

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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 FOREST GLEN ROAD City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20910-1484 F Name and address of principal officer: GARY E. VOGAN SAME AS C ABOVE	D Employer identification number 52-0738041 E Telephone number 301-754-7034 G Gross receipts \$ 386,164,983. 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
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.HOLYCROSSHEALTH.ORG	
K Type 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				
	1	Briefly describe the organization's mission or most significant activities: <u>HEALTH CARE AND RELATED ACTIVITIES</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5	Total number of employees (Part V, line 2a)	5 3613	
	6	Total number of volunteers (estimate if necessary)	6 400	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 71,472.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 17,909.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,358,113. Current Year 2,133,072.
9		Program service revenue (Part VIII, line 2g)	363,347,540. 371,923,315.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,814,288. -5,326,606.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,621,584. 9,898,320.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	374,141,525. 378,628,101.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,780. 53,396.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,406,922. 177,939,465.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,155,549.	
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	174,583,300. 187,413,258.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	345,019,002. 365,406,119.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	29,122,523. 13,221,982.	
	20	Total assets (Part X, line 16)	Beginning of Year 345,753,645. End of Year 338,251,100.	
	21	Total liabilities (Part X, line 26)	158,451,859. 155,566,060.	
	22	Net assets or fund balances. Subtract line 21 from line 20	187,301,786. 182,685,040.	

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 _____ GARY E. VOGAN, CHIEF FINANCIAL OFFICER Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (see instructions)
		Phone no.	

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

Part III Statement of Program Service Accomplishments (see instructions)

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 295,152,785. including grants of \$ 53,396.) (Revenue \$ 371,923,315.) HOLY CROSS HOSPITAL OF SILVER SPRING, INC. IS ONE OF THE LARGEST COMMUNITY HOSPITAL 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 \$ 295,152,785. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any 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>	6	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>	7	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>	8	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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	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 U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	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, Part II</i>	15	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, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	711	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	3613	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material 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	
7b	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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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	
16b	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: ►
GARY E. VOGAN - 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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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.	757,752.	158,224.	
ANGELO ARCADIPANE CHAIR UNTIL 12/08	1.00	X		X			0.	0.	0.	
SR. JEANETTE FETTIG, CSC V. CHAIR	1.00	X		X			0.	0.	0.	
EDWARD H. BERSOFF, PH.D TRUSTEE AS OF 1/09	1.00	X					0.	0.	0.	
CARMEN RAMIREZ, PHD, RN 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 HLTH	3.00	X					0.	1,319,103.	184,485.	
KATHRYN S. CANE TRUSTEE UNTIL 12/08	1.00	X					0.	0.	0.	
JOHN MCSHEA -CHAIR; TRUSTEE UNTIL 12/08	1.00	X		X			0.	0.	0.	
PAMELA PARKER, M.D. TRUSTEE	1.00	X					0.	0.	0.	
EARL THORPE TRUSTEE	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 AS OF 1/09	1.00	X					0.	0.	0.	
TOM TSUI TRUSTEE AS OF 1/09	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
GARY E. VOGAN CFO & ASST. TREAS.	50.00			X				0.	345,254.	47,552.
ROSEANNE PAJKA SVP CORP DEV & ASST SEC	50.00			X				0.	249,455.	31,416.
MARY BROOKS SUTTON COO	50.00				X			0.	337,286.	57,775.
ANNICE CODY VP, PLANNING	50.00				X			0.	237,001.	36,259.
JOSEPH SWEDISH TRINITY HEALTH PRES &CEO	2.00				X			0.	1,969,033.	688,880.
KEDRICK ADKINS TRINITY PRES INTEG SVCS	2.00				X			0.	1,185,289.	111,112.
JUDITH FRUITERMAN VP PATIENT CARE & CNE	50.00				X			0.	223,130.	34,304.
JUAN MANUEL OCASIO COLON VP HUMAN RESOURCES	50.00				X			188,564.	19,611.	15,127.
BLAIR EIG SVP, MEDICAL AFFAIRS & CMO	50.00					X		0.	327,024.	48,958.
ANN B. BURKE MEDICAL DIRECTOR	50.00					X		255,222.	0.	36,280.
1b Total								1,032,652.	6,969,938.	1,685,513.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 167

	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 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
PROGRESSIVE NURSING STAFFERS 5531 HEMPSTEAD WAY, SPRINGFIELD, VA 22151	TEMPORARY NURSING STAFF	2,427,291.
CHILDRENS NATIONAL MEDICAL PO BOX 37215, BALTIMORE, MD 21297	MEDICAL SERVICES	1,204,957.
GEORGE WASHINGTON UNIVERSITY 900 23RD ST. NW, WASHINGTON, DC 20037	MEDICAL SERVICES	1,145,401.
CONTEMPORARY NURSING SOLUTIONS, 54 W. JIMMIE LEEDS RD, # 14, GALLOWAY, NJ 08205	TEMPORARY NURSING STAFF	1,059,845.
AMERICAN ENDOSCOPY SERVICES, INC. 8 CADILLAC DR., # 200, BRENTWOOD, TN 37027	MANAGEMENT SERVICES	996,880.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 64

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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	1d	305,239.				
	e	Government grants (contributions)	1e	762,254.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,065,579.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		2133072.				
	Program Service Revenue	2 a	NET PATIENT SVC REV	Business Code	900099	371,923,315.	371,851,843.	71,472.
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			371,923,315.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1985955.		1,985,955.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
			Gross Rents	509230.				
		b	Less: rental expenses	188471.				
	c	Rental income or (loss)		320759.				
	d	Net rental income or (loss)			320,759.		320,759.	
	7 a		(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory		35,850.			
		b	Less: cost or other basis and sales expenses	7,331,780.	16,631.			
	c	Gain or (loss)		-7,331,780.	19,219.			
	d	Net gain or (loss)			-7,312,561.		-7,312,561.	
	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		b				
	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		b				
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		b				
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	OTHER REVENUE		900099	7235025.	7235025.			
b	CAFETERIA REVENUE		900099	2342536.		2,342,536.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			9577561.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			378,628,101.	379,086,868.	71,472.	-2,663,311.	

