

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HOLY CROSS HEALTH, INC.</b> Doing business as <b>SEE SCHEDULE O</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1500 FOREST GLEN ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910-1484</b> <b>F</b> Name and address of principal officer: <b>NORVELL V. COOTS, MD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0738041</b> <b>E</b> Telephone number <b>301-754-7034</b> <b>G</b> Gross receipts \$ <b>546,174,775.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.HOLYCROSSHEALTH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1959</b>		<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HEALTHCARE AND HOSPITAL SERVICES.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 13
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	<b>5</b> 4860
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b> 499
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 60,492.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b> -5,454.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>8</b> 5,992,296. <b>9</b> 4,491,728.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9</b> 465,732,397. <b>10</b> 524,442,228.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10</b> 8,184,799. <b>11</b> -1,508,834.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>11</b> 13,454,135. <b>12</b> 14,719,293.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>12</b> 493,363,627. <b>13</b> 542,144,415.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>13</b> 74,212. <b>14</b> 102,486.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>14</b> 0. <b>15</b> 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>15</b> 238,982,613. <b>16a</b> 257,823,546.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>16a</b> 0. <b>16b</b> 0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	<b>16b</b> 0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>17</b> 235,425,600. <b>18</b> 265,110,761.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>18</b> 474,482,425. <b>19</b> 523,036,793.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>19</b> 18,881,202. <b>20</b> 19,107,622.
<b>20</b>	Total assets (Part X, line 16) .....	<b>20</b> 861,260,376. <b>21</b> 856,786,255.
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>21</b> 510,653,431. <b>22</b> 505,476,408.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22</b> 350,606,945. <b>23</b> 351,309,847.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ANNE GILLIS, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ Firm's address ▶ Firm's EIN ▶ Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE, HOLY CROSS HEALTH & TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE & TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES. WE CARRY OUT THIS MISSION IN OUR COMMUNITY THROUGH OUR COMMITMENT TO BE THE MOST TRUSTED PROVIDER OF HEALTH CARE SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 422,256,944. including grants of \$ 102,486. ) (Revenue \$ 534,864,537. ) HOLY CROSS HEALTH IS A NOT-FOR-PROFIT HEALTH SYSTEM IN MONTGOMERY COUNTY, MD., DEDICATED TO IMPROVING THE HEALTH OF ITS COMMUNITY FOR MORE THAN 50 YEARS. HOLY CROSS SERVES MORE THAN 248,000 PATIENTS EACH YEAR THROUGH A FULL RANGE OF INPATIENT, OUTPATIENT AND INNOVATIVE COMMUNITY-BASED SERVICES. HOLY CROSS HAS GROWN FROM A SINGLE HOSPITAL LOCATED IN SILVER SPRING, MD., INTO A SYSTEM OF HOSPITALS AND HEALTH CENTERS IN LOCATIONS THROUGHOUT THE COMMUNITY. HOLY CROSS GERMANTOWN HOSPITAL OPENED OCTOBER 1, 2014 AND IS THE FIRST NEW HOSPITAL IN THE COUNTY IN 35 YEARS. HOLY CROSS HEALTH CENTERS ARE LOCATED IN SILVER SPRING, GAITHERSBURG, GERMANTOWN AND ASPEN HILL.

FOR MORE INFORMATION SEE SCHEDULE H AND THE HOSPITAL WEBSITE:

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

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

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

4e Total program service expenses 422,256,944.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</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 and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, 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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," 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 [X] Upon request [ ] Other (explain in Schedule O)
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, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN J. SEXTON DIR; PRES & CEO HOLY CROSS HEALTH	54.00 1.00	X		X				0.	894,410.	53,088.
(2) HERCULES PINKNEY, ED.D DIRECTOR; CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) SISTER RUTH MARIE NICKERSON, C. DIRECTOR; VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(4) PAUL T. KAPLUN, ESQ. DIRECTOR; TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) LYNNE DIGGS, M.D. DIRECTOR; SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) EDWARD H. BERSOFF, PH.D DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) THERESA V. BROWN DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) CRAIG DICKMAN, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) DANIEL S. FLORES DIRECTOR THROUGH 12/15	1.00 1.00	X						0.	0.	0.
(10) SHARON FRIEDMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) WILLIAM T. LAFOND DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) CARMEN LARSEN DIRECTOR AS OF 5/16	1.00 0.00	X						0.	0.	0.
(13) ROBERT LECHLEIDER, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) MARILYN MOON, PH.D DIRECTOR AS OF 5/16	1.00 0.00	X						0.	0.	0.
(15) MARY PATERSON, RN, PH.D DIRECTOR THROUGH 12/15	1.00 0.00	X						0.	0.	0.
(16) SR. KATHLEEN REILLY, C.S.C. DIRECTOR AS OF 1/16	1.00 0.00	X						0.	0.	0.
(17) MARCUS SHIPLEY DIRECTOR AS OF 1/16; TH SVP	1.00 49.00	X						0.	889,118.	40,238.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NORA TRIOLA, RN, PH.D DIRECTOR THR 12/15; TRINITY EVP & CNO	1.00 49.00	X						0.	926,262.	36,958.
(19) SISTER EILEEN WROBLESKI, C.S.C. DIRECTOR THROUGH 12/15	1.00 0.00	X						0.	0.	0.
(20) ANNE GILLIS CFO & ASSISTANT TREASURER	49.00 1.00			X				0.	326,562.	50,087.
(21) JUDITH FRUITERMAN PRESIDENT HOLY CROSS HOSPITAL	55.00 0.00			X				0.	624,215.	45,496.
(22) DOUG RYDER PRESIDENT HC GERMANTOWN HOSPITAL	55.00 0.00			X				0.	427,862.	24,492.
(23) ANNICE CODY PRESIDENT HCH NETWORK; CSO	50.00 0.00			X				0.	357,112.	39,083.
(24) ELIZABETH A. SIMPSON GENERAL COUNSEL, ASST SECRETARY	49.00 1.00			X				0.	327,586.	30,875.
(25) BLAIR EIG SVP, MEDICAL AFFAIRS & CMO	50.00 0.00				X			0.	398,961.	39,755.
(26) YANCY PHILLIPS CHIEF QUALITY OFFICER	50.00 0.00					X		0.	372,281.	16,790.
<b>1b Sub-total</b>								0.	5,544,369.	376,862.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,093,588.	1,342,907.	136,130.
<b>d Total (add lines 1b and 1c)</b>								1,093,588.	6,887,276.	512,992.

