

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)

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED) Doing Business As SEE SCHEDULE O Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 FOREST GLEN ROAD City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20910-1484 F Name and address of principal officer: KEVIN J. SEXTON SAME AS C ABOVE	D Employer identification number 52-0738041 E Telephone number 301-754-7034 G Gross receipts \$ 421,018,964. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HOLYCROSSHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1959		M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HEALTH CARE AND RELATED ACTIVITIES		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3615
6	Total number of volunteers (estimate if necessary)	6	360
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	43,892.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	11,873.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,685,783.	1,396,410.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	400,596,609.	396,610,122.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,368,515.	4,627,878.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,801,042.	14,136,841.
13		421,451,949.	416,771,251.
14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,700.	77,500.
15	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	197,090,908.	197,414,407.
16b	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,360,779.	191,441,333.	188,618,589.
18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	388,614,941.	386,110,496.
19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,837,008.	30,660,755.
20	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
21	Total assets (Part X, line 16)	405,868,972.	460,390,948.
22	Total liabilities (Part X, line 26)	161,981,959.	194,848,611.
22	Net assets or fund balances. Subtract line 21 from line 20	243,887,013.	265,542,337.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date 5/14/13
	ANNE GILLIS, CHIEF FINANCIAL OFFICER Type or print name and title	

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 302,835,978. including grants of \$ 77,500.) (Revenue \$ 406,588,340.) HOLY CROSS HEALTH, 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 HEALTH, INC. 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 302,835,978.

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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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 Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANNE GILLIS - CFO - 301-754-7035**
1500 FOREST GLEN RD., SILVER SPRING, MD 20910

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN J. SEXTON PRESIDENT & CEO	50.00	X		X			0.	737,820.	123,667.	
(2) SR. JEANETTE FETTIG, CSC VICE CHAIR UNTIL 12/11	1.00	X		X			0.	0.	0.	
(3) EDWARD H. BERSOFF, PH.D CHAIR; TRUSTEE UNTIL 12/11	1.00	X		X			0.	0.	0.	
(4) RAM TREHAN, M.D. SECRETARY/TREASURER UNTIL 12/11	1.00	X		X			0.	0.	0.	
(5) JOHN MCSHEA CHAIR UNTIL 12/11	1.00	X		X			0.	0.	0.	
(6) PAMELA PARKER, M.D. SECRETARY/TREAS; TRUSTEE UNTIL 12/11	1.00	X		X			0.	0.	0.	
(7) PAUL KAPLUN VICE CHAIR; TRUSTEE UNTIL 12/11	1.00	X		X			0.	0.	0.	
(8) SR. EILEEN WROBLESKI, CSC TRUSTEE	1.00	X					0.	0.	0.	
(9) LENORA BOOTH TRUSTEE	1.00	X					0.	0.	0.	
(10) CORRINE PARVER TRUSTEE	1.00	X					0.	0.	0.	
(11) ALEXANDER SLOAN, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(12) TOM TSUI TRUSTEE	1.00	X					0.	0.	0.	
(13) J. RICHARD O'CONNELL TRUSTEE/TRIN EVP & COO HOSP NTKWKS	3.00	X					0.	943,237.	118,221.	
(14) MARY PATERSON, RN, PH.D TRUSTEE	1.00	X					0.	0.	0.	
(15) LYNNE DIGGS, M.D. TRUSTEE AS OF 1/12	1.00	X					0.	0.	0.	
(16) HERCULES PINKNEY, ED.D TRUSTEE AS OF 1/12	1.00	X					0.	0.	0.	
(17) RONA KRAMER TRUSTEE AS OF 1/12	1.00	X					0.	0.	0.	

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SR. RUTH MARIE NICKERSON, CSC TRUSTEE AS OF 1/12	1.00	X					0.	0.	0.	
(19) ROSEANNE PAJKA SVP CORP DEV & ASST SECRETARY	50.00			X			0.	243,591.	34,394.	
(20) ANNE GILLIS CFO & ASST. TREAS. AS OF 1/12	50.00			X			183,331.	0.	32,113.	
(21) GARY E. VOGAN CEO ADVISOR, CFO/ASST. TREAS. TIL 9/11	50.00			X			36,804.	289,988.	52,287.	
(22) ANNICE CODY VP, PLANNING	50.00			X			0.	250,928.	39,366.	
(23) JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	2.00			X			0.	5,186,660.	576,202.	
(24) KEDRICK ADKINS TRINITY PRES INTEGRATED SVCS	2.00			X			0.	1,405,226.	117,120.	
(25) JUDITH FRUITERMAN SVP PATIENT CARE & CNE	50.00			X			0.	266,025.	55,035.	
(26) JUAN MANUEL OCASIO COLON VP HUMAN RESOURCES	50.00			X			0.	219,990.	27,881.	
1b Sub-total							220,135.	9,543,465.	1,176,286.	
c Total from continuation sheets to Part VII, Section A							2,029,977.	810,648.	219,051.	
d Total (add lines 1b and 1c)							2,250,112.	10354113.	1,395,337.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **194**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SMITH GROUP, 1850 K ST. NW STE 250, WASHINGTON, DC 20006	CONSULTING SERVICES	6,271,058.
SODEXO AFFILIATES P.O BOX 536922, ATLANTA, GA 30353	FOOD MANAGEMENT SERVICES	3,849,459.
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	PHYSICIAN SERVICES	2,124,493.
GEORGE WASHINGTON UNIVERSITY, 2300 1ST ST NW ROSS HALL, WASHINGTON, DC 20037	MEDICAL SERVICES	1,764,209.
SCOTT LONG CONSTRUCTION 14170 NEWBROOK DR., CHANTILLY, VA 20151	CONSTRUCTION SERVICES	1,359,925.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **83**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

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	100,000.				
	e Government grants (contributions)	1e	43,582.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1252828.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1396410.			
Program Service Revenue	2 a NET PATIENT SVC REV	Business Code 900099	396,610,122.	396,566,230.	43,892.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			396,610,122.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2588035.			2,588,035.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,721,053.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)		1,721,053.			
	d Net rental income or (loss)			1721053.		1,721,053.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,141,238.				
		(ii) Other	4,146,318.				
		b Less: cost or other basis and sales expenses		0.	4,247,713.		
		c Gain or (loss)		2,141,238.	-101,395.		
	d Net gain or (loss)			2039843.		2,039,843.	
	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	10,022,110.	10,022,110.				
b CAFETERIA REVENUE	900099	2393678.			2,393,678.		
c							
d All other revenue							
e Total. Add lines 11a-11d			12,415,788.				
12 Total revenue. See instructions.			416,771,251.	406,588,340.	43,892.	8,742,609.	