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	53,396.	53,396.		
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	2,792,677.		2,792,677.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,695,217.	13,245,429.	14,022,077.	475,801.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,431,045.	5,032,083.	381,801.	17,161.
9 Other employee benefits	11,725,280.	11,432,621.	263,721.	28,938.
10 Payroll taxes	11,038,286.	9,939,538.	1,066,420.	32,328.
11 Fees for services (non-employees):				
a Management	2,819,128.	2,819,128.		
b Legal	186,625.		186,625.	
c Accounting	38,585.		38,585.	
d Lobbying	69,439.		69,439.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	20,250,168.	15,767,011.	4,348,093.	135,064.
12 Advertising and promotion	1,912,733.	78,892.	1,649,531.	184,310.
13 Office expenses	67,363,669.	65,377,694.	1,801,900.	184,075.
14 Information technology	15,765,372.	18,677.	15,733,480.	13,215.
15 Royalties				
16 Occupancy	7,223,258.	6,118,409.	1,104,849.	
17 Travel	710,787.	491,224.	190,336.	29,227.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	71,400.	60,743.	10,657.	
20 Interest	4,225,049.	4,225,049.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,362,595.	10,686,757.	10,675,838.	
23 Insurance	3,485,949.		3,485,949.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT	17,811,797.	17,811,797.		
b CONTRACT LABOR EXPENSE	12,055,501.	8,262,804.	3,741,497.	51,200.
c INTERCO PURCHASED SVCS	6,266,996.	555,889.	5,711,107.	
d EQUIPMENT MAINTENANCE	3,840,008.	3,413,933.	426,075.	
e SUBSCRIPTIONS AND DUES	821,251.	163,298.	654,143.	3,810.
f All other expenses	1,132,948.	389,543.	742,985.	420.
25 Total functional expenses. Add lines 1 through 24f	36,540,619.	29,515,278.	69,097,785.	1,155,549.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	18,422,297.	1	25,808,873.
	2 Savings and temporary cash investments	10,133,067.	2	311,725.
	3 Pledges and grants receivable, net	944,400.	3	175,614.
	4 Accounts receivable, net	49,882,574.	4	54,497,975.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,418,409.	8	6,337,849.
	9 Prepaid expenses and deferred charges	2,473,021.	9	1,779,479.
	10a Land, buildings, and equipment: cost basis ...	10a 371,862,520.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 232,180,649.	10c	
	11 Investments - publicly traded securities	43,168,922.	11	45,962,765.
	12 Investments - other securities. See Part IV, line 11	51,545,882.	12	38,101,846.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	668,857.	14	520,225.
	15 Other assets. See Part IV, line 11	21,329,222.	15	25,072,878.
16 Total assets. Add lines 1 through 15 (must equal line 34)	345,753,645.	16	338,251,100.	
Liabilities	17 Accounts payable and accrued expenses	47,347,100.	17	47,145,831.
	18 Grants payable		18	
	19 Deferred revenue	1,573,090.	19	708,856.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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	2,470,387.	23	1,795,322.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	107,061,282.	25	105,916,051.
	26 Total liabilities. Add lines 17 through 25	158,451,859.	26	155,566,060.
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	186,445,254.	27	182,207,246.
	28 Temporarily restricted net assets	824,166.	28	454,670.
	29 Permanently restricted net assets	32,366.	29	23,124.
	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	187,301,786.	33	182,685,040.	
34 Total liabilities and net assets/fund balances	345,753,645.	34	338,251,100.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 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?		
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	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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 2101 E. JEFFERSON ST. ROCKVILLE, MD 20849	\$ 82,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE SUSAN G. KOMEN FOUNDATION 5005 LBJ FREEWAY DALLAS, TX 75244	\$ 36,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HOLY CROSS HOSPITAL AUXILIARY 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	\$ 228,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TRINITY HEALTH 27870 CABOT DRIVE NOVI, MI 48377	\$ 76,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARYLAND DEPT OF HEALTH & MENTAL HYGIENE 201 WEST PRESTON ST. BALTIMORE, MD 21201	\$ 115,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	M&T BANK 3 BETHESDA METRO CENTER, STE 850 BETHESDA, MD 20814	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), 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
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
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. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(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	
f Grants to other organizations for lobbying purposes?	X		9,299.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		99,996.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			109,295.
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	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 - \$1,581

CATHOLIC HOSPITAL ASSOCIATION - \$2,446

AMERICAN HOSPITAL ASSOCIATION - \$5,272

TOTAL - \$9,299

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 2009, 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 -SAFEGUARDING THE MISSION OF TAX-EXEMPT HOSPITALS. 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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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 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	32,366.				
b Contributions					
c Investment earnings or losses	-8,241.				
d Grants or scholarships					
e Other expenditures for facilities and programs	1,000.				
f Administrative expenses					
g End of year balance	23,125.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ .00 %
 - b** Permanent endowment ▶ 100.00 %
 - c** Term endowment ▶ .00 %

- 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? Yes No

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

Part VI Investments - 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) Depreciation	(d) Book value
1a Land		493,418.		493,418.
b Buildings		179102760.	93,877,533.	85,225,227.
c Leasehold improvements				
d Equipment		122939767.	98,001,250.	24,938,517.
e Other	77,060.	69,249,515.	40,301,866.	29,024,709.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				139681871.

Part XI Reconciliation of Change in Net Assets from Form 990 to 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 4-8	9	
10	Excess or (deficit) for the year per 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 should 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	Losses reported on Form 990, Part IX, line 25	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 should 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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.

PART X: HOLY CROSS HOSPITAL OF SILVER SPRING IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. TRINITY HEALTH'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2009 DID NOT INCLUDE A

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does 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 is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does 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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

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

7 Charity Care and Certain Other Community Benefits at Cost

	(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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)	1	6,113	11,796,673.		11,796,673.	3.23%
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	1	6,113	11,796,673.		11,796,673.	3.23%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	86	190,902	7,110,459.	263,184.	6,847,275.	1.87%
f Health professions education (from Worksheet 5)	4	1,744	3,899,025.	1,395,026.	2,503,999.	.69%
g Subsidized health services (from Worksheet 6)	7	8,076	9,454,733.	1,820,439.	7,634,294.	2.09%
h Research (from Worksheet 7)	2	141	466,886.		466,886.	.13%
i Cash and in-kind contributions to community groups (from Worksheet 8)	7		183,222.		183,222.	.05%
j Total Other Benefits	106	200,863	21,114,325.	3,478,649.	17,635,676.	4.83%
k Total (line 7d and 7j)	107	206,976	32,910,998.	3,478,649.	29,432,349.	8.06%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.
(Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing				0.		
2 Economic development				0.		
3 Community support				0.		
4 Environmental improvements	1	210	9,352.	0.	9,352.	
5 Leadership development and training for community members	1		73,000.	0.	73,000.	.02%
6 Coalition building				0.		
7 Community health improvement advocacy				0.		
8 Workforce development				0.		
9 Other				0.		
10 Total	2	210	82,352.		82,352.	.02%