**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 347

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
WHITING-TURNER CONTRACTING COMPANY 300 E JOPPA RD, TOWSON, MD 21286	CONSTRUCTION SERVICES	46,719,421.
SCOTT LONG CONSTRUCTION 14170 NEWBROOK DR, CHANTILLY, VA 20151	CONSTRUCTION SERVICES	2,914,962.
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	PHYSICIAN SERVICES	2,489,618.
SYSCO CORPORATION FOOD SERVICES 41600 VAN BORN RD, CANTON, MI 48188	FOOD SERVICES	2,251,973.
ARAMARK CORPORATION 101 N TRYON ST., CHARLOTTE, NC 28265	FOOD SERVICES	1,894,008.

**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 117

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	3,190,755.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	335,249.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	965,724.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		4,491,728.				
	<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SVC REV .....	<b>Business Code</b> 622110	524,442,228.	524,381,736.	60,492.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			524,442,228.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,509,767.			2,509,767.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	1,077,849.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....		1,077,849.				
	<b>d</b> Net rental income or (loss) .....		1,077,849.			1,077,849.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other		11,759.			
		<b>b</b> Less: cost or other basis and sales expenses .....		3,714,693.	315,667.		
		<b>c</b> Gain or (loss) .....		-3,714,693.	-303,908.		
	<b>d</b> Net gain or (loss) .....		-4,018,601.			-4,018,601.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> RADIATION TREATMENT CENTER .....		622110	4,139,738.	4,139,738.			
	<b>b</b> CAFETERIA REVENUE .....	722514	3,158,643.		3,158,643.		
	<b>c</b> GOV'T SUBSIDY - EHR .....	622110	11,211.	11,211.			
	<b>d</b> All other revenue .....	622110	6,331,852.	6,331,852.			
	<b>e Total.</b> Add lines 11a-11d .....		13,641,444.				
<b>12 Total revenue.</b> See instructions. ....		542,144,415.	534,864,537.	60,492.	2,727,658.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21	102,486.	102,486.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,200,868.		3,200,868.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	505,553.		505,553.	
7 Other salaries and wages	207,887,156.	190,338,217.	17,548,939.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,398,772.	6,781,264.	617,508.	
9 Other employee benefits	23,139,142.	20,988,476.	2,150,666.	
10 Payroll taxes	15,692,055.	14,155,277.	1,536,778.	
11 Fees for services (non-employees):				
a Management	2,078,220.	2,078,220.		
b Legal	258,401.		258,401.	
c Accounting	2,020.		2,020.	
d Lobbying	56,750.		56,750.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	273,075.		273,075.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	40,788,760.	33,273,207.	7,515,553.	
12 Advertising and promotion	1,666,853.	9,388.	1,657,465.	
13 Office expenses	5,451,524.	3,759,030.	1,692,494.	
14 Information technology	22,436,658.	416,269.	22,020,389.	
15 Royalties				
16 Occupancy	13,322,203.	9,882,015.	3,440,188.	
17 Travel	311,443.	145,611.	165,832.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	183,209.	154,775.	28,434.	
20 Interest	11,968,701.	11,968,701.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,655,545.	17,353,040.	19,302,505.	
23 Insurance	3,933,273.		3,933,273.	
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 <b>MEDICAL SUPPLIES</b>	77,498,569.	77,498,569.		
b <b>BAD DEBT</b>	24,885,048.	24,885,048.		
c <b>INTERCO PURCHASED SVCS</b>	8,253,126.	963,952.	7,289,174.	
d <b>UBI TAXES</b>	7,500.		7,500.	
e All other expenses	15,079,883.	7,503,399.	7,576,484.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	523,036,793.	422,256,944.	100,779,849.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	23,629,133.	<b>1</b>	36,074,665.
	<b>2</b> Savings and temporary cash investments .....	280,935.	<b>2</b>	288,424.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	82,635,392.	<b>4</b>	79,356,308.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	9,747,470.	<b>8</b>	9,258,636.
	<b>9</b> Prepaid expenses and deferred charges .....	8,952,602.	<b>9</b>	8,864,791.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 757,819,712.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 265,147,680.		
	<b>11</b> Investments - publicly traded securities .....	473,027,551.	<b>10c</b>	492,672,032.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	102,686,224.	<b>11</b>	90,394,288.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	102,645,650.	<b>12</b>	86,574,647.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,335,126.	<b>14</b>	1,388,796.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	52,320,293.	<b>15</b>	51,913,668.	
	861,260,376.	<b>16</b>	856,786,255.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	73,189,357.	<b>17</b>	74,158,556.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	858,873.	<b>19</b>	693,912.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	328,021.	<b>23</b>	271,896.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	436,277,180.	<b>25</b>	430,352,044.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	510,653,431.	<b>26</b>	505,476,408.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	350,326,756.	<b>27</b>	351,022,830.
	<b>28</b> Temporarily restricted net assets .....	235,132.	<b>28</b>	244,132.
	<b>29</b> Permanently restricted net assets .....	45,057.	<b>29</b>	42,885.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	350,606,945.	<b>33</b>	351,309,847.
	<b>34</b> Total liabilities and net assets/fund balances .....	861,260,376.	<b>34</b>	856,786,255.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	542,144,415.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	523,036,793.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,107,622.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	350,606,945.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,246,047.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-13,158,673.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	351,309,847.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization <b>HOLY CROSS HEALTH, INC.</b>	Employer identification number <b>52-0738041</b>
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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  20555 VICTOR PARKWAY  LIVONIA, MI 48152	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HOLY CROSS HEALTH FOUNDATION, INC.  1500 FOREST GLEN ROAD  SILVER SPRING, MD 20910-1484	\$ 2,990,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HOLY CROSS HEALTH, INC.</b>	Employer identification number  <b>52-0738041</b>
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**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 <b>HOLY CROSS HEALTH, INC.</b>	Employer identification number <b>52-0738041</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

