

**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 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		HOLY CROSS HOSPITAL OF SILVER SPRING, INC Doing Business As		52-0738041
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 FOREST GLEN ROAD		<b>E Telephone number</b> 301-754-7034
		City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20910-1484		<b>G Gross receipts \$</b> 396,568,010.
<b>F Name and address of principal officer:</b> GARY E. VOGAN SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ 0928		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.HOLYCROSSHEALTH.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1959	
<b>M State of legal domicile:</b> MD				

**Part I Summary**

<b>Activities &amp; Governance</b>	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 net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... 12
	5	Total number of employees (Part V, line 2a) ..... 3412
	6	Total number of volunteers (estimate if necessary) ..... 400
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... 42,638.
b	Net unrelated business taxable income from Form 990-T, line 34 ..... 4,622.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... 2,133,072. 2,105,691.	
	9 Program service revenue (Part VIII, line 2g) ..... 371,923,315. 380,716,457.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... -5,326,606. 3,491,905.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 9,898,320. 10,015,678.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 378,628,101. 396,329,731.	
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 53,396. 40,877.
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) ..... 177,939,465. 184,761,795.		
16a Professional fundraising fees (Part IX, column (A), line 11e) .....		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,170,619.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... 187,413,258. 185,647,210.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 365,406,119. 370,449,882.		
19 Revenue less expenses. Subtract line 18 from line 12 ..... 13,221,982. 25,879,849.		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... Beginning of Current Year 338,251,100. End of Year 363,353,708.	
	21 Total liabilities (Part X, line 26) ..... 155,566,060. 152,152,533.	
	22 Net assets or fund balances. Subtract line 21 from line 20 ..... 182,685,040. 211,201,175.	

**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.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 297,380,496. including grants of \$ 40,877. ) (Revenue \$ 388,054,480. ) HOLY CROSS HOSPITAL OF SILVER SPRING, INC. IS ONE OF THE LARGEST COMMUNITY HOSPITALS IN THE STATE OF MARYLAND. THE HOSPITAL OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT ACUTE AND SPECIALTY CARE SERVICES, WITH AN EMPHASIS ON CANCER CARE, EMERGENCY CARE, SENIOR SERVICES, SURGICAL SPECIALTIES AND WOMEN AND CHILDREN SERVICES. FOR MORE INFORMATION ON SPECIFIC SERVICES PROVIDED, PLEASE SEE THE HOSPITAL'S WEBSITE AT WWW.HOLYCROSSHEALTH.ORG.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MISSION THE MISSION STATEMENT OF THE HOSPITAL IS AS FOLLOWS: WE SERVE TOGETHER IN TRINITY HEALTH IN THE SPIRIT OF THE GOSPEL TO HEAL BODY, MIND, AND SPIRIT TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND TO STEWARD THE RESOURCES ENTRUSTED TO US.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ROLE STATEMENT HOLY CROSS HOSPITAL EXISTS TO SUPPORT THE HEALTH MINISTRY OF TRINITY HEALTH AND TO BE THE MOST TRUSTED PROVIDER OF HEALTH CARE SERVICES IN OUR AREA. OUR HEALTH CARE TEAM WILL ACHIEVE THIS TRUST THROUGH: - HIGH-QUALITY, EFFICIENT AND SAFE HEALTH CARE SERVICES FOR ALL IN PARTNERSHIP WITH OUR PHYSICIANS AND OTHERS - ACCESSIBILITY OF SERVICES TO OUR MOST VULNERABLE AND UNDERSERVED POPULATIONS - COMMUNITY OUTREACH THAT IMPROVES HEALTH STATUS - ONGOING LEARNING AND SHARING OF NEW KNOWLEDGE - OUR FRIENDLY, CARING SPIRIT

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

4e Total program service expenses \$ 297,380,496.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 611		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 3412		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</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.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			14
b	Enter the number of voting members that are independent		
1b			12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its 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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
13		X	
14	Does the organization have a written document retention and destruction policy?	X	
14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		X
16b			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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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.	1,054,835.	78,364.
SR. JEANETTE FETIG, CSC VICE CHAIR	1.00	X		X				0.	0.	0.
EDWARD H. BERSOFF, PH.D TRUSTEE	1.00	X						0.	0.	0.
CARMEN RAMIREZ, PH.D, RN TRUSTEE UNTIL 12/09	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 & HOSP NTWK	3.00	X						0.	1,617,841.	154,389.
JOHN MCSHEA CHAIR	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	1.00	X						0.	0.	0.
TOM TSUI TRUSTEE	1.00	X						0.	0.	0.
GARY E. VOGAN CFO & ASST. TREASURER	50.00			X				0.	347,996.	48,826.
ROSEANNE PAJKA SVP CORP DEV & ASST SEC	50.00			X				0.	266,720.	28,135.

**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			
MARY BROOKS SUTTON COO UNTIL 3/10	50.00				X			0.	337,284.	50,424.
ANNICE CODY VP, PLANNING	50.00				X			0.	234,040.	34,882.
JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	2.00				X			0.	3,023,292.	798,303.
KEDRICK ADKINS TRINITY PRES INTEG SVCS	2.00				X			0.	1,453,695.	130,171.
J. RICHARD O'CONNELL TRIN INTERIM PRES HOSP NTWK	2.00				X			0.	495,143.	11,123.
JUDITH FRUITERMAN VP PATIENT CARE & CNE	50.00				X			0.	225,089.	38,462.
JUAN MANUEL OCASIO COLON VP HUMAN RESOURCES	50.00				X			0.	197,166.	12,451.
AMINULLAH AMINI MEDICAL DIRECTOR	50.00					X		499,081.	0.	18,827.
IRA ROY TANNEBAUM SURG. HOSPITALIST	50.00					X		401,025.	0.	46,205.
BLAIR EIG SVP MEDICAL AFFAIRS & CMO	50.00					X		0.	325,708.	39,639.
<b>1b Total</b>								<b>1,445,859.</b>	<b>9,578,809.</b>	<b>1,536,696.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **175**