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS
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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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	77,500.	77,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,629,004.		2,629,004.	
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	162247791.	145882414.	15,755,712.	609,665.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	8,766,214.	7,932,875.	800,186.	33,153.
9 Other employee benefits	11,633,710.	10,418,174.	1,171,997.	43,539.
10 Payroll taxes	12,137,688.	10,897,680.	1,194,874.	45,134.
11 Fees for services (non-employees):				
a Management	1,789,287.	1,789,287.		
b Legal	328,385.	5,018.	323,367.	
c Accounting				
d Lobbying	75,200.		75,200.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	23,526,285.	12,726,186.	10,550,451.	249,648.
12 Advertising and promotion	1,390,310.	6,930.	1,294,770.	88,610.
13 Office expenses	4,810,947.	2,894,020.	1,700,369.	216,558.
14 Information technology	19,282,244.	282,750.	18,966,269.	33,225.
15 Royalties				
16 Occupancy	6,991,229.	5,562,939.	1,427,660.	630.
17 Travel	527,705.	312,959.	203,472.	11,274.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	171,908.	148,851.	19,592.	3,465.
20 Interest	3,745,799.	3,745,799.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,614,858.	12,332,395.	10,282,463.	
23 Insurance	4,073,239.		4,073,239.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	58,678,267.	58,678,267.		
b BAD DEBT	22,529,005.	22,529,005.		
c INTERCO PURCHASED SVCS	6,305,371.	433,852.	5,871,519.	
d EQUIPMENT MAINTENANCE	5,118,591.	4,680,110.	438,481.	
e All other expenses	6,659,959.	1,498,967.	5,135,114.	25,878.
25 Total functional expenses. Add lines 1 through 24e	386110496.	302835978.	81,913,739.	1,360,779.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS
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Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	10,938,561.	1	38,911,624.
	2	Savings and temporary cash investments	172,151.	2	239,565.
	3	Pledges and grants receivable, net	8,782.	3	2,245.
	4	Accounts receivable, net	53,686,014.	4	55,457,877.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,346,250.	8	5,906,530.
	9	Prepaid expenses and deferred charges	950,126.	9	8,271,563.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 370,096,178.		
	b	Less: accumulated depreciation	10b 222,224,688.	10c	147,871,490.
	11	Investments - publicly traded securities	81,132,908.	11	65,969,098.
	12	Investments - other securities. See Part IV, line 11	95,187,139.	12	107,553,620.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	27,296,211.	15	30,207,336.
16	Total assets. Add lines 1 through 15 (must equal line 34)	405,868,972.	16	460,390,948.	
Liabilities	17	Accounts payable and accrued expenses	54,577,031.	17	58,088,071.
	18	Grants payable		18	
	19	Deferred revenue	230,537.	19	206,691.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	671,327.	23	153,838.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	106,503,064.	25	136,400,011.
	26	Total liabilities. Add lines 17 through 25	161,981,959.	26	194,848,611.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	243,713,541.	27	265,300,527.
	28	Temporarily restricted net assets	140,450.	28	210,607.
	29	Permanently restricted net assets	33,022.	29	31,203.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	243,887,013.	33	265,542,337.	
34	Total liabilities and net assets/fund balances	405,868,972.	34	460,390,948.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	416,771,251.
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,110,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,660,755.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	243,887,013.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,005,431.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	265,542,337.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)** 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS
HOSPITAL OF SILVER SPRING, INCORPORATED)

Employer identification number

52-0738041

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For 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, total 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 total 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number 52-0738041
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRINITY HEALTH 27870 CABOT DRIVE NOVI, MI 48377	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARYLAND DEPT OF HEALTH AND MENTAL HYGIENE 201 WEST PRESTON STREET BALTIMORE, MD 21201	\$ 61,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MONTGOMERY COUNTY 255 ROCKVILLE PIKE, SUITE L-15 ROCKVILLE, MD 20850	\$ 35,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SUSAN G. KOMEN FOUNDATION 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244	\$ 265,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARYLAND DEPARTMENT OF AGING 301 WEST PRESTON STREET, SUITE 1007 BALTIMORE, MD 21201	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE SAMUEL BURTOFF M.D. FOUNDATION 5600 WISCONSIN AVENUE CHEVY CHASE, MD 20815	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number 52-0738041
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number 52-0738041
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number 52-0738041
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		27,747.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		75,200.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			102,947.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

HOLY CROSS HEALTH, INC. 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 HEALTH, INC. WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

Part IV Supplemental Information (continued)

MARYLAND HOSPITAL ASSOCIATION - \$19,611

CATHOLIC HOSPITAL ASSOCIATION - \$ 3,130

AMERICAN HOSPITAL ASSOCIATION - \$ 5,006

TOTAL - \$27,747

HOLY CROSS HEALTH, INC. ALSO PAID THIRD PARTY LOBBYING FIRMS DURING THE YEAR TO LOBBY AGAINST LEGISLATION DETERMINED TO BE ADVERSE TO HOLY CROSS HEALTH, INC. AND LOBBY IN FAVOR OF MATTERS OF INTEREST AND CONCERN TO HOLY CROSS HEALTH, INC.

HOLY CROSS HEALTH, INC. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)**

Employer identification number
52-0738041

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,022.	25,600.	23,125.	32,366.	
b Contributions					
c Net investment earnings, gains, and losses	-819.	8,422.	3,475.	-8,241.	
d Grants or scholarships					
e Other expenditures for facilities and programs	1,000.	1,000.	1,000.	1,000.	
f Administrative expenses					
g End of year balance	31,203.	33,022.	25,600.	23,125.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		493,418.		493,418.
b Buildings		188251486.	114636924.	73,614,562.
c Leasehold improvements				
d Equipment		88,928,686.	69,324,619.	19,604,067.
e Other	77,060.	92,345,528.	38,263,145.	54,159,443.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 147871490.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS DIRECTLY		
(B) HOLDING SECURITIES	60,715,753.	END-OF-YEAR MARKET VALUE
(C) EQUITY METHOD INVESTMENTS	46,837,867.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	107,553,620.	

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

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

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	2,911,067.
(2) INTERCOMPANY ACCOUNTS RECEIVABLES	5,777,414.
(3) INVESTMENT IN AFFILIATES	2,214,187.
(4) INTERCOMPANY OTHER LONG TERM ASSETS	19,304,668.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	30,207,336.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY ACCOUNTS PAYABLE	7,930,021.
(3) DEFERRED COMPENSATION LIABILITY	49,137.
(4) ASSET RETIREMENT OBLIGATION (FIN	
(5) 47)	573,040.
(6) OTHER LIABILITIES	29,310.
(7) INTERCOMPANY NOTES PAYABLE	127,818,503.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	136,400,011.