Name of organization <b>HOLY CROSS HEALTH, INC.</b>	Employer identification number <b>52-0738041</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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) 2015

LHA  
532041  
10-05-15

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		41,559.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		56,750.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			98,309.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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

MARYLAND HOSPITAL ASSOCIATION - \$19,045

**Part IV** Supplemental Information (continued)

CATHOLIC HOSPITAL ASSOCIATION - \$ 2,028

AMERICAN HOSPITAL ASSOCIATION - \$ 4,658

PROFESSIONAL ORGANIZATIONS - \$15,828

TOTAL - \$41,559

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** HOLY CROSS HEALTH, INC. **Employer identification number** 52-0738041

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on 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 a 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

9 In Part XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on 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 XIII.

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	45,057.	45,627.	39,100.	31,203.	33,022.
b Contributions					
c Net investment earnings, gains, and losses	-2,172.	430.	8,527.	7,897.	-819.
d Grants or scholarships					
e Other expenditures for facilities and programs		1,000.	2,000.		1,000.
f Administrative expenses					
g End of year balance	42,885.	45,057.	45,627.	39,100.	31,203.

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 on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		493,418.		493,418.
b Buildings		592,729,798.	167,804,969.	424,924,829.
c Leasehold improvements				
d Equipment		158,446,570.	97,342,711.	61,103,859.
e Other		6,149,926.		6,149,926.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				492,672,032.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) COMMINGLED FUNDS DIRECTLY		
(B) HOLDING SECURITIES	35,336,591.	END-OF-YEAR MARKET VALUE
(C) EQUITY METHOD INVESTMENTS	30,036,102.	COST
(D) HEDGE FUNDS	21,201,954.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>86,574,647.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MISCELLANEOUS RECEIVABLES	3,375,917.
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	2,671,781.
(3) INVESTMENT IN UNCONSOL. AFFILIATES	22,527,802.
(4) INTERCOMPANY OTHER LT ASSETS	23,338,168.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>51,913,668.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY ACCOUNTS PAYABLE	4,868,576.
(3) DEFERRED COMPENSATION LIABILITY	285,982.
(4) ASSET RETIREMENT OBLIGATION (FIN	
(5) 47)	502,118.
(6) OTHER LIABILITIES	6,923,457.
(7) INTERCOMPANY NOTES PAYABLE	416,512,100.
(8) GUARANTEES	1,259,811.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>430,352,044.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

**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 THE 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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Name of the organization **HOLY CROSS HEALTH, INC.** Employer identification number **52-0738041**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			32,471,564.	12,430,749.	20,040,815.	4.02%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			96,438,958.	97,257,709.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			128,910,522.	109,688,458.	20,040,815.	4.02%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	90	251,524	6,226,539.	396,381.	5,830,158.	1.17%
<b>f</b> Health professions education (from Worksheet 5) .....	5	8,944	3,070,454.		3,070,454.	.62%
<b>g</b> Subsidized health services (from Worksheet 6) .....	22	125,410	12,681,569.	843,057.	11,838,512.	2.38%
<b>h</b> Research (from Worksheet 7) .....	2	675	221,327.	16,050.	205,277.	.04%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	2	0	178,364.		178,364.	.04%
<b>j Total.</b> Other Benefits .....	121	386,553	22,378,253.	1,255,488.	21,122,765.	4.25%
<b>k Total.</b> Add lines 7d and 7j .....	121	386,553	151,288,775.	110,943,946.	41,163,580.	8.27%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group HOLY CROSS HOSPITAL

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group HOLY CROSS HOSPITAL

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance status</p> <p><b>g</b> <input checked="" type="checkbox"/> Residency</p> <p><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> Explained the method for applying for financial assistance? .....	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input type="checkbox"/> Other (describe in Section C)</p>		

**Billing and Collections**

<b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon non-payment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group HOLY CROSS HOSPITAL

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

<b>22</b> 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.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</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			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>		<b>X</b>
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>		<b>X</b>
If "Yes," explain in Section C.			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group HOLY CROSS GERMANTOWN HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1 X	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2 X	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5 X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8 X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10 X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group HOLY CROSS GERMANTOWN HOSPITAL

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance status</p> <p><b>g</b> <input checked="" type="checkbox"/> Residency</p> <p><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> Explained the method for applying for financial assistance? .....	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input type="checkbox"/> Other (describe in Section C)</p>		

**Billing and Collections**

<b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon non-payment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group HOLY CROSS GERMANTOWN HOSPITAL

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

<b>22</b> 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.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</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			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>		<b>X</b>
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>		<b>X</b>
If "Yes," explain in Section C.			

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 5: HOLY CROSS HEALTH (HCH) HAS BEEN CONDUCTING NEEDS ASSESSMENTS FOR MORE THAN 15 YEARS AND IDENTIFIES UNMET COMMUNITY HEALTH CARE NEEDS IN OUR COMMUNITY IN A VARIETY OF WAYS. WE COLLABORATE WITH OTHER HEALTHCARE PROVIDERS TO SUPPORT HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. WE USE THE COMMUNITY HEALTH NEED INDEX AND OTHER AVAILABLE REPORTS AND ASSESSMENTS. WE ALSO CONDUCT AN EXTENSIVE ANALYSIS OF DEMOGRAPHICS, HEALTH INDICATORS AND SOCIAL DETERMINANTS OF HEALTH OF THE COMMUNITIES WE SERVE. FINALLY, WE SEEK EXPERT GUIDANCE FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN THE NEEDS OF OUR COMMUNITY.