	Yes	No
3 Did the organization list any <b>former</b> 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
SODEXO AFFILIATES PO BOX 536922, ATLANTA, GA 30353	FOOD MANAGEMENT SVCS	2,730,456.
CHILDRENS NATL MED, 12211 PLUM ORCHARD DR, SILVER SPRING, MD 20904	MEDICAL SERVICES	2,314,295.
TWIN CONTRACTING CORP, 5700H GENERAL WASHINGTON DR, ALEXANDRIA, VA 22312	CONSTRUCTION SERVICES	1,291,011.
GEORGE WASHINGTON UNIV., 2300 1ST ST NW ROSS HALL, WASHINGTON, DC 20037	MEDICAL SERVICES	1,270,771.
AMERICAN ENDOSCOPY SERVICES, INC. 8 CADILLAC DR. # 200, BRENTWOOD, TN 37027	MANAGEMENT SERVICES	1,168,390.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **67**

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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	105,908.			
	e Government grants (contributions)	1e	111,398.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1888385.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2105691.			
	Program Service Revenue	2 a NET PATIENT SVC REV	Business Code 900099	380,716,457.	380,673,819.	42,638.
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			380,716,457.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3636056.		3,636,056.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	519609.			
		(ii) Personal				
		b Less: rental expenses	82,703.			
	c Rental income or (loss)	436906.				
	d Net rental income or (loss)		436,906.		436,906.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	11,425.			
		b Less: cost or other basis and sales expenses	102123.	53,453.		
		c Gain or (loss)	-102,123.	-42028.		
	d Net gain or (loss)		-144,151.		-144151.	
	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	7380661.	7380661.			
b CAFETERIA REVENUE	900099	2198111.			2,198,111.	
c						
d All other revenue						
e Total. Add lines 11a-11d		9578772.				
12 Total revenue. See instructions.		396,329,731.	388,054,480.	42,638.	6,126,922.	

**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 .....	40,877.	40,877.		
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 .....	2,956,251.		2,956,251.	
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 .....	148127182.	133157303.	14,404,349.	565,530.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	9,813,061.	8,916,790.	861,172.	35,099.
9 Other employee benefits .....	12,727,248.	12,214,817.	473,776.	38,655.
10 Payroll taxes .....	11,138,053.	9,959,458.	1,140,291.	38,304.
11 Fees for services (non-employees):				
a Management .....	2,467,906.	2,467,906.		
b Legal .....	192,665.		192,665.	
c Accounting .....	10,540.		10,540.	
d Lobbying .....	95,764.		95,764.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	21,476,587.	17,119,632.	4,274,726.	82,229.
12 Advertising and promotion .....	1,518,365.	24,805.	1,402,343.	91,217.
13 Office expenses .....	66,981,474.	65,354,538.	1,400,874.	226,062.
14 Information technology .....	17,611,253.	173,433.	17,394,794.	43,026.
15 Royalties .....				
16 Occupancy .....	8,142,996.	6,876,439.	1,266,557.	
17 Travel .....	617,204.	370,847.	207,594.	38,763.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	167,112.	153,252.	13,820.	40.
20 Interest .....	3,800,461.	3,800,461.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	21,858,635.	10,677,180.	11,181,455.	
23 Insurance .....	4,157,765.		4,157,765.	
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 <b>BAD DEBT</b> .....	18,126,588.	18,126,588.		
b <b>CONTRACT LABOR EXPENSE</b> .....	6,799,701.	3,377,255.	3,422,446.	
c <b>INTERCO PURCHASED SVCS</b> .....	6,169,364.	467,463.	5,701,901.	
d <b>EQUIPMENT MAINTENANCE</b> .....	4,338,122.	3,847,202.	490,920.	
e <b>SUBSCRIPTIONS AND DUES</b> .....	1,015,202.	161,601.	848,764.	4,837.
f All other expenses .....	99,506.	92,649.		6,857.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	370449882.	297380496.	71,898,767.	1,170,619.
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	25,808,873.	<b>1</b>	12,418,230.	
	<b>2</b> Savings and temporary cash investments .....	311,725.	<b>2</b>	167,857.	
	<b>3</b> Pledges and grants receivable, net .....	175,614.	<b>3</b>	8,213.	
	<b>4</b> Accounts receivable, net .....	54,497,975.	<b>4</b>	49,775,981.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	6,337,849.	<b>8</b>	5,662,531.	
	<b>9</b> Prepaid expenses and deferred charges .....	1,779,479.	<b>9</b>	1,909,956.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 331,065,229.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 198,297,081.			
	<b>11</b> Investments - publicly traded securities .....	139,681,871.	<b>10c</b>	132,768,148.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	45,962,765.	<b>11</b>	88,522,148.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	38,101,846.	<b>12</b>	44,891,483.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	520,225.	<b>14</b>	371,593.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	25,072,878.	<b>15</b>	26,857,568.		
	338,251,100.	<b>16</b>	363,353,708.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	47,145,831.	<b>17</b>	46,809,461.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	708,856.	<b>19</b>	530,173.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,795,322.	<b>23</b>	1,156,039.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	105,916,051.	<b>25</b>	103,656,860.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	155,566,060.	<b>26</b>	152,152,533.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	182,207,246.	<b>27</b>	211,032,360.	
	<b>28</b> Temporarily restricted net assets .....	454,670.	<b>28</b>	143,215.	
	<b>29</b> Permanently restricted net assets .....	23,124.	<b>29</b>	25,600.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	182,685,040.	<b>33</b>	211,201,175.	
<b>34</b> Total liabilities and net assets/fund balances .....	338,251,100.	<b>34</b>	363,353,708.		

