6,718.	378,319.	0.
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

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

PART I, LINES 4A-B: THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS

IN CALENDAR 2010. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III):

MARY BROOKS SUTTON - \$196,156

IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES \$46,511 OF SEVERANCE

FOR MARY BROOKS SUTTON WHICH WAS UNPAID AS OF 12/31/10. THE \$46,511 WAS

PAID AND INCLUDED IN MARY BROOKS SUTTON'S TAXABLE INCOME IN 2011.

THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION

PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN

ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS

(\$245,000 FOR 2010). THE FOLLOWING ACCRUALS FOR 2010 FOR THIS PLAN ARE

INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$113,498

MICHAEL MURPHY - \$26,316

J. RICHARD O'CONNELL - \$83,058

KEVIN J. SEXTON - \$101,903

MICHAEL SLUBOWSKI - \$136,445

JOSEPH SWEDISH - \$223,342

Part III Supplemental Information

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

PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUALS FOR 2010 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$49,977

MICHAEL SLUBOWSKI - \$77,185

JOSEPH SWEDISH - \$511,613

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF HOLY CROSS

HOSPITAL OF SILVER SPRING, INC. IS TRINITY HEALTH CORPORATION. SEE LINE 7

FOR ADDITIONAL INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A: TRINITY HEALTH CORPORATION IS THE

SOLE MEMBER OF HOLY CROSS HOSPITAL OF SILVER SPRING, INC. TRINITY HEALTH

CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES

OF HOLY CROSS HOSPITAL OF SILVER SPRING, INC.

FORM 990, PART VI, SECTION A, LINE 7B: AS SOLE MEMBER, TRINITY HEALTH

CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING

THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET.

TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A

MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL

CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 FOR

HOLY CROSS HOSPITAL OF SILVER SPRING, INC. IS REVIEWED BY SENIOR

MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY

THE FINANCE COMMITTEE AS WELL AS THE BOARD OF TRUSTEES. THE BOARD RECEIVES

A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: HOLY CROSS HOSPITAL OF SILVER

SPRING, INC. HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE

ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT

Name of the organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC	Employer identification number 52-0738041
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APPLIES TO ALL "INTERESTED PERSONS" OF HOLY CROSS HOSPITAL OF SILVER SPRING, INC., WHICH INCLUDES TRUSTEES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS.

INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH HOLY CROSS HOSPITAL OF SILVER SPRING, INC.'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO HOLY CROSS HOSPITAL OF SILVER SPRING, INC. OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE BOARD OF TRUSTEES OF HOLY CROSS HOSPITAL OF SILVER SPRING, INC. IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO HOLY CROSS HOSPITAL OF SILVER SPRING, INC.

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF TRUSTEES OF HOLY CROSS HOSPITAL OF SILVER SPRING INC. ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO

Name of the organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC	Employer identification number 52-0738041
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COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF HOLY CROSS HOSPITAL OF SILVER SPRING, INC. ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS.

AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.

FORM 990, PART VI, SECTION C, LINE 19: HOLY CROSS HOSPITAL OF SILVER SPRING'S GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE HOLY CROSS HOSPITAL PUBLIC INFORMATION OFFICER. HOLY CROSS HOSPITAL OF SILVER SPRING IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. BOTH TRINITY HEALTH AND HOLY CROSS HOSPITAL MAKE CERTAIN OF THEIR KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON THEIR RESPECTIVE WEBSITES, WWW.TRINITY-HEALTH.ORG AND WWW.HOLYCROSSHEALTH.ORG. THE TRINITY WEBSITE INCLUDES THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS IN THE "ABOUT US" SECTION. THE HOLY CROSS HOSPITAL WEBSITE INCLUDES THE THREE MOST RECENT COMMUNITY BENEFIT REPORTS IN THE "COMMUNITY INVOLVEMENT" SECTION.

IN ADDITION, BOTH WEBSITES INCLUDE A COPY OF HOLY CROSS HOSPITAL OF SILVER SPRING'S MOST RECENTLY FILED SCHEDULE H.

Name of the organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC	Employer identification number 52-0738041
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FORM 990, PART VII, SECTION A, LINE 1, COLUMN B:

ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT

ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE

ACTIVITIES OF THE REPORTING ORGANIZATION. IN ADDITION, THESE ARE THE

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

KEDRICK ADKINS - 53 HOURS

MICHAEL MURPHY - 53 HOURS

J. RICHARD O'CONNELL - 52 HOURS

MICHAEL SLUBOWSKI - 52 HOURS

JOSEPH SWEDISH - 53 HOURS

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 10,038,090.

EQUITY TRANSFERS TO AFFILIATES -10,044,000.

NET CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE -371,593.

EQUITY EARNINGS IN UNCONSOLIDATED AFFILIATES 227,333.