EACH YEAR SINCE 2005, WE HAVE INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF EXTERNAL PARTICIPANTS THAT REPRESENT THE INTERESTS OF THE COMMUNITIES WE SERVE. THE GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY COMMUNITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER AND THE 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 AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COMMUNITY HEALTH CARE NEEDS.

ON JUNE 9, 2014 WE INVITED REPRESENTATIVES FROM A VARIETY OF GOVERNMENT AND NON-PROFIT ORGANIZATIONS TO PROVIDE INPUT ON EXISTING AND EMERGING COMMUNITY NEEDS. A WIDE VARIETY OF ORGANIZATIONS, REPRESENTING MULTIPLE COMMUNITIES WITHIN OUR COMMUNITY BENEFIT SERVICE AREA, WERE SOLICITED FOR INPUT. INPUT ON THE NEEDS OF LOW-INCOME, MINORITY, AND SENIOR POPULATIONS WERE PROVIDED BY THE PUBLIC HEALTH OFFICER AND THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND BY A REPRESENTATIVE FROM THE AFRICAN AMERICAN HEALTH PROGRAM. EXISTING AND EMERGING NEEDS OF THE MEDICALLY UNDERSERVED AND UNINSURED POPULATIONS WERE PROVIDED BY A REPRESENTATIVE FROM THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY, AND INFORMATION ON THE BROADER NEEDS OF THE COMMUNITY WE SERVE WAS PROVIDED BY REPRESENTATIVES FROM THE AMERICAN HEART ASSOCIATION, THE AMERICAN CANCER SOCIETY, KAISER PERMANENTE, THE MONTGOMERY COUNTY UPCOUNTY REGIONAL SERVICES CENTER, THE UNIVERSITY OF MARYLAND SCHOOL OF NURSING, THE MONTGOMERY COUNTY RECREATION DEPARTMENT, AND THE INSTITUTE FOR PUBLIC HEALTH INNOVATION.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 5: HCH HAS BEEN CONDUCTING NEEDS ASSESSMENTS FOR MORE THAN 15 YEARS AND IDENTIFIES UNMET COMMUNITY HEALTH CARE NEEDS IN OUR COMMUNITY IN A VARIETY OF WAYS. WE COLLABORATE WITH OTHER HEALTHCARE PROVIDERS TO SUPPORT HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. WE USE THE COMMUNITY HEALTH NEED INDEX AND OTHER AVAILABLE REPORTS AND ASSESSMENTS. WE ALSO CONDUCT AN EXTENSIVE ANALYSIS OF DEMOGRAPHICS, HEALTH INDICATORS AND SOCIAL DETERMINANTS OF

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HEALTH OF THE COMMUNITIES WE SERVE. FINALLY, WE SEEK EXPERT GUIDANCE FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN THE NEEDS OF OUR COMMUNITY.

EACH YEAR SINCE 2005, HCH HAS INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF EXTERNAL PARTICIPANTS THAT REPRESENT THE BROAD INTEREST OF THE COMMUNITY WE SERVE. THE GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY COMMUNITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER AND THE 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 AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

ON JUNE 9, 2014 WE INVITED REPRESENTATIVES FROM A VARIETY OF GOVERNMENT AND NON-PROFIT ORGANIZATIONS TO PROVIDE INPUT ON EXISTING AND EMERGING COMMUNITY NEEDS. A WIDE VARIETY OF ORGANIZATIONS, REPRESENTING MULTIPLE COMMUNITIES WITHIN OUR COMMUNITY BENEFIT SERVICE AREA, WERE SOLICITED FOR INPUT. INPUT ON THE NEEDS OF LOW-INCOME, MINORITY, AND SENIOR POPULATIONS WERE PROVIDED BY THE PUBLIC HEALTH OFFICER AND THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND BY A

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

REPRESENTATIVE FROM THE AFRICAN AMERICAN HEALTH PROGRAM. EXISTING AND EMERGING NEEDS OF THE MEDICALLY UNDERSERVED AND UNINSURED POPULATIONS WERE PROVIDED BY A REPRESENTATIVE FROM THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY, AND INFORMATION ON THE BROADER NEEDS OF THE COMMUNITY WE SERVE WAS PROVIDED BY REPRESENTATIVES FROM THE AMERICAN HEART ASSOCIATION, THE AMERICAN CANCER SOCIETY, KAISER PERMANENTE, THE MONTGOMERY COUNTY UPCOUNTY REGIONAL SERVICES CENTER, THE UNIVERSITY OF MARYLAND SCHOOL OF NURSING, THE MONTGOMERY COUNTY RECREATION DEPARTMENT, AND THE INSTITUTE FOR PUBLIC HEALTH INNOVATION.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 6A: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS GERMANTOWN HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER, WASHINGTON ADVENTIST HOSPITAL, AND SHADY GROVE ADVENTIST HOSPITAL.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 6A: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER, WASHINGTON ADVENTIST HOSPITAL, AND SHADY GROVE ADVENTIST HOSPITAL.

HOLY CROSS HOSPITAL:

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING ORGANIZATIONS: MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, MONTGOMERY COUNTY COMMISSION ON HEALTH, ICF INTERNATIONAL, KAISER PERMANENTE, GARVEY ASSOCIATES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMISSION ON AGING, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES, MONTGOMERY COUNTY MINORITY HEALTH INITIATIVES, PROYECTO SALUD HEALTH CENTER, MONTGOMERY COUNTY DEPARTMENT OF RECREATION, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS, AND MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING ORGANIZATIONS: MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, MONTGOMERY COUNTY COMMISSION ON HEALTH, ICF INTERNATIONAL, KAISER PERMANENTE, GARVEY ASSOCIATES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMISSION ON AGING, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES, MONTGOMERY COUNTY MINORITY HEALTH INITIATIVES, PROYECTO SALUD HEALTH CENTER, MONTGOMERY COUNTY DEPARTMENT OF RECREATION, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS, AND MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM.