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	
7 Enter line 5 less line 6 - surplus or (shortfall)	7	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	

Part IV Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: HOLY CROSS HOSPITAL IS LOCATED IN MARYLAND, A STATE WITH A RATE SETTING SYSTEM THAT SETS ALL PAYER RATES. BECAUSE OF THIS AND THE RATES PAID, THERE IS NOT A MEDICAID LOSS FOR HOLY CROSS TO REPORT. THE MARYLAND HOSPITAL ASSOCIATION HAS ESTABLISHED A WORKGROUP TO REVIEW THIS LINE ITEM WITH THE INTENT OF DEFINING HOW THE RESPONSE ON THIS LINE SHOULD BE HANDLED BY ALL MARYLAND ACUTE CARE PROVIDERS.

PART VI, LINE 2: NEEDS ASSESSMENT - HOLY CROSS HOSPITAL IDENTIFIES UNMET COMMUNITY HEALTH NEEDS BY PARTICIPATING IN COMMUNITY COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS, AND PANELS. ON A QUARTERLY BASIS, THE HOSPITAL ANALYZES INTERNAL PATIENT SURVEYS AND PUBLICLY AVAILABLE DATA ON THE MARKET INCLUDING DEMOGRAPHICS AND HEALTH SERVICES UTILIZATION. LOCAL NEEDS ASSESSMENTS AND REPORTS, SUCH AS THE LATEST MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES STRATEGIC PLAN 2006-2011 AND THE COMMUNITY NEEDS INDEX DEVELOPED BY CATHOLIC HEALTHCARE WEST AND THE HEALTHCARE BUSINESS OF THOMSON REUTERS, ARE USED AS THEY BECAME AVAILABLE TO DETERMINE THE TYPES AND LOCATIONS OF COMMUNITY BENEFIT PROGRAMS IMPLEMENTED.

USING THE COMMUNITY NEEDS INDEX, HOLY CROSS HOSPITAL GATHERS VITAL SOCIO-ECONOMIC AND DEMOGRAPHIC FACTORS TO SUPPORT INTERNAL DECISION-MAKING

Part VI Supplemental Information (Optional for 2008)

FOR RESOURCE ALLOCATION AND TO DETERMINE THE GEOGRAPHIC LOCATION OF NEW PROGRAMS TO MEET EMERGING NEEDS. FOR EACH ZIP CODE, THE COMMUNITY NEEDS INDEX METHODOLOGY AGGREGATES FIVE SOCIOECONOMIC INDICATORS/BARRIERS TO HEALTHCARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITY. THE INDICATORS ARE RELATED TO INCOME (PERCENTAGE OF HOUSEHOLDS OVER AGE 65 BELOW POVERTY LINE; PERCENTAGE OF FAMILIES WITH CHILDREN UNDER 18 BELOW POVERTY LINE; PERCENTAGE OF SINGLE FEMALE FAMILIES WITH CHILDREN UNDER 18 BELOW POVERTY LINE), EDUCATION (PERCENTAGE OF POPULATION OVER 25 WITHOUT A HIGH SCHOOL DIPLOMA), CULTURE (PERCENTAGE OF POPULATION THAT IS MINORITY INCLUDING HISPANIC/LATINO ETHNICITY; PERCENTAGE OF POPULATION OVER AGE 5 THAT SPEAKS ENGLISH POORLY OR NOT AT ALL), INSURANCE (PERCENTAGE OF POPULATION IN THE LABOR FORCE, AGED 16 OR MORE, WITHOUT EMPLOYMENT; PERCENTAGE OF POPULATION WITHOUT HEALTH INSURANCE), AND HOUSING (PERCENTAGE OF HOUSEHOLDS RENTING THEIR HOME).

FOR EXAMPLE, DURING FISCAL 2009, WE USED THIS COMMUNITY NEEDS INDEX METHODOLOGY TO LOCATE OUR SECOND PRIMARY CARE HEALTH CENTER FOR UNINSURED ADULTS IN THE SECOND MOST NEEDY ZIP CODE IN MONTGOMERY COUNTY. THE OPENING OF THIS SECOND HEALTH CENTER WAS THE MOST SIGNIFICANT ADDITION TO HOLY CROSS HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES DURING FISCAL 2009, A YEAR OF THE GREATEST ECONOMIC DOWNTURN IN DECADES, AND THE USE OF THE COMMUNITY NEEDS INDEX METHODOLOGY HELPED US TO MEET THE MOST PRESSING NEEDS.

DURING FY09, IN ADDITION TO THE CONTINUED USE OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES STRATEGIC PLAN 2006-2011, WE ALSO USE A RANGE OF OTHER AVAILABLE NEEDS ASSESSMENTS TO IDENTIFY AND RESPOND TO LOCAL NEEDS.

Part VI Supplemental Information (Optional for 2008)

HOLY CROSS HOSPITAL PARTICIPATES IN NEEDS ASSESSMENT PROCESSES DRIVEN BY THE LOCAL HEALTH DEPARTMENT. IN FY09, HOLY CROSS HOSPITAL PROVIDED \$25,000 TO THE BROADLY COLLABORATIVE AND COMMUNITY-DRIVEN MONTGOMERY COUNTY COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP). THE PURPOSE OF THE PROCESS IS TO ASSURE THAT ALL COUNTY RESIDENTS HAVE ACCESS TO NEEDED HEALTH CARE SERVICES AND TO IDENTIFY AND REDUCE HEALTH DISPARITIES. CHIP WILL IMPLEMENT AN ONGOING PROCESS TO GATHER INFORMATION AND INVENTORY CURRENT NEEDS ASSESSMENTS AND RESOURCES, CONDUCT A COMPREHENSIVE COUNTY-WIDE NEEDS ASSESSMENT, MAKE BETTER DATA AVAILABLE, SET PRIORITIES, AND EVALUATE, DEVELOP AND IMPLEMENT IMPROVEMENT PLANS AND MONITOR THE ACHIEVEMENT OF IMPROVEMENTS IN COMMUNITY HEALTH. WE HAVE ASSIGNED A SENIOR EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE OF THAT EFFORT.