**Part XI Financial Statements and Reporting**

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

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

**Name of the organization**

**Employer identification number**

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

52-0738041

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>HOLY CROSS HOSPITAL OF SILVER SPRING, INC</b>	Employer identification number <b>52-0738041</b>
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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	RASKOB FOUNDATION FOR CATHOLIC ACTIVITIES, INC.  10 MONTCHANIN ROAD  WILMINGTON, DE 10807	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	TRINITY HEALTH  27870 CABOT DRIVE  NOVI, MI 48377	\$ 105,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  201 WEST PRESTON STREET  BALTIMORE, MD 21201	\$ 100,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	THE J. WILLARD AND ALICE S. MARRIOTT FOUNDATION  10400 FERNWOOD ROAD  BETHESDA, MD 20817	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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

**Part II Noncash Property** (see instructions)

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

<b>Name of organization</b>  <b>HOLY CROSS HOSPITAL OF SILVER SPRING, INC</b>	<b>Employer identification number</b>  <b>52-0738041</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

**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

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**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 <b>HOLY CROSS HOSPITAL OF SILVER SPRING, INC</b>	Employer identification number <b>52-0738041</b>
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		24,668.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		136,319.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			160,987.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV** Supplemental Information

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

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

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

**Part IV** Supplemental Information (continued)

MARYLAND HOSPITAL ASSOCIATION - \$16,764

CATHOLIC HOSPITAL ASSOCIATION - \$ 3,104

AMERICAN HOSPITAL ASSOCIATION - \$ 4,800

TOTAL - \$24,668

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 2010, EMPLOYEES OF HOLY CROSS HOSPITAL PERSONALLY MET WITH CONGRESSIONAL REPRESENTATIVES TO DISCUSS THE FOLLOWING:

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

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting requirements for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	23,125.	32,366.			
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	3,475.	-8,241.			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,000.	1,000.			
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	25,600.	23,125.			

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100.00 %
  - c** Term endowment  \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> 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) Accumulated depreciation	(d) Book value
<b>1a</b> Land		493,418.		493,418.
<b>b</b> Buildings		179217658.	100652595.	78,565,063.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		90,903,233.	65,851,448.	25,051,785.
<b>e</b> Other	77,060.	60,373,860.	31,793,038.	28,657,882.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				132768148.



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

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

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE PURPOSE OF THE LOUIS GALDIERI, M.D. MEMORIAL FUND**  
 ENDOWMENT IS TO PROVIDE AN AWARD TO A STUDENT(S) OF HOLY CROSS HOSPITAL  
 SCHOOL OF RADIOLOGIC TECHNOLOGY WHO EXEMPLIFIES THE VALUES OF THE SCHOOL  
 THROUGH TEAMWORK, INITIATIVE, CONCERN FOR OTHERS AND SCIENTIFIC CURIOSITY.

**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, 2010 DID NOT INCLUDE A



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> 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?		<input checked="" type="checkbox"/>
<b>6a</b> Does the organization prepare an annual community benefit report?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
<b>Charity Care and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2)	1	8,187	13,661,984.		13,661,984.	3.88%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Charity Care and Means-Tested Government Programs	1	8,187	13,661,984.		13,661,984.	3.88%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	87	198,228	7,887,573.	309,090.	7,578,483.	2.15%
<b>f</b> Health professions education (from Worksheet 5)	6	9,582	4,346,488.	0.	4,346,488.	1.23%
<b>g</b> Subsidized health services (from Worksheet 6)	11	8,353	12,363,283.	3,375,249.	8,988,034.	2.55%
<b>h</b> Research (from Worksheet 7)	2	2,171	337,780.		337,780.	.10%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)	3		286,479.	2,475.	284,004.	.08%
<b>j Total.</b> Other Benefits	109	218,334	25,221,603.	3,686,814.	21,534,789.	6.11%
<b>k Total.</b> Add lines 7d and 7j	110	226,521	38,883,587.	3,686,814.	35,196,773.	9.99%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements	1	360	17,988.		17,988.	.01%
5 Leadership development and training for community members	1		38,964.		38,964.	.01%
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	360	56,952.		56,952.	.02%

**Part III Bad Debt, Medicare, & Collection Practices**

**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? .....		X
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, and 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	100891498.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	88,601,737.
7 Subtract line 6 from line 5. This is the surplus or (shortfall) .....	7	12,289,761.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" 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	X
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	X

**Part IV Management Companies and Joint Ventures**

(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 CLINICAL IMAGING OF				
2 SILVER SPRING	IMAGING CENTER	25.00%		75.00%
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**Part VI Supplemental Information**

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

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

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

**PART I, LINE 7A: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE**

**Part VI** Supplemental Information

SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

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

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

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

PART I, LINE 7F: THE FOLLOWING NUMBER, \$18,126,588, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

**Part VI Supplemental Information**

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

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

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

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

ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

**Part VI Supplemental Information**

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

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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B: HOLY CROSS HOSPITAL OF SILVER SPRING INC'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: AGENCY WILL PERFORM COLLECTION SERVICES IN ACCORDANCE WITH THE POLICIES AND PROCEDURES OF TRINITY HEALTH AND THE CREDITOR, AS THEY EXIST FROM TIME TO TIME, RELEVANT TO BILLING, COLLECTION AND FINANCIAL SUPPORT OF PATIENTS WITH PAYMENT OBLIGATIONS.

**Part VI Supplemental Information**

PART VI, LINE 2: NEEDS ASSESSMENT - TO IDENTIFY UNMET COMMUNITY HEALTH NEEDS, HOLY CROSS HOSPITAL DRAWS ON THE KNOWLEDGE AND EXPERIENCE OF LOCAL PUBLIC HEALTH OFFICIALS AND COMMUNITY PUBLIC HEALTH PROFESSIONALS IN AN EXTERNAL REVIEW PROCESS, PARTICIPATES IN THE LOCAL HEALTH DEPARTMENT'S PLANNING PROCESS AND COUNTY'S NEEDS ASSESSMENT, AND USES DATA ANALYSIS AND POPULATION DEMOGRAPHICS TO DEVELOP PROGRAMS AND INITIATIVES THAT PROMOTE ACCESS AND IMPROVE THE HEALTH STATUS OF THE COMMUNITY.