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 2: HOLY CROSS GERMANTOWN HOSPITAL IS A NEWLY CONSTRUCTED, TAX EXEMPT HOSPITAL, LOCATED AT 19801 OBSERVATION DRIVE IN GERMANTOWN, MARYLAND. HOLY CROSS GERMANTOWN HOSPITAL OPENED IN OCTOBER 2014 AND IS THE FIRST NEW HOSPITAL IN MONTGOMERY COUNTY IN 35 YEARS.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 11: HCH ADDRESSES THE UNMET NEEDS WITHIN THE CONTEXT OF OUR OVERALL APPROACH, MISSION COMMITMENTS AND KEY CLINICAL STRENGTHS, AND WITHIN THE OVERALL GOALS OF HEALTHY MONTGOMERY. KEY FINDINGS FROM ALL DATA SOURCES, INCLUDING DATA PROVIDED BY HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP, AND HOSPITAL AVAILABLE DATA WERE REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY REFLECTS HCH'S OVERALL APPROACH TO COMMUNITY BENEFIT BY TARGETING THE INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY STRENGTHS AND MISSION COMMITMENTS OF THE ORGANIZATION TO HELP BUILD THE CONTINUUM OF CARE. WE HAVE ESTABLISHED LEADERSHIP ACCOUNTABILITY AND AN ORGANIZATIONAL STRUCTURE FOR ONGOING PLANNING, BUDGETING, IMPLEMENTATION AND EVALUATION OF COMMUNITY BENEFIT ACTIVITIES, WHICH ARE INTEGRATED INTO OUR MULTI-YEAR STRATEGIC AND ANNUAL OPERATING PLANNING PROCESSES.

TO SELECT OUTREACH PRIORITIES, HCH LINKS COMMUNITY HEALTHCARE NEEDS TO OUR MISSION AND STRATEGIC PRIORITIES. WE DEVELOPED THE FOLLOWING SET OF PRINCIPLES TO HELP DETERMINE OUR HIGHEST PRIORITIES AND GUIDE OUR



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

**DECISION-MAKING ABOUT COMMUNITY BENEFIT:**

- BE THE MONTGOMERY COUNTY LEADER AND A STATE/NATIONAL MODEL
- TAKE PRUDENT RISKS AND ENSURE SOUND FINANCIAL STEWARDSHIP AND

**SUSTAINABILITY**

- BE FOCUSED ON THE PRIMARY SERVICE AREA
- PRIORITIZE NEEDS THAT ARE CONSISTENT WITH THE ORGANIZATION'S STRENGTHS:
  1. WOMEN/CHILDREN (PARTICULARLY INFANT MORTALITY AND OBESITY)
  2. SENIORS (PARTICULARLY CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY)
  3. CANCER (PARTICULARLY BREAST CANCER)
- MEET HCH'S OVERALL COMMITMENT TO IMPROVING ACCESS TO CARE AND ADDRESSING

**IDENTIFIED COMMUNITY NEEDS:**

1. ACCESS, ESPECIALLY FOR VULNERABLE AND UNDERSERVED POPULATIONS (RACIAL AND ETHNIC POPULATION SUBGROUPS; UNINSURED RESIDENTS; PRIMARY CARE ACCESS, ESPECIALLY FOR CHRONIC CONDITIONS INCLUDING DIABETES AND HEART FAILURE)
  2. OUTREACH TO TARGETED POPULATIONS (ESPECIALLY FOR CANCER PREVENTION IN AFRICAN AMERICAN, AFRICAN/CARIBBEAN AMERICAN, LATINO AMERICAN, ASIAN AMERICAN, NATIVE AMERICAN POPULATIONS); DEMONSTRATED IMPROVEMENTS IN HEALTH STATUS (REDUCTION IN INFANT MORTALITY; REDUCTION IN PERCENTAGE OF CHILDREN AND ADULTS WITH OBESITY; REDUCTION IN RATE OF BREAST CANCER DEATHS; REDUCTION IN PREVENTABLE HOSPITAL ADMISSIONS FOR CHRONIC DISEASE)
  3. ONGOING LEARNING AND SHARING OF NEW KNOWLEDGE (PUBLIC EDUCATION)
- HAVE MEASURABLE OUTCOMES AND BE INTEGRATED WITH PLANNING AND BUDGETING
  - REFLECT PARTNERSHIP.

**WE FULLY INTEGRATE OUR COMMITMENT TO COMMUNITY SERVICE INTO OUR MANAGEMENT AND GOVERNANCE STRUCTURES AS WELL AS OUR STRATEGIC AND OPERATIONAL PLANS,**

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AND WE ARE RIGOROUS IN MONITORING AND EVALUATING OUR PROGRESS. WE SEEK AND NURTURE RELATIONSHIPS WITH A BROAD RANGE OF COLLABORATIVE PARTNERS TO BUILD COMMUNITY AND ORGANIZATIONAL CAPACITY. WE STRIVE TO SUSTAIN AN EFFECTIVE COMMUNITY BENEFIT MINISTRY.

OF THE PRIORITY AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, HOLY CROSS HOSPITAL IS FOCUSING ON ALL PRIORITIES IDENTIFIED-MATERNAL AND INFANT HEALTH, SENIORS, CARDIOVASCULAR HEALTH, OBESITY, DIABETES, BEHAVIOR HEALTH AND CANCERS. PROGRAM EXAMPLES OF HOW WE ARE ADDRESSING EACH NEED FOLLOW:

MATERNAL AND INFANT HEALTH: IN 1999, THOUSANDS OF PATIENTS WERE ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2016, THROUGH THIS PARTNERSHIP, HCH OFFERED PRENATAL SERVICES TO MORE THAN 1,200 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. PRENATAL SERVICES INCLUDE PRENATAL CARE, ROUTINE LABORATORY TESTS, PRENATAL CLASSES, AND A DENTAL SCREENING BY A DENTAL HYGIENIST, IF REFERRED.