FOR THE FIFTH YEAR IN A ROW, HOLY CROSS HOSPITAL HAS INVITED AN EXTERNAL GROUP OF PARTICIPANTS TO REVIEW OUR ANNUAL COMMUNITY BENEFIT PLAN, WHICH INCLUDES REPRESENTATIVES FROM THE LOCAL HEALTH DEPARTMENT. IN FY09, BOTH THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS OR HEALTH DEPARTMENT) AND THE MONTGOMERY COUNTY HEALTH OFFICER ATTENDED THIS REVIEW.

HOLY CROSS HOSPITAL WORKS CLOSELY WITH OUR LOCAL HEALTH DEPARTMENT AND IS ABLE TO NIMBLY RESPOND TO EMERGING HEALTH CARE NEEDS. FOR EXAMPLE, HOLY CROSS HOSPITAL WAS INFORMED BY THE MONTGOMERY COUNTY HEALTH DEPARTMENT THAT THE MONTGOMERY COUNTY WOMEN'S CANCER CONTROL PROGRAM (WCCP) WAS TO CLOSE TO NEW ENROLLEES IN JULY 2008 DUE TO STATE AND COUNTY BUDGET CUTS. THE MONTGOMERY COUNTY WCCP SERVES MEDICALLY UNDERSERVED LOW-INCOME MONTGOMERY COUNTY RESIDENTS IN NEED OF BREAST AND CERVICAL CANCER SCREENINGS AND FOLLOW-UP CARE. UPON LEARNING THIS, HOLY CROSS HOSPITAL IMMEDIATELY

Part VI Supplemental Information (Optional for 2008)

PARTNERED WITH THE MCDHHS, THE MONTGOMERY COUNTY PRIMARY CARE COALITION, COMMUNITY CLINICS INC. AND OTHER MONTGOMERY CARES CLINICS TO FILL THIS GAP IN SERVICES.

DURING FISCAL YEAR 2009, HOLY CROSS HOSPITAL PROVIDED FREE SCREENINGS FOR EARLY BREAST CANCER DETECTION AND LINKS TO TREATMENT AS NEEDED TO 288 WOMEN INELIGIBLE FOR WCCP ENROLLMENT. DURING FISCAL YEAR 2009 THE AGGREGATE NUMBERS OF NEW PATIENTS REFERRED FOR GYNECOLOGY WAS 709, WITH 1,188 RETURN VISITS. A TOTAL OF 262 GYNECOLOGICAL PROCEDURES (26 ENDOMETRIAL BIOPSIES, 220 COLPOSCOPIES AND 16 LOOP ELECTRICAL SURGICAL EXCISION PROCEDURES) WERE PERFORMED.

THESE SERVICES TAKE PLACE AT THE HOSPITAL AND INCLUDE CLINICAL BREAST EXAMINATIONS, MAMMOGRAPHY AND OTHER DIAGNOSTICS AND PAP TESTS AND OTHER GYNECOLOGICAL PROCEDURES (AS DESCRIBED ABOVE). ALL PATIENTS RECEIVED FINANCIAL ASSISTANCE AND WERE LINKED TO TREATMENT AS NEEDED. TODAY, THE WCCP REMAINS CLOSED TO NEW APPLICANTS AND WE CONTINUE TO OFFER THESE SERVICES.

IN ADDITION TO CLINICAL SCREENINGS, HOLY CROSS HOSPITAL PROVIDES HEALTH EDUCATION AND OUTREACH IN THE FORM OF ONE-ON-ONE ENCOUNTERS, IN SMALL GROUP SESSIONS TO PATIENTS ENROLLED IN THE MONTGOMERY CARES CLINICS (THE HOLY CROSS HEALTH CENTERS AT MONTGOMERY COLLEGE AND IN GAITHERSBURG, PEOPLE'S COMMUNITY WELLNESS CENTER AND PROYECTO SALUD) AND OUT IN THE COMMUNITY. THE OUTREACH IS PROVIDED THROUGH THE ETHNIC HEALTH PROMOTION PROGRAM WHERE PARTICIPANTS ARE EDUCATED ON THE IMPORTANCE OF DISEASE PREVENTION AND EARLY DETECTION, CHRONIC DISEASE MANAGEMENT, HEALTHY LIFESTYLES, AND TOBACCO CESSATION. MEDICALLY UNDERSERVED AND UNINSURED COMMUNITY MEMBERS ARE OFTEN

Part VI Supplemental Information (Optional for 2008)

REFERRED TO HOLY CROSS HOSPITAL'S FREE BREAST CANCER SCREENING PROGRAM AND TO FREE OR LOW-FEE PRIMARY CARE AT THE HOLY CROSS HEALTH CENTERS OR OTHER MONTGOMERY CARES CLINICS.

IN CONSULTATION WITH THE MCDHHS, OUR LOCAL HEALTH DEPARTMENT, ABOUT FILLING THIS GAP IN SERVICES, WE ALSO DISCUSSED THE IMPORTANCE OF A RAPID REFERRAL SYSTEM FOR BREAST CANCER SCREENINGS. HOLY CROSS HOSPITAL HAS A SUCCESSFUL RAPID REFERRAL MODEL ALREADY IN PLACE AND WE ARE WORKING WITH A LOCAL COALITION ON A PROCESS IMPROVEMENT PLAN FOR THE COUNTY THAT INCORPORATES OUR RAPID REFERRAL SYSTEM.