OTHER TRANSACTIONS -1,000.

TOTAL TO FORM 990, PART XI, LINE 5 -151,170.

FORM 990, PART XII, LINE 2:

HOLY CROSS HOSPITAL OF SILVER SPRING, INC.'S FINANCIAL STATEMENTS WERE

INCLUDED IN THE FY11 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY

HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **HOLY CROSS HOSPITAL OF SILVER SPRING, INC** Employer identification number **52-0738041**

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

(a) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
AMICARE HOSPICE SERVICES INC - 38-2949053 27870 CABOT DRIVE NOVI, MI 48377-2920	PROVIDE HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
AUXILIARY OF HOLY ROSARY HOSPITAL - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORTS SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		X
BATTLE CREEK HEALTH SYSTEM - 38-2776791 300 NORTH AVENUE BATTLE CREEK, MI 49016	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH - MICHIGAN		X

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

Schedule R (Form 990) 2010

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BATTLE CREEK HEALTH SYSTEM AUXILIARY - 38-3355520, 300 NORTH AVENUE, BATTLE CREEK, MI 49016	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MICHIGAN	501(C)(3)	11, TYPE I	BATTLE CREEK HEALTH SYSTEM		X
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	ACUTE/AMBULATORY HEALTHCARE SERVICES	IOWA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.		X
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	BAUM HARMON MERCY HOSPITAL		X
CAPITAL PARK FAMILY HEALTH CENTER, INC. - 31-1387838, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	OPERATION OF A FEDERALLY QUALIFIED HEALTH CENTER (FORMERLY)	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY HEALTH-MICHIGAN		X
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
CRANBROOK HOSPICE CARE - 38-3320699 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 48302	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302 MUSKEGON, MI 49443-3302	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS		X
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443-3302	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MICHIGAN	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKEGON, MI 49442-3545	COUNSELING, EDUCATION, AND SUPPORT	MICHIGAN	501(C)(3)	9	MERCY HEALTH PARTNERS		X
HACKLEY VISITING NURSE SERVICES AND HOSPICE, INC. - 38-1359598, 888 TERRACE ST., MUSKEGON, MI 49440	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS		X
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48333	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MARYLAND	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		X
HOLY CROSS HOSPITAL FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	CHARITABLE FUNDRAISING	MARYLAND	501(C)(3)	11, TYPE I	HOLY CROSS HOSPITAL OF SILVER SPRING,	X	
HOLY CROSS HOSPITAL OF SILVER SPRING, INC. - 52-0738041, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910-1484	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS MEDICAL CENTER - 95-1985442 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION		X
HOLY ROSARY MEDICAL CENTER FOUNDATION - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		X
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401-6208	HOSPICE HEALTH CARE SERVICES	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
HPCN - 30-0207909 1675 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS		X
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	PROVIDES OFFICE-BASED MEDICAL CARE	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
LAKESHORE COMMUNITY HOSPITAL, INC. - 38-2549295, 72 S. STATE STREET, SHELBY, MI 49455-1228	ACUTE HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LIFESPAN INC. - 38-3298476 166 EAST GOODALE AVE. BATTLE CREEK, MI 49037-2728	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM		X
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	PROVIDE HOME HEALTH CARE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (FORMERLY)	MICHIGAN	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP.		X
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 281 ENTERPRISE COURT, BLOOMFIELD HILLS, MI 48302-0312	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 505 HURON AVENUE, PORT HURON, MI 48060	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 684 HARVEY STREET, MUSKEGON, MI 49442	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SYSTEM SUPPORT	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE SERVICES	DELAWARE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN		X
MERCY HEALTHCARE FOUNDATION - 42-1316126 1410 N. 4TH ST. CLINTON, IA 52732	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON		X
MERCY HOSP. & HEALTH SERVICES OF DETROIT/MARSHALL PARK HEALTH SERVICES, INC., 27870 CABOT DRIVE, NOVI, MI 48377-2920	SUPPORTS MALPRACTICE CONTINGENCIES OF CLOSED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 400 HOBART, CADILLAC, MI 49601-2331	SUPPORT THE SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
MERCY HOSPITAL GIFT SHOP - 38-1630480 2601 ELECTRIC AVE. PORT HURON, MI 48060	VOLUNTEER SERVICE AUXILIARY	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732-2940	TO PROVIDE QUALITY HEALTH CARE	DELAWARE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401-2800	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	SUPPORT THE SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		X