SINCE 2005, AND EVERY YEAR SINCE, HOLY CROSS HOSPITAL HAS INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF 5-10 EXTERNAL PARTICIPANTS, INCLUDING THE PUBLIC HEALTH OFFICER AND THE DEPARTMENT DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND A VARIETY OF INDIVIDUALS FROM MONTGOMERY AND PRINCE GEORGE'S COUNTIES, OTHER LOCAL AND STATE GOVERNMENTAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. IN ADDITION, WE MAINTAIN ONGOING COMMUNICATIONS WITH LOCAL HEALTH DEPARTMENT OFFICIALS. THIS EXTERNAL GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. IN ADDITION, DURING 2010 WE ASKED THE GROUP TO HELP US THINK THROUGH OUR LONGER-TERM STRATEGIES THROUGH 2014 AS PART OF OUR OVERALL STRATEGIC PLANNING PROCESS AND WE SHARED OUR FISCAL 2007-2010 STRATEGIC PLAN AS CONTEXT. THE GROUP'S INPUT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

HOLY CROSS HOSPITAL PARTICIPATES IN OUR LOCAL HEALTH DEPARTMENT'S PERIODIC PLANNING PROCESSES, INCLUDING STRATEGIC PLANNING (THE COUNTY'S CURRENT

**Part VI Supplemental Information**

STRATEGIC PLAN IS 2006-2011) AND HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. THE HOSPITAL IS A PARTICIPANT AND FINANCIAL SUPPORTER OF HEALTHY MONTGOMERY. HOLY CROSS HOSPITAL HAS ASSIGNED A SENIOR EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE OF THAT EFFORT. HEALTHY MONTGOMERY WILL IMPLEMENT AN ONGOING PROCESS TO GATHER INFORMATION AND CONDUCT A COMPREHENSIVE COUNTY-WIDE NEEDS ASSESSMENT.

HOLY CROSS HOSPITAL ALSO IDENTIFIES UNMET COMMUNITY HEALTH NEEDS BY PARTICIPATING IN COMMUNITY COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS, AND PANELS. THE VICE PRESIDENT OF COMMUNITY HEALTH IS CURRENTLY SERVING A THREE YEAR TERM AS CHAIR OF MONTGOMERY COUNTY'S COMMISSION ON HEALTH.

HOLY CROSS HOSPITAL'S ETHNIC HEALTH PROMOTERS AND COMMUNITY OUTREACH WORKERS SPEND TIME AS COMMUNITY PARTICIPANTS IN THE COMMUNITIES WHERE THEY LIVE AND BRING BACK FIRST-HAND KNOWLEDGE OF COMMUNITY NEEDS.

ON A QUARTERLY BASIS, HOLY CROSS 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 (CNI) 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 TO IMPLEMENT.

AS AVAILABLE, HOLY CROSS HOSPITAL USES A RANGE OF OTHER SPECIFIC NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR ETHNIC,

**Part VI** Supplemental Information

RACIAL, AND LINGUISTIC MINORITIES, SENIORS, WOMEN AND CHILDREN. HOLY CROSS HOSPITAL'S WORK IS BUILT ON PAST AVAILABLE NEEDS ASSESSMENTS AND RESOURCES THAT BECAME AVAILABLE MORE RECENTLY.

USING THE CNI, HOLY CROSS HOSPITAL GATHERS VITAL SOCIO-ECONOMIC AND DEMOGRAPHIC FACTORS TO SUPPORT INTERNAL DECISION-MAKING FOR RESOURCE ALLOCATION AND TO DETERMINE THE GEOGRAPHIC LOCATION OF NEW PROGRAMS TO MEET EMERGING NEEDS. FOR EACH ZIP CODE, THE CNI AGGREGATES FIVE SOCIOECONOMIC INDICATORS/BARRIERS TO HEALTHCARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITY. THE INDICATORS ARE RELATED TO INCOME, EDUCATION, CULTURE AND LANGUAGE, HEALTH INSURANCE, AND HOUSING.

HOLY CROSS HOSPITAL USES THE CNI TO IDENTIFY COMMUNITIES OF HIGH NEED AND DIRECT A RANGE OF COMMUNITY HEALTH AND FAITH COMMUNITY OUTREACH EFFORTS TO THESE AREAS. FOR EXAMPLE, HOLY CROSS HOSPITAL USED THE CNI TO LOCATE THE HOSPITAL'S SECOND PRIMARY CARE HEALTH CENTER FOR UNINSURED ADULTS IN THE SECOND MOST NEEDY ZIP CODE IN MONTGOMERY COUNTY. THE OPENING OF THIS 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 CNI HELPED THE HOSPITAL TO MEET THE MOST PRESSING NEEDS.

HOLY CROSS HOSPITAL USED THE CNI TO DETERMINE THE LOCATION OF NEW SITES FOR SENIOR FIT, A FREE 45-MINUTE MULTI-COMPONENT EXERCISE CLASS FOR ADULTS AGE 55 AND OLDER TO PLACE THE EVIDENCE-BASED EXERCISE CLASS IN AN AREA WITH THE GREATEST NEED. THE ETHNIC HEALTH PROMOTERS ALSO USED THE CNI TO PROMOTE HEALTH SCREENING AND EDUCATION EVENTS AS WELL AS DETERMINE LOCATIONS TO PROVIDE OUTREACH AND EDUCATION THROUGH ONE-ON-ONE ENCOUNTERS

**Part VI** Supplemental Information

AND SMALL GROUP SETTINGS.

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

-ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE AND

-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

**Part VI Supplemental Information**

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

**Part VI Supplemental Information**

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, EXPRESS CARE CENTER, THE OBGYN CLINIC, MAIN REGISTRATION AREAS, AND THE OFFSITE HEALTH CENTERS LOCATED IN SILVER SPRING AND GAITHERSBURG.