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

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

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

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

Part XIV Supplemental Information

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

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

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

SCHOOL OF RADIOLOGIC TECHNOLOGY WHO EXEMPLIFIES THE VALUES OF THE SCHOOL

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

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 HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED) **Employer identification number** 52-0738041

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	9,949	14,451,404.		14,451,404.	3.97%
b Medicaid (from Worksheet 3, column a)	4	125,586	54,822,473.	68,814,166.	-13,991,693.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	5	135,535	69,273,877.	68,814,166.	459,711.	3.97%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	87	220,342	7,197,275.	293,344.	6,903,931.	1.90%
f Health professions education (from Worksheet 5)	6	9,040	4,109,493.	12,160.	4,097,333.	1.13%
g Subsidized health services (from Worksheet 6)	12	51,059	10,768,439.	767,446.	10,000,993.	2.75%
h Research (from Worksheet 7)	2	1,352	367,788.	1,600.	366,188.	.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	20,762	162,282.		162,282.	.04%
j Total. Other Benefits	109	302,555	22,605,277.	1,074,550.	21,530,727.	5.92%
k Total. Add lines 7d and 7j	114	438,090	91,879,154.	69,888,716.	21,990,438.	9.89%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1	39	56,460.		56,460.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1	39	56,460.		56,460.	.02%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance 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 a portion of bad debt amounts as community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	122257470.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	93,643,037.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	28,614,433.		
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 Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CLINICAL IMAGING OF SILVER SPRING	IMAGING CENTER	25.00%		75.00%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 HOLY CROSS HOSPITAL OF SILVER SPRING 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other. Row 1: X, X, , X, , , X, .

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: HOLY CROSS HOSPITAL OF SILVER SPRING

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) HOLY CROSS HOSPITAL OF SILVER SPRING

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ?	<input checked="" type="checkbox"/>	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?	<input checked="" type="checkbox"/>	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	<input checked="" type="checkbox"/>	
13 Included measures to publicize the policy within the community served by the hospital facility?	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

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

Part V Facility Information (continued) HOLY CROSS HOSPITAL OF SILVER SPRING

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.		

Part V Facility Information (continued)

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

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 WOODMORE DIALYSIS CENTER 11721 WOODMORE ROAD MITCHELLVILLE, MD 20721	DIALYSIS TREATMENT
2 HOLY CROSS HOSPITAL RADIATION TRTMNT 2121 MEDICAL PARK DR., SUITE 4 SILVER SPRING, MD 20902	CANCER TREATMENT
3 HOLY CROSS HOSPITAL HEALTH CENTER 7987 GEORGIA AVENUE SILVER SPRING, MD 20910	HEALTH CLINIC
4 HOLY CROSS HOSPITAL HEALTH CENTER 702 RUSSELL AVENUE, SUITE 100 GAITHERSBURG, MD 20877	HEALTH CLINIC
5 HOLY CROSS HOSPITAL HEALTH CENTER 13975 CONNECTICUT AVE., 2ND FLOOR ASPEN HILL, MD 20906	HEALTH CLINIC
6 DOCTORS REGIONAL CANCER CENTER 8116 GOOD LUCK ROAD, SUITE 005 LANHAM, MD 20706	CANCER TREATMENT
7 DOCTORS REGIONAL CANCER CENTER 4901 TELSIA DRIVE, SUITE A BOWIE, MD 20715	CANCER TREATMENT
8 CHESAPEAKE POTOMAC REGIONAL CANCER CT 30077 BUSINESS CENTER DRIVE CHARLOTTE HALL, MD 20622	CANCER TREATMENT
9 CHESAPEAKE POTOMAC REGIONAL CANCER CT 11340 PEMBROOKE SQUARE, SUITE 201 WALDORF, MD 20603	CANCER TREATMENT
10 HOLY CROSS HOSPITAL SENIOR SOURCE 8580 SECOND AVENUE SILVER SPRING, MD 20910	HEALTH SCREENING

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A: HOLY CROSS HEALTH, INC. DOING BUSINESS AS HOLY CROSS HOSPITAL OF SILVER SPRING (HOLY CROSS HOSPITAL) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF MARYLAND. DUE TO MARYLAND'S UNIQUE ALL PAYOR SYSTEM THE VALUES REPORTED ON PART I, LINE 7B ARE DIFFERENT FROM THOSE REPORTED TO THE STATE OF MARYLAND. SEE PART I, LINE 7B BELOW. 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

Part VI Supplemental Information

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 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: THE VALUES REPORTED ARE DIFFERENT FROM THOSE REPORTED TO THE STATE OF MARYLAND. MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECT OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

Part VI Supplemental Information

PART I, LN 7 COL(F): THE FOLLOWING NUMBER, \$22,529,005, 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).

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

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

IN FY12, HOLY CROSS HOSPITAL PROVIDED A TOTAL COMMUNITY BENEFIT OF \$56,460 THROUGH ITS PARTNERSHIP WITH THE DON BOSCO CRISTO REY HIGH SCHOOL. THE DON BOSCO CRISTO REY WORK STUDY PROGRAM, A YOUTH ASSET DEVELOPMENT PROGRAM, PROVIDES LOW-INCOME STUDENTS AN OPPORTUNITY TO EARN 63 PERCENT OF THE COST OF THEIR COLLEGE PREP EDUCATION WHILE GAINING VALUABLE JOB EXPERIENCE.

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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.

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

PART III, LINE 8: HOLY CROSS HOSPITAL DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT

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THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

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

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

HOLY CROSS HOSPITAL OF SILVER SPRING:

PART V, SECTION B, LINE 13G: INFORMATION ON THE PHONE NUMBER OF WHERE AND WHO TO CONTACT FOR A FINANCIAL ASSISTANCE APPLICATION IS PROVIDED ON BILLING STATEMENTS AS WELL AS THE WEB SITE ADDRESS TO OBTAIN AN APPLICATION.

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HOLY CROSS HOSPITAL OF SILVER SPRING:

PART V, SECTION B, LINE 19D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL), ADJUSTED FOR FAMILY SIZE, ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME ABOVE 200%, BUT NOT EXCEEDING 250% OF THE FPL, RECEIVE A 60% REDUCTION IN CHARGES FOR MEDICALLY NECESSARY CARE. PATIENTS WITH INCOME ABOVE 250%, BUT NOT EXCEEDING 300% OF THE FPL RECEIVE A 30% REDUCTION IN CHARGES FOR MEDICALLY NECESSARY CARE. FOR THOSE PATIENTS WHO DEMONSTRATE A MEDICAL FINANCIAL HARDSHIP, A MINIMUM OF 30% ASSISTANCE MAY BE PROVIDED FROM 301% TO 500% OF THE FPL.

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

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

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INPUT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

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

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

HEALTHY MONTGOMERY: THE MONTGOMERY COUNTY COMMUNITY HEALTH IMPROVEMENT PROCESS - HEALTHY MONTGOMERY BUILDS ON PAST AND CURRENT EFFORTS, INCLUDING ENVIRONMENTAL SCANS, COMPREHENSIVE NEEDS ASSESSMENTS, COMMUNITY HEALTH-RELATED WORK, AND RELEVANT INFORMATION FROM THE HEALTHCARE PROVIDER ORGANIZATIONS IN THE COUNTY. IN ADDITION TO NUMEROUS QUANTITATIVE DATA SOURCES, COMMUNITY CONVERSATIONS WERE HELD WITH GROUPS OF RESIDENTS TO

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SOLICIT THEIR IDEAS ABOUT HEALTH AND WELL BEING IN THEIR COMMUNITIES AND IN THE COUNTY AS A WHOLE. THESE CONVERSATIONS PROVIDED VIEWS OF DIVERSE SUBPOPULATIONS ON THE ISSUES THEY FIND CRITICAL.