BASED ON THE ABOVE NEEDS ASSESSMENTS, THE MAJOR COMMUNITY NEEDS IDENTIFIED FOR FISCAL YEAR 2009 WERE:

- THE NEED TO INCREASE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR CHILDREN, PREGNANT WOMEN, UNINSURED ADULTS AND SENIORS.
- THE NEED TO OBTAIN MEDICAL CARE FOR THE UNDERSERVED BY ENROLLING ELIGIBLE RESIDENTS IN MEDICAID, MHIP AND OTHER INSURANCE PROGRAMS AND BY BUILDING A BETTER SYSTEM OF CARE FOR THE UNINSURED.
- THE NEED TO ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES BY PROVIDING CULTURALLY AND LINGUISTICALLY COMPETENT CARE AND TARGET DISEASES THAT ARE MORE PREVALENT IN MINORITY POPULATIONS.
- TO PROVIDE HEALTH EDUCATION, DISEASE PREVENTION AND CHRONIC DISEASE MANAGEMENT (INCLUDING OBESITY) PROGRAMS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY.
- IN SUMMARY, OUR ACTIVITIES FOCUS PRIMARILY ON POSITIVELY IMPACTING THE HEALTH OF OUR COMMUNITY WITH PROGRAMS THAT ARE CULTURALLY AND LINGUISTICALLY TAILORED TO MEET THE UNMET NEEDS OF WOMEN, INFANTS, SENIORS, AND RACIAL AND ETHNIC MINORITIES.

Part VI Supplemental Information (Optional for 2008)

HOLY CROSS HOSPITAL'S INTERDEPARTMENTAL LEADERSHIP, EXECUTIVE MANAGEMENT, AND ITS BOARD OF TRUSTEES PLAN, MONITOR AND EVALUATE THE HOSPITAL'S COMMUNITY BENEFIT EFFORTS. INITIATIVES ARE THOUGHTFULLY PLANNED TO ENSURE THAT LINKS EXIST BETWEEN THE HOSPITAL'S CLINICAL EXPERTISE AND UNMET COMMUNITY NEEDS. TO DETERMINE THE NEEDS OF THE COMMUNITY, HOLY CROSS HOSPITAL HAS A CHIEF EXECUTIVE OFFICER REVIEW COMMITTEE ON COMMUNITY BENEFIT (AN INTERNAL, INTERDEPARTMENTAL COMMITTEE) THAT UTILIZES AVAILABLE DATA (E.G., NEEDS ASSESSMENTS, HOSPITAL PATIENT DATA, COMMUNITY NEEDS INDEX) AND COMMUNITY INPUT TO DEVELOP THE HOSPITAL'S COMMUNITY BENEFIT WORK PLANS.

ONCE A YEAR, AN EXTERNAL GROUP OF COMMUNITY LEADERS (INCLUDING THE LOCAL HEALTH DEPARTMENT IN MONTGOMERY COUNTY) IS INVITED TO REVIEW THE ANNUAL COMMUNITY BENEFIT PLAN AND OUR PROGRESS TO HELP US DETERMINE OUR DIRECTION FOR THE NEXT YEAR. THE WORK PLANS DESCRIBE THE GOALS AND OBJECTIVES THE HOSPITAL EXPECTS TO MEET DURING THE FISCAL YEAR. ONCE APPROVED BY THE HOLY CROSS HOSPITAL BOARD OF TRUSTEES, THE CHIEF EXECUTIVE OFFICER REVIEW COMMITTEE ON COMMUNITY BENEFIT MEETS ON A QUARTERLY BASIS TO REVIEW PROGRESS TOWARD THE EXPECTED OUTCOMES. THE BOARD OF TRUSTEE'S MISSION AND STRATEGY COMMITTEE PROVIDES QUARTERLY GOVERNANCE OVERSIGHT.

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

- PROVIDING ACCESS TO QUALITY HEALTHCARE 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

Part VI Supplemental Information (Optional for 2008)

- 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 AHA 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
- 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 PROVIDED 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

Part VI Supplemental Information (Optional for 2008)

INFORMATION AND APPLICATIONS WHILE HANDLING CUSTOMER SERVICE CALLS. OUR MEDICAID VENDOR AND COUNTY MEDICAID WORKERS ALSO PROVIDE 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 HEALTHCARE SERVICES. THE HOSPITAL HAS ONSITE MEDICAID ELIGIBILITY REPRESENTATIVES THROUGH THE DECO MANAGEMENT GROUP. 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 CHARITY CARE PROGRAM. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM IS ALSO POSTED IN THE WAITING AREAS FOR THE EMERGENCY CENTER, URGENT CARE CENTER, THE OBGYN CLINIC, MAIN REGISTRATION AREAS, AND THE OFFSITE HEALTH CENTERS LOCATED IN SILVER SPRING AND GAITHERSBURG. THE

Part VI Supplemental Information (Optional for 2008)

EMERGENCY CENTER ALSO HAS INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IN THE DISCHARGE OFFICE. 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 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 AND ADMITTING, 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 RECEIVE IN-SERVICE 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 Supplemental Information (Optional for 2008)

PART VI, LINE 4: COMMUNITY INFORMATION - HOLY CROSS HOSPITAL, ONE OF EIGHT HOSPITALS WITHIN A FOUR-MARKET AREA, PRIMARILY SERVES THE RESIDENTS OF TWO RACIALLY AND ETHNICALLY DIVERSE MARYLAND COUNTIES, MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, AN AREA WITH A TOTAL POPULATION OF APPROXIMATELY 1.8 MILLION. OUR PRIMARY SERVICE AREA INCLUDES 11 CONTIGUOUS ZIP CODES IN MONTGOMERY COUNTY AND AN ADJACENT GEOGRAPHIC AREA IN NORTHERN PRINCE GEORGE'S COUNTY. OUR SECONDARY SERVICE AREA IS MADE UP OF TWO OTHER AREAS, IN NORTHERN AND WESTERN MONTGOMERY COUNTY AND SOUTHERN PRINCE GEORGE'S COUNTY.

APPROXIMATELY 62% OF THE 1.5 MILLION RESIDENTS IN OUR FOUR-MARKET AREA ARE MINORITIES, COMPARED TO 39.4% FOR THE STATE. DEMOGRAPHIC ANALYSIS REVEALS THAT AREAS CLOSEST TO HOLY CROSS HOSPITAL HAVE A LARGER NUMBER OF PERSONS WHO ARE POOR WHEN COMPARED TO THE REST OF MONTGOMERY COUNTY (AVERAGE MEDIAN HOUSEHOLD INCOME OF \$50,387 COMPARED TO COUNTY AVERAGE OF \$71,551). THE AREA ALSO HAS A SIGNIFICANT NUMBER OF WOMEN OF CHILDBEARING AGE (21%) AND ELDERLY (11.3%).

THE HIGHEST POPULATION DENSITY IN OUR AREA IS CONCENTRATED NEAR OUR HOSPITAL, 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, 21% AND 19% RESPECTIVELY, COMPARED TO 5.9% IN THE STATE.