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

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING,

**Part VI Supplemental Information**

COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. HOLY CROSS HOSPITAL EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES. ALL PATIENT REGISTRATION STAFF 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, LINE 4: COMMUNITY INFORMATION - HOLY CROSS HOSPITAL PRIMARILY SERVES THE RESIDENTS OF TWO RACIALLY AND ETHNICALLY DIVERSE MARYLAND COUNTIES, MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, FOR A COMBINED TOTAL POPULATION OF APPROXIMATELY 1.8 MILLION (U.S. CENSUS BUREAU, 2008 PROJECTIONS). WHILE HOLY CROSS HOSPITAL DRAWS PATIENTS FROM BOTH MONTGOMERY (58 PERCENT) AND PRINCE GEORGE'S COUNTIES (25 PERCENT), THE HOSPITAL DRAWS 83 PERCENT OF ITS DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS. HOLY CROSS HOSPITAL'S CORE MARKET IS DEFINED AS 12 CONTIGUOUS ZIP CODES IN MONTGOMERY COUNTY FROM WHICH THE HOSPITAL DRAWS 42 PERCENT OF ITS DISCHARGES. AN ADJACENT GEOGRAPHIC AREA IN NORTHERN PRINCE GEORGE'S COUNTIES ADDS ANOTHER 14 PERCENT OF THE HOSPITAL'S DISCHARGES. TOGETHER, THESE COMPRISE HOLY CROSS HOSPITAL'S PRIMARY SERVICE AREA FOR 56 PERCENT OF THE HOSPITAL'S DISCHARGES. HOLY CROSS HOSPITAL'S SECONDARY

**Part VI Supplemental Information**

SERVICE AREA IS MADE UP OF TWO OTHER AREAS IN NORTHERN AND WESTERN MONTGOMERY COUNTY (REFERRAL AREA) AND SOUTHERN PRINCE GEORGE'S COUNTY (REFERRAL AREA). THE HOSPITAL DRAWS THE REMAINING 17 PERCENT OF ITS DISCHARGES FROM OUTSIDE THIS FOUR-MARKET AREA. IN ADDITION TO IDENTIFYING THE HOSPITAL'S COMMUNITY IN GEOGRAPHIC TERMS, HOLY CROSS HOSPITAL IDENTIFIES SPECIFIC POPULATION GROUPS (E.G., SENIORS, PREGNANT WOMEN WITHOUT HEALTH INSURANCE, UNINSURED ADULTS, UNINSURED WOMEN WHO NEED MAMMOGRAMS, RACIAL, ETHNIC AND LINGUISTIC MINORITIES).

HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES RESIDENTS. AN ESTIMATED 1.5 MILLION PEOPLE MAKE UP THE HOSPITAL'S FOUR MARKET AREA, OF WHICH 62% ARE MINORITIES. HOLY CROSS HOSPITAL'S 12 ZIP CODE CORE MARKET INCLUDES 331,102 PEOPLE, OF WHICH 61% ARE MINORITIES (BLACK NON-HISPANIC 82,776 [25%]; ASIAN 39,732 [12%]; HISPANIC OR LATINO (ANY RACE) 66,220 [20%]; ALL OTHERS 13,244 [4%]). DUE TO THE LARGE NUMBER OF FEDERAL AGENCIES AND CONTRACTORS, THE AREA GENERALLY ENJOYS LOW UNEMPLOYMENT. HOWEVER, RELATIVELY GREATER RATES OF UNEMPLOYMENT ARE EXPERIENCED AMONG THE AFRICAN AMERICAN AND LATINO AMERICAN POPULATIONS. DEMOGRAPHIC ANALYSIS REVEALS THAT AREAS CLOSE TO HOLY CROSS HOSPITAL HAVE A LARGE NUMBER OF PERSONS WHO ARE POOR, OF CHILDBEARING AGE, ELDERLY, RACIALLY AND ETHNICALLY DIVERSE, AND HAVE LIMITED ENGLISH PROFICIENCY.

MONTGOMERY COUNTY, MARYLAND'S MOST POPULOUS JURISDICTION, HAS A MEDIAN HOUSEHOLD INCOME OF \$93,999 COMPARED TO THE STATEWIDE MEDIAN HOUSEHOLD INCOME OF \$70,005. THE COUNTY'S INCOME LEVEL IS POSITIVELY CORRELATED TO ITS LEVEL OF EDUCATION; MORE THAN HALF OF THE COUNTY'S RESIDENTS (56.4%) HOLD A BACHELOR'S DEGREE OR HIGHER COMPARED TO 35.1% STATEWIDE (U.S.

**Part VI** Supplemental Information

CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY). ALTHOUGH IT IS ONE OF THE STATE'S MOST AFFLUENT COUNTIES IN TERMS OF INCOME AND EDUCATION, MORE THAN 124,000 INDIVIDUALS ARE UNINSURED (SAHIE, 2007).

THE COMMUNITY HOLY CROSS HOSPITAL SERVES IS ONE OF THE MOST CULTURALLY AND ETHNICALLY DIVERSE IN THE NATION, HAVING EXPERIENCED A DEMOGRAPHIC SHIFT AND A PACE OF CHANGE THAT COMES WITH BEING A "GATEWAY SUBURB." DURING THE LAST TWO DECADES, THE COUNTY'S FOREIGN-BORN POPULATION INCREASED FROM 12 PERCENT IN 1980 TO MORE THAN 30 PERCENT (PIERCE, 2009). IMMIGRANTS FROM ALL OVER THE WORLD BRING A GREAT VITALITY TO THIS COMMUNITY; AT THE SAME TIME, THEY CHALLENGE THE HOSPITAL AND OTHER LOCAL COMMUNITY SERVICE PROVIDERS TO UNDERSTAND AND MEET THEIR VARIED NEEDS.