THE HEALTH IMPROVEMENT PROCESS HAS FOUR OBJECTIVES: (1) TO IDENTIFY AND PRIORITIZE HEALTH NEEDS IN THE COUNTY AS A WHOLE AND IN THE DIVERSE COMMUNITIES WITHIN THE COUNTY; (2) TO ESTABLISH A COMPREHENSIVE SET OF INDICATORS RELATED TO HEALTH PROCESSES, HEALTH OUTCOMES AND SOCIAL DETERMINANTS OF HEALTH IN MONTGOMERY COUNTY THAT INCORPORATE A WIDE VARIETY OF COUNTY AND SUB-COUNTY INFORMATION RESOURCES AND UTILIZE METHODS APPROPRIATE TO THEIR COLLECTION, ANALYSIS AND APPLICATION; (3) TO FOSTER PROJECTS TO ACHIEVE HEALTH EQUITY BY ADDRESSING HEALTH AND WELL-BEING NEEDS, IMPROVING HEALTH OUTCOMES AND REDUCING DEMOGRAPHIC, GEOGRAPHIC, AND SOCIOECONOMIC DISPARITIES IN HEALTH AND WELL-BEING; AND (4) TO COORDINATE AND LEVERAGE RESOURCES TO SUPPORT THE HEALTHY MONTGOMERY INFRASTRUCTURE AND IMPROVEMENT PROJECTS.

HEALTHY MONTGOMERY IS UNDER THE LEADERSHIP OF THE HEALTHY MONTGOMERY STEERING COMMITTEE, WHICH INCLUDES PLANNERS, POLICY MAKERS, HEALTH AND SOCIAL SERVICE PROVIDERS (INCLUDING HOLY CROSS HOSPITAL) AND COMMUNITY MEMBERS. IT IS AN ONGOING PROCESS THAT INCLUDES PERIODIC NEEDS ASSESSMENT, DEVELOPMENT AND IMPLEMENTATION OF IMPROVEMENT PLANS AND MONITORING OF THE RESULTING ACHIEVEMENTS. THE PROCESS IS DYNAMIC, THUS GIVING THE COUNTY AND ITS COMMUNITY PARTNERS THE ABILITY TO MONITOR AND ACT ON THE CHANGING CONDITIONS AFFECTING THE HEALTH AND WELL-BEING OF COUNTY RESIDENTS.

IN 2012, HOLY CROSS HOSPITAL AND THE FOUR OTHER INDIVIDUAL HOSPITALS EACH GAVE \$25,000, FOR A TOTAL OF \$125,000, IN GRANTS TO THE INSTITUTE FOR

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PUBLIC HEALTH INNOVATION. THESE FUNDS CONTINUE TO SUPPORT THE HEALTHY MONTGOMERY STEERING COMMITTEE MEETINGS, PREPARATION AND PRESENTATION OF ALL OF THE COMMUNITY CONVERSATIONS, PREPARATION OF THE NEEDS ASSESSMENT REPORT (QUANTITATIVE DATA AND INFORMATION FROM THE COMMUNITY CONVERSATIONS), AND SUPPORT FOR THE STEERING COMMITTEE TO DEVELOP SUBCOMMITTEES THAT WILL FOCUS ON EACH COMMUNITY HEALTH IMPROVEMENT PRIORITY CHOSEN DURING THE PRIORITY SELECTION PROCESS.

COMMUNITY NEEDS INDEX

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

OTHER AVAILABLE DATA

AS AVAILABLE, WE ALSO USE A RANGE OF OTHER SPECIFIC NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR ETHNIC AND RACIAL GROUPS, THOSE WITH LIMITED ENGLISH PROFICIENCY, SENIORS, AND WOMEN AND CHILDREN. OUR WORK IS BUILT ON PAST AVAILABLE NEEDS ASSESSMENTS, AND WE USE THESE DOCUMENTS AS REFERENCE TOOLS, INCLUDING THE FOLLOWING KEY RESOURCES:

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

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

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

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

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

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, HOLY CROSS HOSPITAL HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING

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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 OFFERED TO PATIENTS

ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON

HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT

PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE

PRE-REGISTRATION AND REGISTRATION PROCESSES AND IN RESPONSE TO PATIENTS

SEEKING FINANCIAL ASSISTANCE. INFORMATION REGARDING THE FINANCIAL

ASSISTANCE PROGRAM IS ALSO PROVIDED BY THE ONSITE FINANCIAL COUNSELING

STAFF IN BOTH INPATIENT AND OUTPATIENT AREAS. PATIENT ACCOUNTING ALSO

SUPPORTS THE FINANCIAL COUNSELING PROGRAM BY PROVIDING PATIENTS WITH

INFORMATION AND APPLICATIONS WHILE HANDLING CUSTOMER SERVICE CALLS. OUR

MEDICAID VENDOR AND COUNTY MEDICAID WORKERS ALSO PROVIDE THE PATIENTS WITH

GUIDANCE REGARDING THE FINANCIAL ASSISTANCE PROGRAM WHEN NECESSARY.

INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS PROVIDED BY THE

COLLECTION AGENCY WORKING WITH OUR PATIENT ACCOUNTING DEPARTMENT AS WELL.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR

PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP

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THEM OBTAIN AND PAY FOR HEALTH CARE SERVICES. THE HOSPITAL HAS ONSITE MEDICAID ELIGIBILITY REPRESENTATIVES THROUGH THE DECO MANAGEMENT GROUP. ELIGIBILITY SPECIALISTS FROM MONTGOMERY COUNTY ARE ALSO AVAILABLE ONSITE AND HANDLE INPATIENT AND SOME OUTPATIENT MEDICAID REFERRALS. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

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

THE EMERGENCY CENTER ALSO HAS A FULL-TIME FINANCIAL ASSISTANCE COUNSELOR LOCATED IN THE MAIN EMERGENCY CENTER MONDAY THROUGH FRIDAY FROM 10 A.M. TO 6 P.M. WE ALSO HAVE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM POSTED IN THE DISCHARGE OFFICE, THE MAIN EMERGENCY CENTER WAITING ROOM AND THE EXPRESS CARE CENTER ON THE FIRST FLOOR. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE PRIMARY CARE COALITION OF MONTGOMERY

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COUNTY. HOLY CROSS HOSPITAL ALSO USES ETHNIC HEALTH PROMOTERS TO INFORM COMMUNITY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY ON A ONE-ON-ONE BASIS OR IN GROUP SETTINGS WHERE PEOPLE GATHER IN THE COMMUNITY (E.G., HAIR SALONS, CHURCHES, COMMUNITY CENTERS). INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE, INPATIENT ADMISSION PACKETS, PATIENT STATEMENTS, AND AVAILABLE ONSITE APPLICATIONS. IN ADDITION TO ENGLISH, THIS INFORMATION IS AVAILABLE IN SPANISH, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. HOLY CROSS HOSPITAL EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION, 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 TRAINING REGARDING THE FINANCIAL ASSISTANCE PROGRAM. PATIENT ACCOUNTING ALSO RECEIVES INFORMATION ABOUT THE PROGRAM AND HOW TO HANDLE PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS RECEIVE IN DEPTH TRAINING TO HANDLE FINANCIAL ASSISTANCE REQUESTS, PROCESS APPLICATIONS AND MANAGE OUTCOMES.