AFRICAN AMERICANS RESIDING IN MONTGOMERY COUNTY ARE THREE TIMES AS LIKELY

Part VI Supplemental Information (Optional for 2008)

TO GIVE BIRTH TO AN INFANT WITH VERY LOW BIRTH WEIGHT, THREE TIMES AS LIKELY TO BE HOSPITALIZED DUE TO COMPLICATIONS WITH DIABETES; AND LATINOS ARE ALMOST FOUR TIMES AS LIKELY TO BE WITHOUT HEALTH INSURANCE WHEN COMPARED TO THEIR WHITE COUNTERPARTS. MINORITIES ALSO MAKE UP A DISPROPORTIONATE NUMBER OF PERSONS UNABLE TO AFFORD HEALTH CARE WHEN NEEDED.

DESPITE ITS RELATIVE AFFLUENCE, MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE HOME TO AN ESTIMATED 250,000 UNINSURED ADULTS, THE MAJORITY OF WHOM ARE MINORITIES. 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 60+ POPULATION IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES WILL INCREASE BY 142% AND 162%, RESPECTIVELY.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - HOLY CROSS HOSPITAL INCREASED ITS ROLE IN ADDRESSING THE UNMET NEEDS OF RACIAL AND ETHNIC MINORITY POPULATIONS WHEN THE HOSPITAL BECAME THE LEAD AGENCY OF THE MINORITY COMMUNITIES EMPOWERMENT PROJECT IN 2004. THIS MULTI-ORGANIZATIONAL COLLABORATIVE EFFORT AIMS TO REDUCE TOBACCO USE AMONG MINORITIES AND TO REDUCE HEALTH DISPARITIES IN CANCER MORTALITY AND MORBIDITY THROUGH COMMUNITY AND ORGANIZATIONAL CAPACITY BUILDING. SINCE 2005, THE MINORITY COMMUNITIES EMPOWERMENT PROJECT HAS GIVEN PARTICIPATING ORGANIZATIONS THE SKILLS AND RESOURCES NEEDED TO FACILITATE APPROXIMATELY 75,000 HEALTH EDUCATIONAL ENCOUNTERS, INCLUDING 21,576 HEALTH EDUCATIONAL ENCOUNTERS, AT 692 OUTREACH SESSIONS IN FISCAL 2009 ALONE.

HOLY CROSS HOSPITAL'S SENIOR MANAGEMENT, DIRECTORS, MANAGERS, PHYSICIANS, AND NURSES CONTRIBUTED MORE THAN 730 STAFF HOURS AND A TOTAL OF \$47,809

Part VI Supplemental Information (Optional for 2008)

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 PARTICIPATE ON BOARDS, ADVISORY COMMITTEES, AND COMMISSIONS. FOR EXAMPLE, OUR VICE PRESIDENT OF COMMUNITY HEALTH SERVES AS THE CHAIR OF THE MONTGOMERY COUNTY COMMISSION ON HEALTH, USING TIME THAT WOULD OTHERWISE BE ALLOCATED FOR OTHER ACTIVITIES AT HOLY CROSS HOSPITAL.

THE HOSPITAL PROVIDES FINANCIAL SUPPORT TO COMMUNITY AND STATE INITIATIVES THAT ARE ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS THE COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP). MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IS INITIATING CHIP TO ASSURE THAT ALL COUNTY RESIDENTS HAVE ACCESS TO NEEDED HEALTH CARE SERVICES AND TO IDENTIFY AND REDUCE HEALTH DISPARITIES. CHIP WILL CONDUCT A HEALTH NEEDS ASSESSMENT, KEY TO THE INITIATIVE, IN ORDER TO DESCRIBE HEALTH ASSETS AND DEFICITS AND PROVIDE THE FOUNDATION FOR IDENTIFYING THE TRUE PRIORITIES FOR INVESTING IN CORRECTIVE MEASURES.

ESTABLISHING TRUSTED RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS SUCH AS THE GRASS ROOTS ORGANIZATION FOR THE 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. OUR LEADERS ALSO PARTICIPATE IN EDUCATIONAL PROGRAMMING FOR HEALTHCARE WORKERS WITH OUR PARTNERSHIP WITH MONTGOMERY COLLEGE AND IN OUR PARTICIPATION IN NURSING EDUCATION INITIATIVES AT THE STATE LEVEL.

Part VI Supplemental Information (Optional for 2008)

PART VI, LINE 6: OTHER INFORMATION - HOLY CROSS HOSPITAL HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS. ONLY TWO OF THE 15 BOARD MEMBERS ARE EMPLOYED BY HOLY CROSS HOSPITAL OR TRINITY HEALTH, THE HOSPITAL'S PARENT CORPORATION (THE HOSPITAL'S CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH EXECUTIVE). TWO 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 AND WE HAVE A LARGE, DIVERSE MEDICAL AND DENTAL STAFF (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 A UNIQUE EMERGENCY ROOM TAILORED TO SERVE OUR GROWING SENIORS POPULATION. OUR SENIORS EMERGENCY CENTER PROVIDES SAFE AND EFFICIENT EMERGENCY SERVICES FOR PERSONS 65 AND OVER.

NO PART OF THE INCOME OF HOLY CROSS HOSPITAL INURES TO THE BENEFIT OF 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,

Part VI Supplemental Information (Optional for 2008)

COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING 2009, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED THE COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP). IN ADDITION, WE HAVE ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE. IN ADDITION, OUR VICE PRESIDENT OF COMMUNITY HEALTH SERVES AS CHAIR OF THE MONTGOMERY COUNTY 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 ACTIVELY ADVOCATES ON BEHALF OF POOR AND VULNERABLE INDIVIDUALS, ESPECIALLY FOR HEALTHCARE COVERAGE FOR ALL PERSONS AND IMPROVED COMMUNITY HEALTH. DURING 2009, WE ENCOURAGED OUR EMPLOYEES AS HEALTHCARE WORKERS TO WRITE TO THEIR LOCAL SENATORS AND CONGRESSIONAL REPRESENTATIVES ABOUT THE NEED FOR HEALTHCARE REFORM.

HOLY CROSS HOSPITAL HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. CURRENTLY, 400 VOLUNTEERS CONTRIBUTE THEIR TIME.