FLUENCY IN ENGLISH IS VERY IMPORTANT WHEN NAVIGATING THE HEALTH CARE SYSTEM AS WELL AS FINDING EMPLOYMENT. IN MONTGOMERY COUNTY, THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS. FORTY-SIX PERCENT OF THOSE WHO ARE FOREIGN-BORN SPEAK ENGLISH LESS THAN "VERY WELL" (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2007).

PRINCE GEORGE'S COUNTY ALSO EXPERIENCED A LARGE INFLUX OF FOREIGN-BORN RESIDENTS DURING THE LAST TWO DECADES. THE COUNTY'S FOREIGN-BORN POPULATION AS A PERCENT OF TOTAL POPULATION GAIN FROM 2000-2007 WAS THE HIGHEST IN THE STATE AT 199.9 PERCENT COMPARED TO A STATE AVERAGE OF 70.7 PERCENT. MORE THAN 18 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN, OF WHICH 42 PERCENT SPEAK ENGLISH LESS THAN "VERY WELL" (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2009).

**Part VI** Supplemental Information

PRINCE GEORGE'S COUNTY, LIKE MONTGOMERY COUNTY, IS ONE OF THE STATES MOST POPULOUS JURISDICTIONS WITH A POPULATION OF MORE THAN 825,000 RESIDENTS AND A MEDIAN HOUSEHOLD INCOME OF \$71,242, SLIGHTLY HIGHER THAN THE STATE AVERAGE. LESS THAN ONE THIRD (30.1 PERCENT) OF THE COUNTY'S RESIDENTS HOLD A BACHELOR'S DEGREE (U.S. CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY) AND OVER 149,000 INDIVIDUALS ARE UNINSURED (SAHIE, 2007).

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

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

ALONG WITH ITS GROWTH, MONTGOMERY COUNTY IS ALSO RAPIDLY AGING. HOLY CROSS HOSPITAL FACES SIMILAR DRAMATIC DEMOGRAPHIC CHANGE WITH THE COMING UNPRECEDENTED AGING OF THIS COUNTY. THE POPULATION AGE 65 AND OLDER WILL

**Part VI** Supplemental Information

GROW 4.1 PERCENT PER YEAR OVER THE NEXT 10 YEARS, EIGHT TIMES FASTER THAN THE POPULATION UNDER AGE 65 (.5 PERCENT). AS A RESULT, THE PERCENT OF THE POPULATION AGE 65 AND OLDER WILL INCREASE FROM 13 PERCENT TO 18 PERCENT (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2009).

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% (316,495) AND 162% (236,973), RESPECTIVELY (MARYLAND DEPARTMENT OF PLANNING POPULATION PROJECTIONS, 2008). CURRENTLY, THE TWO COUNTIES ALSO HAVE THE SECOND AND THIRD HIGHEST PERCENTAGE OF SENIOR MINORITIES IN THE STATE WITH 24.4 PERCENT RESIDING IN PRINCE GEORGE'S COUNTY AND 15.7 PERCENT IN MONTGOMERY COUNTY.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - AS COMMUNITIES THROUGHOUT MONTGOMERY COUNTY GROW MORE DIVERSE, CERTAIN POPULATIONS CONTINUE TO EXPERIENCE POORER HEALTH AND DISPROPORTIONATE RATES OF ILLNESS AND DEATH. HOLY CROSS HOSPITAL HAS PIONEERED INNOVATIVE EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES.

HOLY CROSS HOSPITAL'S SENIOR MANAGEMENT, DIRECTORS, MANAGERS, PHYSICIANS, AND NURSES CONTRIBUTED MORE THAN 591 STAFF HOURS AND A TOTAL OF \$38,964 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. THE HOSPITAL'S STAFF PARTICIPATES ON BOARDS, ADVISORY COMMITTEES, AND COMMISSIONS, USING TIME THAT WOULD

**Part VI** Supplemental Information

OTHERWISE BE ALLOCATED FOR OTHER ACTIVITIES AT HOLY CROSS HOSPITAL.

ESTABLISHING TRUSTED RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS SUCH AS THE MONTGOMERY COUNTY PUBLIC SCHOOLS, GRASS ROOTS ORGANIZATION FOR THE WELL-BEING OF SENIORS (GROWS), MONTGOMERY COUNTRY 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.

PART VI, LINE 6: OTHER INFORMATION - HOLY CROSS HOSPITAL HAS A 14-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS. ONLY TWO OF THE 14 BOARD MEMBERS ARE EMPLOYED BY HOLY CROSS HOSPITAL OR TRINITY HEALTH, THE HOSPITAL'S PARENT CORPORATION (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 VERY 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, THE HOSPITAL HAS A UNIQUE EMERGENCY ROOM TAILORED TO SERVE THE GROWING SENIORS POPULATION. THIS SENIORS EMERGENCY CENTER PROVIDES SAFE AND EFFICIENT EMERGENCY SERVICES FOR PERSONS 65 AND OVER.

**Part VI** Supplemental Information

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, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING FY09 AND FY10, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, THE HOSPITAL HAS ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE. HOLY CROSS HOSPITAL ALSO HAS AN EXECUTIVE ON THE MONTGOMERY COUNTY COMMISSION ON HEALTH; HOLY CROSS HOSPITAL'S VICE PRESIDENT, COMMUNITY HEALTH SERVES AS CHAIR OF THE COMMISSION. THE HOSPITAL HAS MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM. HOLY CROSS HOSPITAL HAS RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS.

HOLY CROSS HOSPITAL HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. APPROXIMATELY 400 VOLUNTEERS CONTRIBUTE THEIR TIME AND THEIR PARTICIPATION IN THE HOSPITAL'S EFFORTS IS GRATIFYING.

PART VI, LINE 7: HOLY CROSS HOSPITAL IS A MEMBER ORGANIZATION OF

**Part VI** Supplemental Information

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 INVESTS THE HOSPITAL'S NET GAINS FROM OPERATIONS INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES AND OUTREACH FOR THE ELDERLY.