PART VI, LINE 4: COMMUNITY INFORMATION - HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY RESIDENTS.

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AN ESTIMATED 1.6 MILLION PEOPLE MAKE UP OUR FOUR MARKET AREA. WE DRAW 82 PERCENT OF OUR DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS WITHIN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. EIGHTEEN PERCENT OF OUR DISCHARGES COME FROM OUTSIDE THIS FOUR-MARKET AREA. WHEN CONSIDERING INPATIENTS ONLY, WE DRAW 62 PERCENT FROM MONTGOMERY COUNTY AND 26 PERCENT FROM PRINCE GEORGE'S COUNTY.

OUR SERVICE AREA IS ONE OF THE MOST CULTURALLY AND ETHNICALLY DIVERSE AREAS IN THE NATION. DURING THE LAST TWO DECADES THE MINORITY POPULATION HAS GROWN CONSIDERABLY AND THE MINORITIES HAVE BECOME THE MAJORITY. TODAY, WITHIN OUR SERVICE AREA, 34 PERCENT OF RESIDENTS ARE NON-HISPANIC WHITES COMPARED TO 63 PERCENT OF THE TOTAL UNITED STATES POPULATION.

THE LAST TWO DECADES ALSO BROUGHT A SHIFT IN THE AREA'S FOREIGN-BORN POPULATION, MANY OF WHOM SPEAK ENGLISH LESS THAN "VERY WELL." THE FOREIGN-BORN POPULATION OF MONTGOMERY COUNTY HAS INCREASED FROM 12 PERCENT IN 1980 TO MORE THAN 30 PERCENT. FORTY-TWO PERCENT OF THOSE WHO ARE FOREIGN-BORN SPEAK ENGLISH LESS THAN "VERY WELL" (U.S. CENSUS BUREAU, 2010 AMERICAN COMMUNITY SURVEY). IN PRINCE GEORGE'S COUNTY, THE GAIN IN THE FOREIGN-BORN POPULATION AS A PERCENT OF TOTAL POPULATION GAIN FROM 2000-2007 WAS THE HIGHEST IN THE STATE AT 199.9 PERCENT COMPARED TO A STATE AVERAGE OF 70.7 PERCENT. APPROXIMATELY 20 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN, OF WHICH 36 PERCENT SPEAK ENGLISH LESS THAN "VERY WELL" (U.S. CENSUS BUREAU, 2010 AMERICAN COMMUNITY SURVEY). THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS.

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

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

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

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

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ALONG WITH ITS GROWTH, THE AREA IS ALSO RAPIDLY AGING. WE FACE SIMILAR
DRAMATIC DEMOGRAPHIC CHANGE WITH THE COMING UNPRECEDENTED AGING OF OUR
COUNTY. AS THE SENIOR POPULATION INCREASES IN MONTGOMERY AND PRINCE
GEORGE'S COUNTIES, THE NEED FOR SENIOR HEALTH SERVICES ALSO INCREASES. IT
IS ESTIMATED THAT BY THE YEAR 2030 THE 65+ POPULATION IN MONTGOMERY AND
PRINCE GEORGE'S COUNTIES WILL INCREASE BY 95 PERCENT (119,770 IN 2010 TO
233,030 IN 2030) AND 121 PERCENT (81,510 IN 2010 TO 179,970 IN 2030),
RESPECTIVELY (MARYLAND DEPARTMENT OF PLANNING POPULATION PROJECTIONS,
2012).

PART VI, LINE 5: OTHER INFORMATION - HOLY CROSS HOSPITAL HAS A
15-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS.
ONLY TWO OF THE 15 BOARD MEMBERS ARE EMPLOYED BY HOLY CROSS HOSPITAL OR
TRINITY HEALTH, THE HOSPITAL'S PARENT CORPORATION. ONE MEMBER IS THE
HOSPITAL'S CHIEF EXECUTIVE OFFICER AND ANOTHER IS A TRINITY HEALTH
EXECUTIVE. TWO COMMUNITY MEMBERS LIVE OUTSIDE OF OUR LOCAL AREA AND NO
BOARD MEMBERS ARE FAMILY MEMBERS.

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

HOLY CROSS HOSPITAL OPERATES A VERY ACTIVE EMERGENCY ROOM, ONE OF THE
BUSIEST IN THE STATE OF MARYLAND. IT IS ACCESSIBLE TO ANYONE NEEDING CARE
REGARDLESS OF ABILITY TO PAY. IN ADDITION, WE HAVE AN INNOVATIVE EMERGENCY
ROOM TAILORED TO SERVE OUR GROWING SENIORS POPULATION. OUR SENIOR
EMERGENCY CENTER PROVIDES SAFE AND EFFICIENT EMERGENCY SERVICES FOR

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PERSONS 65 AND OVER.

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

HOLY CROSS HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF OUR COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING FY09-FY12, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, WE HAVE ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE. OUR VICE PRESIDENT OF COMMUNITY HEALTH IS A COMMISSIONER ON THE COMMISSION ON HEALTH. WE HAVE MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM. WE HAVE RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS.

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

PART VI, LINE 6: HOLY CROSS HOSPITAL IS A MEMBER ORGANIZATION OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE SYSTEMS IN THE

Part VI Supplemental Information

COUNTRY. BASED IN LIVONIA, 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 ITS 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 2012, THIS INCLUDED OVER \$615 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEM APPROACH TO ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

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

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2011

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

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

Open to Public
Inspection

Name of the organization **HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)** Employer identification number **52-0738041**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND HEALTHCARE EDUCATION INSTITUTE - 6820 DEERPATH RD. - ELKBRIDGE, MD 21075	52-0901664	501(C)(3)	70,000.	0.			SPONSORSHIP
MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY MARYLAND, INC. - 1000 TWINBROOK PARKWAY - ROCKVILLE, MD 20851	52-0681147	501(C)(3)	7,500.	0.			SPONSORSHIP

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

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: DONATIONS MADE BY HOLY CROSS HEALTH, 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

2011

Open to Public Inspection

Name of the organization **HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)**