PART VI, LINE 7: HOLY CROSS HOSPITAL IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM 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 REINVESTS ITS PROFITS BACK

Part VI Supplemental Information (Optional for 2008)

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 2009, THIS INCLUDED NEARLY \$400 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN 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 ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 8, 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 U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**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" on 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. Use Part IV and Schedule I-1 (Form 990) 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
URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	25,000.	0.			SPONSORSHIP - COMMUNITY NEEDS ASSESSMENT

- 2** Enter total number of section 501(c)(3) and government organizations **2.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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)**

Compensation Information

OMB No. 1545-0047

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

2008

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) 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 compensation				
KEVIN J. SEXTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	428,005.	154,937.	174,810.	128,772.	29,452.	915,976.	0.
MICHAEL SLUBOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	702,369.	304,667.	312,067.	154,304.	30,181.	1,503,588.	0.
GARY E. VOGAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	262,049.	48,163.	35,042.	24,417.	23,135.	392,806.	0.
ROSEANNE PAJKA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,211.	36,891.	9,353.	25,235.	6,181.	280,871.	0.
MARY BROOKS SUTTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,915.	45,644.	26,727.	46,266.	11,509.	395,061.	0.
ANNICE CODY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	183,312.	35,759.	17,930.	13,368.	22,891.	273,260.	0.
JOSEPH SWEDISH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1212695.	545,090.	211,248.	654,032.	34,848.	2,657,913.	0.
KEDRICK ADKINS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	727,066.	326,976.	131,247.	97,526.	13,586.	1,296,401.	0.
JUDITH FRUITERMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,823.	25,173.	23,134.	21,571.	12,733.	257,434.	0.
JUAN MANUEL OCASIO COLON	(i)	122,382.	22,650.	43,532.	9,276.	5,655.	203,495.	0.
	(ii)	19,598.	0.	13.	0.	196.	19,807.	0.
BLAIR EIG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	251,600.	44,653.	30,771.	29,859.	19,099.	375,982.	0.
ANN B. BURKE	(i)	248,126.	0.	7,096.	17,561.	18,719.	291,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LEE E. SCHWAB	(i)	208,486.	0.	5,556.	29,219.	2,886.	246,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARCIA CARROLL	(i)	193,964.	0.	3,607.	189,199.	636.	387,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW BARBASH	(i)	169,562.	0.	7,691.	11,822.	1,379.	190,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, LINE 4B: 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 (\$230,000 FOR 2008).

THE FOLLOWING ACCRUALS FOR 2008 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS \$80,919

BLAIR EIG \$10,204

ROSEANNE PAJKA \$1,756

KEVIN J. SEXTON \$97,569

MICHAEL SLUBOWSKI \$94,766

MARY BROOKS SUTTON \$9,625

JOSEPH SWEDISH \$137,872

PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUALS FOR 2008 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS \$0

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.

MICHAEL SLUBOWSKI \$36,541

JOSEPH SWEDISH \$493,225

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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 A, LINE 10: 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 CONFLICTS OF INTEREST POLICY WHICH CONTAINS THE

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

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

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 CONFLICTS OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICTS 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

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO 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.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

FORM 990, PART VII, SECTION A, 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 SLUBOWSKI - 52 HOURS

JOSEPH SWEDISH - 53 HOURS

FORM 990, PART XI, LINE 2:

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

INCLUDED IN THE FY09 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization HOLY CROSS HOSPITAL OF SILVER SPRING, INC	Employer identification number 52-0738041
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Part I Identification of Disregarded Entities

(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
CLR INVESTMENTS LLC - 32-0008631 120 W. HARRIS ST. CADILLAC, MI 49601	REAL ESTATE RENTAL & DEVELOPMENT	MICHIGAN	21,427.	175,518.	TRINITY HEALTH-MICHIGAN
SAINT AGNES HOME HEALTH LLC - 38-2621935 17410 COLLEGE PARKWAY, STE 150 LIVONIA, MI 48152	PROVIDE HOME HEALTH SERVICES	CALIFORNIA	4036243.	406,247.	TRINITY HOME HEALTH SERVICES, INC.
SAINT MARY'S PHARMACY LLC - 38-3404443 200 JEFFERSON AVE., SE GRAND RAPIDS, MI 49503	PHARMACY	MICHIGAN	0.	0.	TRINITY HEALTH-MICHIGAN
MOUNT CARMEL HEALTH PROVIDERS TWO, LLC - 20-1983271, 6150 E. BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OHIO	0.	0.	MOUNT CARMEL HEALTH PROVIDERS, INC.

Part II 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
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.
BATTLE CREEK HEALTH SYSTEM - 38-2776791 300 NORTH AVENUE BATTLE CREEK, MI 49016	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH - MICHIGAN
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
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.

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

Schedule R (Form 990) 2008

Part III 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, investment, unrelated)	(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?	
							Yes	No		Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK - 20-4594297, 5325 BECKLEY ROAD, STE A, BATTLE CREEK, MI 49015	RADIOLOGY/IMAGING	MI	N/A	N/A	0.	0.		X	N/A		X
ADVENT REHABILITATION LLC - 38-3306673, 560 FIFTH ST NW, STE 404, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	0.	0.		X	N/A		X
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
CCH LABORATORY - 38-2910400 775 SOUTH MAIN STREET CHELSEA, MI 48118	LABORATORY	MI	N/A	N/A	0.	0.		X	N/A		X

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
GENERAL HEALTHCORP. VENTURES, INC. - 38-2533165 1820-44TH STREET KENTWOOD, MI 49508	MEDICAL SERVICES	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 ORTHOTICS & PROSTHETICS - 38-2999815 1415 LEAHY ST. MUSKEGON, MI 49442	HEALTHCARE SERVICES	MI	N/A	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations

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

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 (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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) TRINITY HEALTH - MICHIGAN	L	471,448.
(2) TRINITY HEALTH CORPORATION	B	5,123,000.
(3) TRINITY HEALTH CORPORATION	C	92,686.
(4) TRINITY HEALTH CORPORATION	L	23,419,066.
(5) TRINITY HEALTH CORPORATION	O	16,094,425.
(6) TRINITY HEALTH CORPORATION	P	1,238,592.