SENIORS: SENIOR SOURCE FALLS PREVENTION PROGRAM IS A COMPILATION OF EVIDENCE-BASED FALLS PREVENTION PROGRAMS THAT ARE TARGETED TO SENIORS AGED 55 AND OVER TO INCREASE AWARENESS OF FALL RISK FACTORS AMONG OLDER ADULTS AND TO IMPROVE THE BALANCE OF SENIORS AT-RISK FOR FALLS. IN FISCAL YEAR 2016, THE SENIOR SOURCE FALLS PREVENTION PROGRAM ENROLLED 111 COMMUNITY MEMBERS AND HAD 675 ENCOUNTERS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE, IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE, AND ENCOURAGE SELF-MANAGEMENT. IN FISCAL YEAR 2016, A TOTAL OF 2,821 SENIOR FIT CLASSES WERE HELD AT GEOGRAPHICALLY ACCESSIBLE LOCATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. THE AVERAGE WEEKLY UNDUPLICATED ATTENDANCE WAS 1,213 PARTICIPANTS, AND TOTAL ENCOUNTERS FOR THE YEAR WERE 122,495.

OBESITY: KIDS FIT, A ONE-HOUR, INTERACTIVE EXERCISE AND NUTRITION PROGRAM THAT TARGETS AT-RISK YOUTH TO IMPROVE FITNESS, TEAM WORK, AND KNOWLEDGE OF HEALTHY LIFESTYLE CHOICES AMONG CHILDREN AGED 6 - 12 RESIDING IN LOW-INCOME HOUSING PROPERTIES. IN FISCAL YEAR 2016, A TOTAL OF 244 KIDS FIT CLASSES WERE HELD AT FOUR HOUSING OPPORTUNITIES SITES IN MONTGOMERY COUNTY WITH AN AVERAGE CLASS ATTENDANCE OF 17, AND TOTAL ENCOUNTERS FOR THE YEAR WERE 4,672.

DIABETES: THE DIABETES PREVENTION PROGRAM IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS, AND SUPPORT TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. IN FISCAL YEAR 2016, THE DIABETES PREVENTION PROGRAM ENROLLED 155 COMMUNITY MEMBERS AND HAD 1,145 ENCOUNTERS.

BEHAVIOR HEALTH: LINKING INDIVIDUALS TO COMMUNITY SERVICES (LINCS), A

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

POPULATION-BASED PROGRAM DESIGNED TO REDUCE EMERGENCY ROOM UTILIZATION AND HOSPITALIZATION BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH. INDIVIDUALS RESIDING ALONG THE "GEORGIA AVENUE CORRIDOR" ARE LINKED TO PRIMARY CARE, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO HELP PREVENT DISEASE AND MAINTAIN OR IMPROVE HEALTH STATUS. IN FISCAL YEAR 2016, 3,435 PERSONS WERE REACHED THROUGH THE LINC'S PROGRAM.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS) PROVIDES BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. IN FISCAL YEAR 2016, MAPS PROVIDED 562 FREE MAMMOGRAMS (339 SCREENING, 223 DIAGNOSTIC), 138 BREAST ULTRASOUNDS, 46 SURGICAL REFERRALS; AND NO CANCERS WERE FOUND. THE AVERAGE TIME FROM ABNORMAL FINDINGS TO DIAGNOSTIC SERVICES IS TWO WEEKS, AND 171 PARTICIPANTS WITH ABNORMAL FINDINGS WERE PROVIDED CASE MANAGEMENT AND NAVIGATION SERVICES. A TOTAL OF 12,383 PARTICIPANTS WERE EDUCATED ABOUT BREAST CANCER AND THE IMPORTANCE OF EARLY DETECTION. MAPS ALSO ACHIEVED A 100% SUCCESS RATE IN LINKING LOW-INCOME ELIGIBLE PARTICIPANTS TO THE STATE OF MARYLAND BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 11: HCH ADDRESSES THE UNMET NEEDS WITHIN THE CONTEXT OF OUR OVERALL APPROACH, MISSION COMMITMENTS AND KEY CLINICAL STRENGTHS, AND WITHIN THE OVERALL GOALS OF HEALTHY MONTGOMERY. KEY FINDINGS FROM ALL DATA SOURCES, INCLUDING DATA PROVIDED BY HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP, AND HOSPITAL AVAILABLE DATA WERE REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY REFLECTS HCH'S OVERALL APPROACH TO COMMUNITY BENEFIT BY TARGETING THE INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY STRENGTHS AND MISSION COMMITMENTS OF THE ORGANIZATION TO HELP BUILD THE CONTINUUM OF CARE. WE HAVE ESTABLISHED LEADERSHIP ACCOUNTABILITY AND AN ORGANIZATIONAL STRUCTURE FOR ONGOING PLANNING, BUDGETING, IMPLEMENTATION AND EVALUATION OF COMMUNITY BENEFIT ACTIVITIES, WHICH ARE INTEGRATED INTO OUR MULTI-YEAR STRATEGIC AND ANNUAL OPERATING PLANNING PROCESSES.

TO SELECT OUTREACH PRIORITIES, HCH LINKS COMMUNITY HEALTHCARE NEEDS TO OUR MISSION AND STRATEGIC PRIORITIES. WE DEVELOPED THE FOLLOWING SET OF PRINCIPLES TO HELP DETERMINE OUR HIGHEST PRIORITIES AND GUIDE OUR DECISION-MAKING ABOUT COMMUNITY BENEFIT:

- BE THE MONTGOMERY COUNTY LEADER AND A STATE/NATIONAL MODEL
- TAKE PRUDENT RISKS AND ENSURE SOUND FINANCIAL STEWARDSHIP AND SUSTAINABILITY
- BE FOCUSED ON THE PRIMARY SERVICE AREA
- PRIORITIZE NEEDS THAT ARE CONSISTENT WITH THE ORGANIZATION'S STRENGTHS:
  1. WOMEN/CHILDREN (PARTICULARLY INFANT MORTALITY AND OBESITY)
  2. SENIORS (PARTICULARLY CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY)
  3. CANCER (PARTICULARLY BREAST CANCER)
- MEET HCH'S OVERALL COMMITMENT TO IMPROVING ACCESS TO CARE AND ADDRESSING IDENTIFIED COMMUNITY NEEDS:
  1. ACCESS, ESPECIALLY FOR VULNERABLE AND UNDERSERVED POPULATIONS (RACIAL AND ETHNIC POPULATION SUBGROUPS; UNINSURED RESIDENTS; PRIMARY CARE ACCESS, ESPECIALLY FOR CHRONIC CONDITIONS INCLUDING DIABETES AND HEART FAILURE)
  2. OUTREACH TO TARGETED POPULATIONS (ESPECIALLY FOR CANCER PREVENTION IN

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AFRICAN AMERICAN, AFRICAN/CARIBBEAN AMERICAN, LATINO AMERICAN, ASIAN AMERICAN, NATIVE AMERICAN POPULATIONS); DEMONSTRATED IMPROVEMENTS IN HEALTH STATUS (REDUCTION IN INFANT MORTALITY; REDUCTION IN PERCENTAGE OF CHILDREN AND ADULTS WITH OBESITY; REDUCTION IN RATE OF BREAST CANCER DEATHS; REDUCTION IN PREVENTABLE HOSPITAL ADMISSIONS FOR CHRONIC DISEASE)

3. ONGOING LEARNING AND SHARING OF NEW KNOWLEDGE (PUBLIC EDUCATION)

- HAVE MEASURABLE OUTCOMES AND BE INTEGRATED WITH PLANNING AND BUDGETING
- REFLECT PARTNERSHIP.

WE FULLY INTEGRATE OUR COMMITMENT TO COMMUNITY SERVICE INTO OUR MANAGEMENT AND GOVERNANCE STRUCTURES AS WELL AS OUR STRATEGIC AND OPERATIONAL PLANS, AND WE ARE RIGOROUS IN MONITORING AND EVALUATING OUR PROGRESS. WE SEEK AND NURTURE RELATIONSHIPS WITH A BROAD RANGE OF COLLABORATIVE PARTNERS TO BUILD COMMUNITY AND ORGANIZATIONAL CAPACITY. WE STRIVE TO SUSTAIN AN EFFECTIVE COMMUNITY BENEFIT MINISTRY.

OF THE PRIORITY AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, HOLY CROSS GERMANTOWN HOSPITAL IS FOCUSING ON ALL PRIORITIES IDENTIFIED-MATERNAL AND INFANT HEALTH, SENIORS, CARDIOVASCULAR HEALTH, OBESITY, DIABETES, BEHAVIOR HEALTH AND CANCERS. PROGRAM EXAMPLES OF HOW WE ARE ADDRESSING EACH NEED FOLLOW:

MATERNAL AND INFANT HEALTH: IN 1999, THOUSANDS OF PATIENTS WERE ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2016, THROUGH THIS

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PARTNERSHIP, HCH OFFERED PRENATAL SERVICES TO MORE THAN 1,200 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. PRENATAL SERVICES INCLUDE PRENATAL CARE, ROUTINE LABORATORY TESTS, PRENATAL CLASSES, AND A DENTAL SCREENING BY A DENTAL HYGIENIST, IF REFERRED.

SENIORS: SENIOR SOURCE FALLS PREVENTION PROGRAM IS A COMPILATION OF EVIDENCE-BASED FALLS PREVENTION PROGRAMS THAT ARE TARGETED TO SENIORS AGED 55 AND OVER TO INCREASE AWARENESS OF FALL RISK FACTORS AMONG OLDER ADULTS AND TO IMPROVE THE BALANCE OF SENIORS AT-RISK FOR FALLS. IN FISCAL YEAR 2016, THE SENIOR SOURCE FALLS PREVENTION PROGRAM ENROLLED 111 COMMUNITY MEMBERS AND HAD 675 ENCOUNTERS.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE, IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE, AND ENCOURAGE SELF-MANAGEMENT. IN FISCAL YEAR 2016, A TOTAL OF 2,821 SENIOR FIT CLASSES WERE HELD AT GEOGRAPHICALLY ACCESSIBLE LOCATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. THE AVERAGE WEEKLY UNDUPLICATED ATTENDANCE WAS 1,213 PARTICIPANTS AND TOTAL ENCOUNTERS FOR THE YEAR WERE 122,495.

OBESITY: KIDS FIT, A ONE-HOUR, INTERACTIVE EXERCISE AND NUTRITION PROGRAM THAT TARGETS AT-RISK YOUTH TO IMPROVE FITNESS, TEAM WORK, AND KNOWLEDGE OF HEALTHY LIFESTYLE CHOICES AMONG CHILDREN AGED 6 - 12 RESIDING IN LOW-INCOME HOUSING PROPERTIES. IN FISCAL YEAR 2016, A TOTAL OF 244 KIDS FIT CLASSES WERE HELD AT FOUR HOUSING OPPORTUNITIES SITES IN MONTGOMERY COUNTY WITH AN AVERAGE CLASS ATTENDANCE OF 17, AND TOTAL ENCOUNTERS FOR

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

THE YEAR WERE 4,672.

DIABETES: THE DIABETES PREVENTION PROGRAM IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS, AND SUPPORT TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. IN FISCAL YEAR 2016, THE DIABETES PREVENTION PROGRAM ENROLLED 155 COMMUNITY MEMBERS AND HAD 1,145 ENCOUNTERS.