MERCY NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOME HEALTH AND HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY PAVILION OF BATTLE CREEK - 38-2783350 300 NORTH AVENUE BATTLE CREEK, MI 49016	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM		X
MERCY PHYSICIAN GROUP, INC. - 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		X
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES, INC.		X
MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108	AEROMEDICAL TRANSPORT	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
MOUNT CARMEL CARE CONTINUUM SERVICES CORP. - 31-1126211, 793 WEST STATE STREET, COLUMBUS, OH 43222	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	2	MOUNT CARMEL HEALTH		X
MOUNT CARMEL HEALTH - 31-4379602 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO FOR SENIORS	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OHIO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	OHIO	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HOME CARE, LLC - 26-2729300 1144 DUBLIN ROAD, SUITE B COLUMBUS, OH 43215	PROVIDE HOME HEALTH CARE SERVICES	OHIO	501(C)(3)	9	TRINITY HOME HEALTH SERVICES, INC.		X
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL - 87-0790288, 7333 SMITH'S MILL RD., NEW ALBANY, OH 43054	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS		X
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	NEBRASKA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.		X
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	SUPPORTS SERVICES OF RELATED HOSPITAL	NEBRASKA	501(C)(3)	11, TYPE III-FI	OAKLAND MERCY HOSPITAL		X
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442-3257	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROFESSIONAL OFFICE CORPORATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	11, TYPE I	SAINT AGNES MEDICAL CENTER		X
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION		X
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.		X
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.		X
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-NAMPA - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SERVICES	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, 1915 LAKE AVENUE, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, PO BOX 1935, SOUTH BEND, IN 46634-1935	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 801 EAST LASALLE AVE., SOUTH BEND, IN 46617	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAINT JOSEPH'S AUXILIARY OF MARSHALL COUNTY - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH		X
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333-9184	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA		X
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 49505	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
SAINT MARY'S DORAN FOUNDATION C/O SAINT MARY'S HEALTH CARE - 38-1779602, 200 JEFFERSON ST., SE, GRAND RAPIDS, MI 49503	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	7	TRINITY HEALTH-MICHIGAN		X
ST JOHN'S HEALTH SYSTEM - 35-0877584 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	INDIANA	501(C)(3)	3	TRINITY HEALTH CORPORATION		X
ST JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
ST. ANN'S HOSPITAL - 31-4412701 500 SOUTH CLEVELAND AVE. WESTERVILLE, OH 43081	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
ST. ELIZABETH HEALTH CARE FOUNDATION - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY		X
ST. JOSEPH'S MEDICAL CENTER AUXILIARY - 35-6033285, 801 E. LASALLE AVE., PO BOX 1935, SOUTH BEND, IN 46634-1935	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH		X
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 4215 EDISON LAKES PARKWAY, MISHAWAKA, IN 46545	SUPPORTS SERVICES OF RELATED HOSPITAL	INDIANA	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate 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	
ADVANCED IMAGING SERVICES OF BATTLE CREEK - 20-4594297, 5352 BECKLEY ROAD, STE A, BATTLE CREEK, MI 49015	RADIOLOGY/IMAGI	MI	N/A	N/A	0.	0.	X		N/A	X		.00%
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	0.	0.	X		N/A	X		.00%
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X		.00%
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	0.	0.	X		N/A	X		.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
COMMUNITY HEALTH VENTURES, INC. - 38-3522260 565 W. WESTERN AVE. MUSKEGON, MI 49440	SOFTWARE MARKETING	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814 1415 LEAHY ST. MUSKEGON, MI 49442	WEIGHT MANAGEMENT	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST. MUSKEGON, MI 49442	OTHER MEDICAL SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST. MUSKEGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	0.	0.	.00%
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	0.	0.	.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
CENTRAL OHIO SLEEP MEDICINE, LTD. - 31-1701029, 5955 EAST BROAD ST., COLUMBUS, OH 43213	SLEEP MEDICINE SERVICES	OH	N/A	N/A	0.	0.	X		N/A	X		.00%
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	0.	0.	X		N/A	X		.00%
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	0.	0.	X		N/A	X		.00%
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	0.	0.	X		N/A	X		.00%
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING	CA	N/A	N/A	0.	0.	X		N/A	X		.00%
HAWARDEN COMMUNITY CLINIC, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	0.	0.	X		N/A	X		.00%
IDAHO GYN/ONCOLOGY SERVICES, LLC - 20-2975807, 1055 N CURTIS RD, BOISE, ID 83706	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A	0.	0.	X		N/A	X		.00%
INTERMOUNTAIN MEDICAL IMAGING, LLC - 82-0514422, 877 WEST MAIN ST., STE 603, BOISE, ID 83702	PROVIDE IMAGING SERVICES	ID	N/A	N/A	0.	0.	X		N/A	X		.00%