Employer identification number **52-0738041**

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2011

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED) 52-0738041

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

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

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

(A) Name	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN J. SEXTON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	435,426.	149,729.	152,665.	91,498.	861,487.	78,483.
2 J. RICHARD O'CONNELL	(i)	0.	0.	0.	0.	0.	0.
	(ii)	571,942.	230,946.	140,349.	85,919.	1,061,458.	0.
3 ROSEANNE PAJKA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	191,635.	50,882.	1,074.	29,851.	277,985.	0.
4 ANNE GILLIS	(i)	162,515.	20,500.	316.	17,487.	215,444.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 GARY E. VOGAN	(i)	36,654.	0.	150.	4,041.	40,845.	0.
	(ii)	222,255.	65,532.	2,201.	29,317.	338,234.	0.
6 ANNICE CODY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	202,755.	47,539.	634.	19,067.	290,294.	0.
7 JOSEPH SWEDISH	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1279458.	677,642.	3229560.	548,602.	5,762,862.	2,698,342.
8 KEDRICK ADKINS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	743,978.	316,652.	344,596.	103,857.	1,522,346.	143,708.
9 JUDITH FRUITERMAN JUAN MANUEL OCASIO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	217,800.	46,355.	1,870.	40,264.	321,060.	0.
10 COLON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	179,537.	40,074.	379.	17,913.	247,871.	0.
11 MICHAEL MURPHY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	402,598.	0.	71,772.	48,365.	549,908.	0.
12 AMINULLAH AMINI	(i)	474,719.	414,574.	127,197.	6,590.	1,044,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.
13 IRA ROY TANNEBAUM	(i)	380,306.	0.	6,008.	17,375.	405,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.
14 BLAIR EIG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	274,547.	59,130.	2,601.	24,087.	376,191.	0.
15 YANCY PHILLIPS CARLOS FRANCISCO	(i)	264,472.	61,960.	1,717.	19,969.	360,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.
16 ESPINEL	(i)	298,758.	0.	266.	13,791.	322,865.	0.
	(ii)	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: HOLY CROSS HEALTH, INC. IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. HOLY CROSS HEALTH'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF HOLY CROSS HEALTH'S

CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY, AND
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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 2011). THE FOLLOWING ACCRUALS FOR 2011 FOR THIS PLAN ARE

INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$91,607

Part III Supplemental Information

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

MICHAEL MURPHY - \$27,513

J. RICHARD O'CONNELL - \$66,279

KEVIN J. SEXTON - \$62,295

JOSEPH SWEDISH - \$255,902

PART I, LINE 4B: THE FOLLOWING IS A PARTICIPANT IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUAL FOR 2011 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

JOSEPH SWEDISH - \$265,000

PART II: THE FOLLOWING INDIVIDUALS BECAME VESTED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) DURING CALENDAR 2011. AS A RESULT, THE VESTED AMOUNTS WERE INCLUDED IN THEIR 2011 TAXABLE INCOMES. THE FOLLOWING VESTED SERP AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

JOSEPH SWEDISH - \$2,740,000

KEDRICK ADKINS - \$220,648

COLUMN F OF SCHEDULE J INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS
HOSPITAL OF SILVER SPRING, INCORPORATED)

Employer identification number
52-0738041

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF HOLY CROSS
HEALTH, 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 HEALTH, INC. TRINITY HEALTH CORPORATION HAS THE
RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF HOLY CROSS HEALTH,
INC.

FORM 990, PART VI, SECTION A, LINE 7B: AS SOLE MEMBER, TRINITY HEALTH
CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING
THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET.
TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A
MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL
CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 FOR
HOLY CROSS HEALTH, 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 HEALTH, 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 HEALTH, INC., WHICH INCLUDES TRUSTEES,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization	HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number	52-0738041
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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 HEALTH, 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 HEALTH, 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 HEALTH, INC. IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO HOLY CROSS HEALTH, 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 HEALTH, 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 HEALTH, INC. ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR

Name of the organization	HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number	52-0738041
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THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS.

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

FORM 990, PART VI, SECTION C, LINE 19: HOLY CROSS HEALTH, INC.'S GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE HOLY CROSS HEALTH, INC. PUBLIC INFORMATION OFFICER. HOLY CROSS HEALTH, INC. IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. BOTH TRINITY HEALTH AND HOLY CROSS HEALTH, INC. 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 HEALTH, INC. WEBSITE INCLUDES THE THREE MOST RECENT COMMUNITY BENEFIT REPORTS IN THE "COMMUNITY INVOLVEMENT" SECTION.

IN ADDITION, BOTH WEBSITES INCLUDE A COPY OF HOLY CROSS HEALTH INC.'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

Name of the organization HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)	Employer identification number 52-0738041
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ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE
ACTIVITIES OF THE REPORTING ORGANIZATION. IN ADDITION, THESE ARE THE
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

KEDRICK ADKINS - 53 HOURS

MICHAEL MURPHY - 53 HOURS

J. RICHARD O'CONNELL - 52 HOURS

JOSEPH SWEDISH - 53 HOURS

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

NET UNREALIZED LOSSES ON INVESTMENTS:	-5,044,682.
EQUITY TRANSFERS TO AFFILIATES:	-4,487,000.
EQUITY EARNINGS IN UNCONSOLIDATED AFFILIATES:	527,251.
OTHER TRANSACTIONS:	-1,000.
TOTAL TO FORM 990, PART XI, LINE 5	-9,005,431.

FORM 990, PART XII, LINE 2:

HOLY CROSS HEALTH, INC.'S FINANCIAL STATEMENTS WERE INCLUDED IN THE
FY12 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE
AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

FORM 990, PAGE 1, PART C, DOING BUSINESS AS NAMES:

HOLY CROSS HOSPITAL OF SILVER SPRING, INC.

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRINGHAR, IA 51245	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	BAUM HARMON MERCY HOSPITAL		X
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY HEALTH-MICHIGAN		X
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
CRANBROOK HOSPICE CARE - 38-3320699	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 48302	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	SUPPORT THE SERVICES OF RELATED HOSPITAL	ILLINOIS	501(C)(3)	9	GOTTLIEB MEMORIAL HOSPITAL		X
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE.	SUPPORT THE SERVICES OF RELATED HOSPITAL	ILLINOIS	501(C)(3)	11, TYPE III-FI	N/A		X
MELROSE PARK, IL 60160	HEALTHCARE SERVICES	ILLINOIS	501(C)(3)	3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE.	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS		X
MELROSE PARK, IL 60160	HEALTHCARE SERVICES	ILLINOIS	501(C)(3)	3	MERCY HEALTH PARTNERS		X
HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS		X
MUSKEGON, MI 49443-3302	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS		X
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443-3302	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MICHIGAN	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS		X

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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						Yes	No
HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKEGON, MI 49442-3545	COUNSELING, EDUCATION, AND SUPPORT	MICHIGAN	501(C)(3)	9	MERCY HEALTH PARTNERS		X
HACKLEY VISITING NURSE SERVICES AND HOSPICE, INC. - 38-1359598, 888 TERRACE ST., MUSKEGON, MI 49440	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS		X
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48333	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MARYLAND	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		X
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	CHARITABLE FUNDRAISING	MARYLAND	501(C)(3)	11, TYPE I	HOLY CROSS HEALTH, INC.		X
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD. SILVER SPRING, MD 20910-1484	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	TRINITY HEALTH CORPORATION		X
HOLY CROSS MEDICAL CENTER - 95-1985442 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES (FORMERLY)	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION		X
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401-6208	HOSPICE HEALTH CARE SERVICES	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
HPCN - 30-0207909 1675 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS		X
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	PROVIDES OFFICE-BASED MEDICAL CARE	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
LAKESHORE COMMUNITY HOSPITAL, INC. - 38-2549295, 72 S. STATE STREET, SHELBY, MI 49455-1228	ACUTE HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS		X
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	11, TYPE II	TRINITY HEALTH CORPORATION		X