IN FISCAL YEAR FY10, THIS INCLUDED NEARLY \$456 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 ON TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://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 United States**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**HOLY CROSS HOSPITAL OF SILVER SPRING, INC**

Employer identification number

**52-0738041**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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
MONTGOMERY COMMUNITY COLLEGE FOUNDATION - 900 HUNGERFORD DR. - ROCKVILLE, MD 20850	52-1267008	501(C)(3)	25,000.	0.			SPONSORSHIP

- 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) 2009

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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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Schedule J (Form 990) 2009

**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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEVIN J. SEXTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	424,208.	421,843.	208,784.	48,236.	30,128.	1,133,199.	97,569.
MICHAEL SLUBOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	696,108.	681,725.	240,008.	125,922.	28,467.	1,772,230.	94,766.
GARY E. VOGAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	261,323.	58,501.	28,172.	26,616.	22,210.	396,822.	14,755.
ROSEANNE PAJKA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,162.	58,077.	4,481.	24,770.	3,365.	294,855.	1,756.
MARY BROOKS SUTTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	261,053.	53,472.	22,759.	38,990.	11,434.	387,708.	9,625.
ANNICE CODY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	182,768.	39,848.	11,424.	12,241.	22,641.	268,922.	0.
JOSEPH SWEDISH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1214458.	1607837.	200,997.	769,899.	28,404.	3,821,595.	0.
KEDRICK ADKINS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	712,415.	611,975.	129,305.	117,250.	12,921.	1,583,866.	0.
J. RICHARD O'CONNELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	440,925.	0.	54,218.	11,123.	0.	506,266.	0.
JUDITH FRUITERMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	175,862.	33,165.	16,062.	23,547.	14,915.	263,551.	0.
JUAN MANUEL OCASIO COLON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	168,520.	20,735.	7,911.	4,711.	7,740.	209,617.	0.
AMINULLAH AMINI	(i)	496,672.	0.	2,409.	8,964.	9,863.	517,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
IRA ROY TANNEBAUM	(i)	396,706.	0.	4,319.	31,979.	14,226.	447,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BLAIR EIG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	248,390.	52,818.	24,500.	20,548.	19,091.	365,347.	10,204.
GARY CLAYTON HARRINGTON	(i)	284,945.	0.	3,842.	0.	11,954.	300,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANN B. BURKE	(i)	247,191.	0.	9,775.	16,024.	18,517.	291,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	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.

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 (\$245,000 FOR 2009).

THE FOLLOWING ACCRUALS FOR 2009 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$59,584

KEVIN J. SEXTON - \$13,424

MICHAEL SLUBOWSKI - \$42,832

JOSEPH SWEDISH - \$249,263

PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUALS FOR 2009 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$38,675

MICHAEL SLUBOWSKI - \$55,733

JOSEPH SWEDISH - \$493,225

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 II, COLUMN B (II): THE FOLLOWING INDIVIDUALS RECEIVED AMOUNTS IN 2009  
 FROM A LONG-TERM INCENTIVE PLAN (LTIP). PARTICIPANTS IN THE LTIP (CEOS AND  
 CERTAIN TRINITY EXECUTIVES) WERE ELIGIBLE TO RECEIVE A PAYMENT UNDER THE  
 PLAN ONLY IF CERTAIN PATIENT LOYALTY IMPROVEMENT TARGETS WERE ACHIEVED BY  
 THE END OF A THREE-YEAR PERIOD (FY07 THROUGH FY09). THE FOLLOWING LTIP  
 AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II):

KEDRICK ADKINS - \$337,826

KEVIN J. SEXTON - \$276,758

MICHAEL SLUBOWSKI - \$403,918

JOSEPH SWEDISH - \$1,042,563



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

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 5: DURING THE YEAR, HOLY CROSS HOSPITAL OF SILVER SPRING, INC. (HOLY CROSS HOSPITAL) BECAME AWARE OF COLLUSION BETWEEN A TEMPORARY HELP VENDOR AND AN EMPLOYEE OF HOLY CROSS HOSPITAL. THE VENDOR SUBMITTED FRAUDULENT INVOICES TO HOLY CROSS HOSPITAL THAT WERE APPROVED FOR PAYMENT BY THE EMPLOYEE. TOTAL CASH OF \$514,585 WAS DIVERTED.

THERE HAVE BEEN MANY DIFFERENT CONTROLS IMPLEMENTED BY HOLY CROSS HOSPITAL TO PREVENT A SIMILAR OCCURENCE. THE CONTRACTING PROCESS FOR TEMPORARY LABOR HAS BEEN REVISED. IN ADDITION, HOLY CROSS HOSPITAL IMPLEMENTED AN OVERSIGHT BODY TO REVIEW CONTRACT LABOR SPENDING.

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 FOR HOLY CROSS HOSPITAL OF SILVER SPRING, INC. IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE AS WELL AS THE BOARD OF TRUSTEES. THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: HOLY CROSS HOSPITAL OF SILVER SPRING, INC. HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT 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

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Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO HOLY CROSS HOSPITAL OF SILVER SPRING, INC.

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

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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**2009**

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

FORM 990, PART VII, SECTION A, LINE 1, COLUMN B:  
ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:  
THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT  
ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE  
ACTIVITIES OF THE REPORTING ORGANIZATION. IN ADDITION, THESE ARE THE  
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

KEDRICK ADKINS - 53 HOURS

J. RICHARD O'CONNELL - 53 HOURS

MICHAEL SLUBOWSKI - 52 HOURS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

HOLY CROSS HOSPITAL OF SILVER SPRING, INC

Employer identification number

52-0738041

JOSEPH SWEDISH - 53 HOURS

FORM 990, PART XI, LINE 2:

HOLY CROSS HOSPITAL OF SILVER SPRING, INC.'S FINANCIAL STATEMENTS WERE  
INCLUDED IN THE FY10 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY  
HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