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
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
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
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
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.
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
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.
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET NW, DYERSVILLE, IA 52040	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302 MUSKEGON, MI 49443-3302	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS
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
HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKEGON, MI 49442-3545	COUNSELING, EDUCATION, AND SUPPORT	MICHIGAN	501(C)(3)	9	MERCY HEALTH PARTNERS
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
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

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
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, INC.
HOLY CROSS MEDICAL CENTER - 95-1985442 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
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.
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
HPCN - 30-0207909 1675 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS
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
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
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.
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.
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.
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 2540 16TH STREET, PORT HURON, MI 48060	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY COMMUNITY PHYSICIANS - 26-4252468 363 FREMONT ST. BATTLE CREEK, MI 49017	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	BATTLE CREEK HEALTH SYSTEM

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
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.
MERCY HEALTH FOUNDATION - 38-2606571 27870 CABOT DRIVE NOVI, MI 48377-2920	CHARITABLE FUNDRAISING	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SYSTEM SUPPORT	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
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
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
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
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
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
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.
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.
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.
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.

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
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
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.
MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108	AEROMEDICAL TRANSPORT	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
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
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
MOUNT CARMEL HEALTH - 31-4379602 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
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
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
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
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.
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
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

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
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	NEBRASKA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
OUR LADY OF PEACE HOSPITAL, INC. - 35-2108936, 801 EAST LASALLE AVE., 4TH FLOOR, SOUTH BEND, IN 46617-2814	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
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
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
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
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
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.
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.
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.
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.
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
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 CAMPUS, INC.

Schedule R-1 (Form 990) 2008

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
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
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 48905	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
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
ST ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SERVICES	IDAHO	501(C)(3)	3	TRINITY HEALTH CORPORATION
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
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
ST. ANN'S HOSPITAL - 31-4412701 500 SOUTH CLEVELAND AVE. WESTERVILLE, OH 43081	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
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 BEND CAMPUS, INC.
ST. JOSEPH HOSPITAL OF MISHAWAKA AUXILIARY - 35-1089149, 215 WEST FOURTH ST., MISHAWAKA, IN 46544	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(3)	11, TYPE II	THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER
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.
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
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

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tion- ate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?	
							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
CLINTON IMAGING SERVICES, LLC - 41-2044739, 1410 NORTH 4TH ST., CLINTON, IA 52732	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	0.	0.		X	N/A		X
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
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
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
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
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
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
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

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
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
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
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
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
MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A	0.	0.		X	N/A		X
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
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
PLAZA SURGICAL CENTER - 37-1463357, PO BOX 27230, FRESNO, CA 93729-7230	AMBULATORY SURGERY	CA	N/A	N/A	0.	0.		X	N/A		X
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

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tion- ate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
SAINT ALPHONSUS NEPHROLOGY CENTER, LLC - 82-0484674, 4487 N. DRESDEN PL., STE 101, BOISE, ID 83714	NEPHROLOGY SERVICES	ID	N/A	N/A	0.	0.		X	N/A		X
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
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
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
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
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
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106-0992	RADIOLOGY/IMAGING	MI	N/A	N/A	0.	0.		X	N/A		X

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 CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	0.	0.	.00%
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	-23,318.	242,408.	100.00%
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%
MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	HOLY CROSS HOSPITAL OF SILVER SPRING,	C CORP	-22,431.	1,483,886.	100.00%
MERCY CARE OF WEST MICHIGAN, INC. - 38-2621098 1820-44TH STREET KENTWOOD, MI 49508	OCCUPATIONAL HEALTH SERVICES	MI	N/A	C CORP	0.	0.	.00%
MERCY HOSPITAL OUTPATIENT PHARMACY, INC. - 38-2721029 2601 ELECTRIC AVENUE PORT HURON, MI 48060	RETAIL PHARMACY	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%
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%

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
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 25790 FRESNO, CA 93729	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED	CA	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIAN SERVICES, INC. - 82-0477852 1055 NORTH CURTIS ROAD BOISE, ID 83706	PHYSICIAN CLINICS	ID	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%
TRINITY HEALTH SELF-INSURANCE PLAN - 38-6742154 27870 CABOT DRIVE NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND - 38-6742157, 27870 CABOT DRIVE, NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%

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
(7) TRINITY HEALTH CORPORATION	Q	4,743,378.
(8) HOLY CROSS PRIVATE HOME SERVICES CORP.	A	31,277.
(9) HOLY CROSS PRIVATE HOME SERVICES CORP.	L	560,490.
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDINGS AND IMPROVEMENTS	063096		.000	16	179,102,760.			179,102,760.	86,866,920.		7,010,613.
	* 990 PAGE 10 TOTAL BUILDINGS					179,102,760.		0.	179,102,760.	86,866,920.	0.	7,010,613.
8	OTHER			15M	42							3,493,966.
	* 990 PAGE 10 TOTAL OTHER					179,102,760.		0.	179,102,760.	86,866,920.	0.	10,504,579.
	MACHINERY & EQUIPMENT											
3	MOVEABLE EQUIPMENT	063003		.000	16	122,939,767.			122,939,767.	91,518,461.		6,482,789.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					122,939,767.		0.	122,939,767.	91,518,461.	0.	6,482,789.
	LAND											
1	LAND	063086		.000	16	493,418.			493,418.			0.
	* 990 PAGE 10 TOTAL LAND					493,418.		0.	493,418.	0.	0.	0.
	OTHER											
4	CAPITAL LEASES	063003		.000	16	2,873,301.			2,873,301.	205,236.		410,472.
5	OTHER FIXED ASSETS	063003		.000	16	61,581,795.			61,581,795.	35,721,403.		3,964,755.
6	CONSTRUCTION IN PROGRESS	070106		.000	16	4,794,419.			4,794,419.			0.
7	LAND & REAL PROPERTY HELD FOR SALE	063003		.000	16	77,060.			77,060.			0.
	* 990 PAGE 10 TOTAL OTHER					69,326,575.		0.	69,326,575.	35,926,639.	0.	4,375,227.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					371,862,520.		0.	371,862,520.	214,312,020.	0.	21,362,595.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2009

For use with Forms **990, 990-EZ, 990-PF, 1120-POL, and 8868**

2008

Department of the Treasury
Internal Revenue Service

▶ See instructions.

Name of exempt organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>378628101</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶

[Signature]
Signature of officer

5/6/10
Date

CHIEF FINANCIAL OFFICER
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	TRINITY HEALTH			EIN 35-1443425
		27870 CABOT DRIVE			Phone no. 248-324-8328
		NOVI, MI 48377			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN
				Phone no.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **8453-EO** (2008)