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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						Yes	No
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE SERVICES	ILLINOIS	501(C)(3)	3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	PROVIDE HOME HEALTH CARE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.		X
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (FORMERLY)	MICHIGAN	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP.		X
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 281 ENTERPRISE COURT, BLOOMFIELD HILLS, MI 48302-0312	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 505 HURON AVENUE, PORT HURON, MI 48060	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	SUPPORTS THE SERVICES OF RELATED HEALTH CARE SYSTEM	ILLINOIS	501(C)(3)	11, TYPE I	MERCY HEALTH SYSTEM OF CHICAGO		X
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 684 HARVEY STREET, MUSKOGON, MI 49442	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKOGON, MI 49442	HEALTHCARE SYSTEM SUPPORT	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE SERVICES	DELAWARE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN		X
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
MERCY HEALTH SYSTEM OF CHICAGO LIABILITY SELF INSURANCE TRUST - 91-2092113, BK OF AMERICA 231 S. LASALLE, CHICAGO, IL 60697	SELF INSURANCE FOR PROFESSIONAL AND COMPREHENSIVE LIABILITY	ILLINOIS	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SYSTEM OF CHICAGO		X
MERCY HEALTHCARE FOUNDATION - 42-1316126 1410 N. 4TH ST. CLINTON, IA 52732	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON		X

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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						Yes	No
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTHCARE SERVICES	ILLINOIS	501(C)(3)	3	MERCY HEALTH SYSTEM OF CHICAGO		X
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 400 HOBART, CADILLAC, MI 49601-2331	SUPPORT THE SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
MERCY HOSPITAL GIFT SHOP - 38-1630480 2601 ELECTRIC AVE. PORT HURON, MI 48060	VOLUNTEER SERVICE AUXILIARY	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732-2940	TO PROVIDE QUALITY HEALTH CARE	DELAWARE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401-2800	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOME HEALTH AND HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY PHYSICIAN GROUP, INC. - 20-8192593 1512 12TH AVENUE ROAD NAMP, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		X
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES, INC.		X
MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108	AEROMEDICAL TRANSPORT	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
MOUNT CARMEL CARE CONTINUUM SERVICES CORP. - 31-1126211, 793 WEST STATE STREET, COLUMBUS, OH 43222	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	2	MOUNT CARMEL HEALTH		X

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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						Yes	No
MOUNT CARMEL HEALTH - 31-4379602 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO FOR SENIORS	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OHIO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	OHIO	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HOME CARE, LLC - 26-2729300 1144 DUBLIN ROAD, SUITE B COLUMBUS, OH 43215	PROVIDE HOME HEALTH CARE SERVICES	OHIO	501(C)(3)	9	TRINITY HOME HEALTH SERVICES, INC.		X
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL - 87-0790288, 7333 SMITH'S MILL RD., NEW ALBANY, OH 43054	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS		X
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	NEBRASKA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.		X
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	SUPPORTS SERVICES OF RELATED HOSPITAL	NEBRASKA	501(C)(3)	11, TYPE III-FI	OAKLAND MERCY HOSPITAL		X
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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						Yes	No
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442-3257	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		X
PROFESSIONAL OFFICE CORPORATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	11, TYPE I	SAINTE AGNES MEDICAL CENTER		X
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION		X
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.		X
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.		X
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY		X
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		X
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-NAMPA - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	SUPPORT THE SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		X
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

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						Yes	No
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SERVICES	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, 1915 LAKE AVENUE, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, PO BOX 1935, SOUTH BEND, IN 46634-1935	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY, INC. - 35-6033285, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER-S. BEND		X
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH		X
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 801 EAST LASALLE AVE., SOUTH BEND, IN 46617	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		X
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA		X
FARMINGTON HILLS, MI 48333-9184 SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 49505	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.		X
SAINT MARY'S FOUNDATION (FKA SAINT MARY'S DORAN FOUNDATION) - 38-1779602, 200 JEFFERSON ST., SE, GRAND RAPIDS, MI 49503	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	7	TRINITY HEALTH-MICHIGAN		X
ST JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		X
ST. ANN'S HOSPITAL - 31-4412701 500 SOUTH CLEVELAND AVE. WESTERVILLE, OH 43081	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		X
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 4215 EDISON LAKES PARKWAY, MISHAWAKA, IN 46545	SUPPORTS SERVICES OF RELATED HOSPITAL	INDIANA	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	0.	0.	X		N/A	X	.00%
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X	.00%
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A	N/A	0.	0.	X		N/A	X	.00%
CENTRAL OHIO SLEEP MEDICINE, LTD. - 31-1701029, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SLEEP MEDICINE SERVICES	OH	N/A	N/A	0.	0.	X		N/A	X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
COMMUNITY HEALTH VENTURES, INC. - 38-3522260 565 W. WESTERN AVE. MUSKEGON, MI 49440	SOFTWARE MARKETING	MI	N/A	C CORP		0.	.00%
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529 701 W. NORTH AVE. MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP		0.	.00%
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814 1415 LEAHY ST. MUSKEGON, MI 49442	WEIGHT MANAGEMENT	MI	N/A	C CORP		0.	.00%
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST. MUSKEGON, MI 49442	OTHER MEDICAL SERVICES	MI	N/A	C CORP		0.	.00%
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST. MUSKEGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP		0.	.00%

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	0.	0.	X		N/A		X	.00%
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	0.	0.	X		N/A		X	.00%
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	0.	0.	X		N/A		X	.00%
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING	CA	N/A	N/A	0.	0.	X		N/A		X	.00%
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	0.	0.	X		N/A		X	.00%
IDAHO GYN/ONCOLOGY SERVICES, LLC - 20-2975807, 1055 N CURTIS RD, BOISE, ID 83706	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A	0.	0.	X		N/A		X	.00%
INTERMOUNTAIN MEDICAL IMAGING, LLC - 82-0514422, 877 WEST MAIN ST., STE 603, BOISE, ID 83702	PROVIDE IMAGING SERVICES	ID	N/A	N/A	0.	0.	X		N/A		X	.00%
LOYOLA AMBULATORY SURGERY CENTER - 36-4119522, 1S224 SUMMIT AVE., STE 201, OAKBROOK TERRACE, IL 60181	SURGICAL SERVICES	IL	N/A	N/A	0.	0.	X		N/A		X	.00%
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	0.	0.	X		N/A		X	.00%