**Related Organizations and Unrelated Partnerships**

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

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
C.L.R. INVESTMENTS LLC - 32-0008631 120 W. HARRIS ST. CADILLAC, MI 49601	REAL ESTATE RENTAL & DEVELOPMENT	MICHIGAN	19,827.	175,469.	TRINITY HEALTH-MICHIGAN
SAINT AGNES HOME HEALTH AND HOSPICE, LLC - 38-2621935, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	PROVIDE HOME HEALTH SERVICES	CALIFORNIA	9367604.	1116725.	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 HEALTHPROVIDERS 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** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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.
AUXILIARY OF HOLY ROSARY HOSPITAL - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORTS SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
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

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Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK - 20-4594297, 5352 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
BSV MEDICAL OFFICE BUILDING II, LLC - 20-2673839, 855 "M" STREET, TENTH FLOOR, FRESNO, CA 93721	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
COMMUNITY HEALTH VENTURES, INC. - 38-3522260 565 W. WESTERN AVE. MUSKEGON, MI 49440	SOFTWARE MARKETING	MI	N/A	C CORP	0.	0.	.00%
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%

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....	X	
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....	X	
<b>r</b> 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	463,154.
(2) TRINITY HEALTH CORPORATION	B	3,601,726.
(3) TRINITY HEALTH CORPORATION	C	105,908.
(4) TRINITY HEALTH CORPORATION	L	20,633,522.
(5) TRINITY HEALTH CORPORATION	O	27,641,043.
(6) TRINITY HEALTH CORPORATION	Q	4,671,395.





**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 - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	ACUTE/AMBULATORY HEALTHCARE SERVICES	IOWA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
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 SW, 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

**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 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
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 HOSPITAL OF SILVER SPRING, INC. - 52-0738041, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910-1484	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	TRINITY HEALTH CORPORATION
HOLY CROSS MEDICAL CENTER - 95-1985442 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
HOLY ROSARY MEDICAL CENTER FOUNDATION - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
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.

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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
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 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.

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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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 MEDICAL CENTER FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	SUPPORT THE SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
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.
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 PHYSICIAN GROUP, INC. - 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
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

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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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 HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	OHIO	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM
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
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	NEBRASKA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
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.

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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 ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT ALPHONSUS MEDICAL CENTER-NAMPA - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
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.
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

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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. ELIZABETH HEALTH CARE FOUNDATION - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
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.
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
TRINITY HEALTH - MICHIGAN - 38-2113393 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH CORPORATION
TRINITY HEALTH CORPORATION - 35-1443425 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	N/A
TRINITY HEALTH INTERNATIONAL - 42-1253527 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE TRAINING AND SUPPORT SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, ex- cluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
CCH LABORATORY - 38-2910400 775 SOUTH MAIN STREET CHELSEA, MI 48118	LABORATORY	MI	N/A	N/A	0.	0.		X	N/A		X
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, ex- cluded from tax under sections 512-514.)	(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
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
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
MERCY OUTPATIENT SURGERY CENTER, LLC - 84-1380439, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	OUTPATIENT SURGERY	ID	N/A	N/A	0.	0.		X	N/A		X
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, ex- cluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
PLAZA SURGICAL CENTER - 37-1463357, PO BOX 27230, FRESNO, CA 93729	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
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	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	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 ORTHOTICS & PROSTHETICS - 38-2999815 1415 LEAHY ST. MUSKEGON, MI 49442	HEALTHCARE SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	0.	0.	.00%
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	-142803.	212,698.	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	113,401.	1,689,437.	100.00%
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPATIENT PHARMACY	ID	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 27230 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	J	63,485.
(8) HOLY CROSS PRIVATE HOME SERVICES CORP.	A	28,671.
(9) HOLY CROSS PRIVATE HOME SERVICES CORP.	L	452,211.
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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	179,217,658.			179,217,658.	93,877,533.		6,775,062.
	* 990 PAGE 10 TOTAL BUILDINGS					179,217,658.		0.	179,217,658.	93,877,533.	0.	6,775,062.
8	OTHER			15M	42							4,468,744.
	* 990 PAGE 10 TOTAL OTHER					179,217,658.		0.	179,217,658.	93,877,533.	0.	11,243,806.
	MACHINERY & EQUIPMENT											
3	MOVEABLE EQUIPMENT	063003		.000	16	90,903,233.			90,903,233.	59,719,266.		6,132,182.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					90,903,233.		0.	90,903,233.	59,719,266.	0.	6,132,182.
	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.	615,708.		410,472.
5	OTHER FIXED ASSETS	063003		.000	16	51,077,525.			51,077,525.	26,694,683.		4,072,175.
6	CONSTRUCTION IN PROGRESS	070106		.000	16	6,423,034.			6,423,034.			0.
7	LAND & REAL PROPERTY HELD FOR SALE	063003		.000	16	77,060.			77,060.			0.
	* 990 PAGE 10 TOTAL OTHER					60,450,920.		0.	60,450,920.	27,310,391.	0.	4,482,647.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					331,065,229.		0.	331,065,229.	180,907,190.	0.	21,858,635.

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

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

▶ 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, if any, from the return. 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	<u>396329731</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>	
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b>	
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b>	

**Part II Declaration of Officer**

- 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 2009 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.

<b>Sign Here</b> ▶	_____	_____	<b>CHIEF FINANCIAL OFFICER</b>
	Signature of officer	Date	

**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.

<b>ERO's Use Only</b>	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 ▶	<b>TRINITY HEALTH</b>			EIN <b>35-1443425</b>
		<b>27870 CABOT DRIVE</b>			Phone no. <b>248-324-8328</b>
		<b>NOVI, MI 48377-2920</b>			

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.

<b>Paid Preparer's Use Only</b>	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.		

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>HOLY CROSS HOSPITAL OF SILVER SPRING, INC</b>	Employer identification number <b>52-0738041</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1500 FOREST GLEN ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SILVER SPRING, MD 20910-1484</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **GARY E. VOGAN**  
 Telephone No. **301-754-7034** FAX No. **301-754-7012**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**

5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **TAX MANAGER, CPA** Date