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	0.	0.	X		N/A	X		.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	0.	0.		X	N/A	X		.00%
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A	X		.00%
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A	X		.00%
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A	X		.00%
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	0.	0.		X	N/A	X		.00%
MERCY OUTPATIENT SURGERY CENTER, LLC - 84-1380439, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	OUTPATIENT SURGERY	ID	N/A	N/A	0.	0.		X	N/A	X		.00%
MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA	IN	N/A	N/A	0.	0.		X	N/A	X		.00%
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A	X		.00%
NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A	0.	0.		X	N/A	X		.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1531135, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X		.00%
ROSENBERG & BRUNO PROPERTIES, LLC (FKA BSV MEDICAL OFFICE BUILDING II, LLC), 855 "M" STREET, TENTH FLOOR, FRESNO, SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	MEDICAL OFFICE BUILDING RENTAL PHARMACY	CA ID	N/A N/A	N/A N/A	0. 0.	0. 0.	X X		N/A N/A	X X		.00% .00%
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	0.	0.	X		N/A	X		.00%
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	RADIATION ONCOLOGY	ID	N/A	N/A	0.	0.	X		N/A	X		.00%
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X		.00%
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 610 VILLAGE DRIVE, DONNELLY, ID 83615	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	0.	0.	X		N/A	X		.00%
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1784409, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X		.00%
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/IMAGI	MI	N/A	N/A	0.	0.	X		N/A	X		.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST. MUSKEGON, MI 49442	PHARMACY	MI	N/A	C CORP	0.	0.	.00%
HEF, INC. - 38-3086401 1415 LEAHY ST. MUSKEGON, MI 49442	OFFICE STAFFING	MI	N/A	C CORP	0.	0.	.00%
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562 11801 TECH ROAD SILVER SPRING, MD 20904	HOME CARE SERVICES	MD	MARYLAND CARE GROUP, INC.	C CORP	-7,196.	488,565.	100.00%
HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON MUSKEGON, MI 49442	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	0.	0.	.00%
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR., PO BOX 992 ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	0.	0.	.00%
INTEGRATED HEALTH ASSOCIATES, INC. - 38-3126920 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	0.	0.	.00%
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	0.	0.	.00%
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL SERVICES	MI	N/A	C CORP	0.	0.	.00%
MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	HOLY CROSS HOSPITAL OF SILVER SPRING,	C CORP	170,646.	1,826,312.	100.00%
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPATIENT PHARMACY	ID	N/A	C CORP	0.	0.	.00%
MERCY COMMUNITY PHYSICIANS - 26-4252468 363 FREMONT STREET BATTLE CREEK, MI 49017	HEALTHCARE SERVICES	MI	N/A	C CORP	0.	0.	.00%
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	0.	0.	.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MICHIGAN PHYSICIAN SERVICES - 38-3293125 44405 WOODWARD AVENUE, H-5 PONTIAC, MI 48341	PHYSICIAN SERVICES	MI	N/A	C CORP	0.	0.	.00%
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES, INC. - 31-0971510, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL HEALTH HORIZONS CORP. - 31-1177652 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL SERVICES/RENT	OH	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	0.	0.	.00%
NORTH IOWA MERCY MEDICAL SERVICES, INC. - 42-1382308 1000 4TH ST. SW MASON CITY, IA 50401	MEDICAL SERVICES	IA	N/A	C CORP	0.	0.	.00%
PRIMARY CARE NETWORK OF OHIO, INC. - 31-1422486 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH MANAGEMENT SERVICES	OH	N/A	C CORP	0.	0.	.00%
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED	CA	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261 1055 NORTH CURTIS ROAD BOISE, ID 83706-1370	PHYSICIANS	ID	N/A	C CORP	0.	0.	.00%
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733 1640 EAST PARIS, SE. GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
SURGERY CENTER FINANCING CORPORATION - 31-1531102 6150 EAST BROAD STREET COLUMBUS, OH 43213	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C CORP	0.	0.	.00%
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377 27870 CABOT DRIVE NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other 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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH CORPORATION	J	257,452.	PER BOOKS
(2) TRINITY HEALTH CORPORATION	B	10,044,000.	PER BOOKS
(3) TRINITY HEALTH CORPORATION	C	51,046.	PER BOOKS
(4) TRINITY HEALTH CORPORATION	L	28,652,148.	PER BOOKS
(5) TRINITY HEALTH CORPORATION	K	337,090.	PER BOOKS
(6) TRINITY HEALTH CORPORATION	P	1,340,415.	PER BOOKS

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) TRINITY HEALTH CORPORATION	Q	4,482,088.	PER BOOKS
(8) TRINITY HEALTH CORPORATION	O	19,027,447.	PER BOOKS
(9) TRINITY HOME HEALTH SERVICES, INC.	I	73,156.	PER BOOKS
(10) TRINITY HOME HEALTH SERVICES, INC.	P	150,000.	PER BOOKS
(11) HOLY CROSS PRIVATE HOME SERVICES CORP.	K	325,228.	PER BOOKS
(12) HOLY CROSS PRIVATE HOME SERVICES CORP.	L	152,350.	PER BOOKS
(13) TRINITY HEALTH - MICHIGAN	L	452,624.	PER BOOKS
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