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY - SAME DAY	IA	N/A	N/A	0.	0.	X		N/A		X	.00%
MCE MOB IV LIMITED												
PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A		X	.00%
MCMC POB III LIMITED												
PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A		X	.00%
MEDILUCENT MOB I - 20-4911370												
793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A		X	.00%
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	0.	0.	X		N/A		X	.00%
MERCY HEART & VASCULAR LLC - 20-5272726, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE CT EQUIPMENT	IL	N/A	N/A	0.	0.	X		N/A		X	.00%
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	0.	0.	X		N/A		X	.00%
MERCY OUTPATIENT SURGERY CENTER, LLC - 84-1380439, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	OUTPATIENT SURGERY	ID	N/A	N/A	0.	0.	X		N/A		X	.00%
MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601	COMMUNITY BASED CLINICAL INFO SYS & DATA DEPOSITORY	IN	N/A	N/A	0.	0.	X		N/A		X	.00%

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X	.00%
NEWCO AMBULATORY SURGERY CTR., LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A	0.	0.		X	N/A		X	.00%
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1531135, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X	.00%
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	.00%
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	0.	0.		X	N/A		X	.00%
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	RADIATION ONCOLOGY	ID	N/A	N/A	0.	0.		X	N/A		X	.00%
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A		X	.00%
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 610 VILLAGE DRIVE, DONNELLY, ID 83615 WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1784409, 793 W. STATE STREET, COLUMBUS, OH 43222	OUTPATIENT MEDICAL SERVICES BUILDING RENTAL	ID	N/A	N/A	0.	0.		X	N/A		X	.00%

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST.	REAL ESTATE RENTAL	MI	N/A	C CORP	0.	0.	.00%
MUSKEGON, MI 49442 HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST.	PHARMACY	MI	N/A	C CORP	0.	0.	.00%
MUSKEGON, MI 49442 HEF, INC. - 38-3086401 1415 LEAHY ST.	OFFICE STAFFING	MI	N/A	C CORP	0.	0.	.00%
MUSKEGON, MI 49442 HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562 11801 TECH ROAD	HOME CARE SERVICES	MD	MARYLAND CARE GROUP, INC.	C CORP	-45,753.	527,226.	100.00%
SILVER SPRING, MD 20904 HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	0.	0.	.00%
MUSKEGON, MI 49442 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%
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	0.	0.	.00%
LOYOLA UNIVERSITY OF CHICAGO INSURANCE CO, LTD. 23 LIME TREE BAY AVENUE GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	CAYMAN ISLANDS	N/A	C CORP	0.	0.	.00%
MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904 MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	HEALTHCARE HOLDING OUTPATIENT PHARMACY	MD ID	HOLY CROSS HEALTH, INC. N/A	C CORP C CORP	117,932. 0.	1,709,437. 0.	100.00% .00%
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET STIOUX CITY, IA 51101 MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	PRIMARY CARE PHYSICIANS DORMANT	IA IL	N/A N/A	C CORP C CORP	0. 0.	0. 0.	.00% .00%

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
GRAND RAPIDS, MI 49546 MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES, INC. - 31-0971510, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL HEALTH 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%
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261 1055 NORTH CURTIS ROAD BOISE, ID 83706-1370	PHYSICIANS	ID	N/A	C CORP	0.	0.	.00%
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733 1640 EAST PARIS, SE. GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
SURGERY CENTER FINANCING CORPORATION - 31-1531102 6150 EAST BROAD STREET COLUMBUS, OH 43213	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C CORP	0.	0.	.00%
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	0.	0.	.00%
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377 20555 VICTOR PARKWAY LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%
VENZKE INSURANCE COMPANY, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS WESTSHORE HEALTH NETWORK - 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	PROVISION OF INSURANCE COVERAGE PHYSICIAN HOSPITAL ORGANIZATION	CAYMAN ISLANDS MI	N/A N/A N/A	C CORP C CORP C CORP	0. 0. 0.	0. 0. 0.	.00% .00% .00%

HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

52-0738041

Page 3

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

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

2	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	TRINITY HEALTH CORPORATION	J	279,476.	PER BOOKS
(2)	TRINITY HEALTH CORPORATION	B	4,487,000.	PER BOOKS
(3)	TRINITY HEALTH CORPORATION	C	100,000.	PER BOOKS
(4)	TRINITY HEALTH CORPORATION	L	29,831,543.	PER BOOKS
(5)	TRINITY HEALTH CORPORATION	P	1,813,504.	PER BOOKS
(6)	TRINITY HEALTH CORPORATION	Q	5,106,233.	PER BOOKS

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HOLY CROSS HEALTH, INC. (F/K/A HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED)

Schedule R (Form 990)

52-0738041

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	TRINITY HEALTH CORPORATION	O	17,415,728.	PER BOOKS
(8)	TRINITY HEALTH CORPORATION	E	44,000,000.	PER BOOKS
(9)	HOLY CROSS PRIVATE HOME SERVICES CORP.	K	298,314.	PER BOOKS
(10)	TRINITY HEALTH - MICHIGAN	L	432,052.	PER BOOKS
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

OPY

ARTICLES OF AMENDMENT

HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED

(1)

(2) HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED

a Maryland corporation hereby certifies to the State Department of Assessments and Taxation of Maryland that:

(3) The charter of the corporation is hereby amended as follows:

To change the name of the Corporation to HOLY CROSS HEALTH, INC. by amendment to Article I as follows:

Article I

Name

The name of the Corporation is:

Holy Cross Health, Inc.

RECEIVED
2012 DEC - 3 2 3:46
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

This amendment of the charter of the corporation has been approved by the directors and sole member.

(4)

We the undersigned President and Secretary swear under penalties of perjury that the foregoing is a corporate act.

(5)

Patricia Parker
Secretary

(5)

Kevin J. Sexton
Kevin J. Sexton, President

(6) Return address of filing party:

Holy Cross Health, Inc. c/o Elizabeth A. Simpson, Esq., General Counsel
1500 Forest Glen Road

Silver Spring, MD 20910-1484

State of Maryland
Department of
Assessments and Taxation

Charter Division



Martin O'Malley
Governor

Robert E. Young
Director

Paul B. Anderson
Administrator

Date: 12/04/2012

HSC AGENT SERVICES, INC.
245 W CHASE ST
BALTIMORE MD 21201-4823

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : HOLY CROSS HEALTH, INC.
DEPARTMENT ID : D00379875
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 12-03-2012
TIME FILED : 03:46 PM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$50.00
FILING NUMBER : 1000362004113207
CUSTOMER ID : 0002842607
WORK ORDER NUMBER : 0004059187

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

ENTITY TYPE: ORDINARY BUSINESS - NON-STOCK
STOCK: N
CLOSE: U
EFFECTIVE DATE: 12-03-2012
PRINCIPAL OFFICE: 1500 FOREST GLEN ROAD
SILVER SPRING MD 20910
RESIDENT AGENT: KEVIN J. SEXTON
1500 FOREST GLEN ROAD
SILVER SPRING MD 20910

COMMENTS:

THIS AMENDMENT RECORD INDICATES THE NAME CHANGE

FROM: HOLY CROSS HOSPITAL OF SILVER SPRING, INCORPORATED.

TO: HOLY CROSS HEALTH, INC.