BEHAVIOR HEALTH: LINKING INDIVIDUALS TO COMMUNITY SERVICES (LINCS), A POPULATION-BASED PROGRAM DESIGNED TO REDUCE EMERGENCY ROOM UTILIZATION AND HOSPITALIZATION BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH. INDIVIDUALS RESIDING ALONG THE "GEORGIA AVENUE CORRIDOR" ARE LINKED TO PRIMARY CARE, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO HELP PREVENT DISEASE AND MAINTAIN OR IMPROVE HEALTH STATUS. IN FISCAL YEAR 2016, 3,435 PERSONS WERE REACHED THROUGH THE LINCS PROGRAM.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS) PROVIDES BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. IN FISCAL YEAR 2016, MAPS PROVIDED 562 FREE MAMMOGRAMS (339 SCREENING, 223 DIAGNOSTIC), 138 BREAST ULTRASOUNDS, 46 SURGICAL REFERRALS; AND NO CANCERS WERE FOUND. THE AVERAGE TIME FROM ABNORMAL FINDINGS TO DIAGNOSTIC SERVICES IS TWO WEEKS, AND 171 PARTICIPANTS WITH ABNORMAL FINDINGS WERE PROVIDED CASE MANAGEMENT AND NAVIGATION SERVICES. A TOTAL OF 12,383 PARTICIPANTS WERE EDUCATED ABOUT BREAST CANCER AND THE



**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

IMPORTANCE OF EARLY DETECTION. MAPS ALSO ACHIEVED A 100% SUCCESS RATE IN LINKING LOW-INCOME ELIGIBLE PARTICIPANTS TO THE STATE OF MARYLAND BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

HOLY CROSS HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES BASED UPON A SLIDING SCALE.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES BASED UPON A SLIDING SCALE.

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 7A:

[HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](http://www.holycrosshealth.org/community-health-needs-assessment)

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 7A:

[HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](http://www.holycrosshealth.org/community-health-needs-assessment)

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 10A:

[HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-BENEFIT-IMPLEMENTATION-PLAN](http://www.holycrosshealth.org/community-benefit-implementation-plan)

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 10A:

[HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-BENEFIT-IMPLEMENTATION-PLAN](http://www.holycrosshealth.org/community-benefit-implementation-plan)

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (describe)
1 HOLY CROSS RADIATION TRTMNT CENTER 2121 MEDICAL PARK DR., SUITE 4 SILVER SPRING, MD 20902	CANCER TREATMENT
2 HOLY CROSS DIALYSIS CTR AT WOODMORE 11721 WOODMORE ROAD MITCHELLVILLE, MD 20721	DIALYSIS TREATMENT
3 HOLY CROSS HEALTH CTR - GAITHERSBURG 702 RUSSELL AVENUE, SUITE 100 GAITHERSBURG, MD 20877	HEALTH CLINIC
4 HOLY CROSS HEALTH CTR - ASPEN HILL 13975 CONNECTICUT AVE., 2ND FLOOR ASPEN HILL, MD 20906	HEALTH CLINIC
5 HOLY CROSS HEALTH CTR - SILVER SPRING 7987 GEORGIA AVENUE SILVER SPRING, MD 20910	HEALTH CLINIC
6 HOLY CROSS MEDICAL ADULT DAY CENTER 9805 DAMERON DRIVE SILVER SPRING, MD 20902	ADULT DAY CARE
7 MARYLAND CARE, INC 509 PROGRESS DRIVE LINTHICUM HEIGHTS, MD 21090	MANAGED CARE
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 SENIOR SOURCE 8580 SECOND AVENUE SILVER SPRING, MD 20910	HEALTH SCREENING

Schedule H (Form 990) 2015

**Part V** Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
11 DOCTORS REGIONAL CANCER CENTER 8116 GOOD LUCK ROAD, SUITE 005 LANHAM, MD 20706	CANCER TREATMENT
12 DOCTORS REGIONAL CANCER CENTER 4901 TELSIA DRIVE, SUITE A BOWIE, MD 20715	CANCER TREATMENT
13 HCH PARTNERS AT ASBURY METHODIST 201 RUSSELL AVE GAITHERSBURG, MD 20877	PRIMARY CARE
14 HC HEALTH PARTNERS IN KENSINGTON 3720 FARRAGUT AVE KENSINGTON, MD 20895	PRIMARY CARE
15 HOLY CROSS HEALTH CTR - GERMANTOWN 12800 MIDDLEBROOK RD, SUITE 206 GERMANTOWN, MD 20874	HEALTH CLINIC

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 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.

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**PART I, LINE 3C:**

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

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**PART I, LINE 6A:**

HOLY CROSS HEALTH (HCH) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT FOR HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL, WHICH IT SUBMITS TO THE STATE OF MARYLAND. DUE TO MARYLAND'S UNIQUE ALL PAYER 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, HCH REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

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

**Part VI** Supplemental Information (Continuation)

PART I, LINE 7:

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

PART I, LINE 7A: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYERS, INCLUDING GOVERNMENTAL PAYERS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYERS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT 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 PAYERS, INCLUDING GOVERNMENTAL PAYERS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYERS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY DIRECT OFFSETTING REVENUE



**Part VI** Supplemental Information (Continuation)

RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$24,885,048, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART 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. HCH HAS PIONEERED INNOVATIVE EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES THAT GO BEYOND CLINICAL CARE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH ISSUES THAT HAVE AN INDIRECT IMPACT ON HEALTH STATUS.

IN FISCAL YEAR 2016, HCH PROVIDED \$75,580 IN TOTAL COMMUNITY BUILDING THROUGH ITS PARTNERSHIP WITH THE DON BOSCO CRISTO REY HIGH SCHOOL AND THROUGH ITS PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM. 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

**Part VI** Supplemental Information (Continuation)

COLLEGE PREP EDUCATION WHILE GAINING VALUABLE JOB EXPERIENCE.

THE PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM WORKS WITH COMMUNITY AND GOVERNMENTAL ORGANIZATIONS TO HIRE INDIVIDUALS WHO ARE TRYING TO BREAK FROM THE CYCLE OF POVERTY BUT FACE BARRIERS TO SECURING LONG-TERM, STABLE EMPLOYMENT. BARRIERS TO EMPLOYMENT INCLUDE LACK OF ECONOMIC OPPORTUNITY, LACK OF EDUCATION/SKILLS, AND/OR PRIOR LEGAL OFFENSES. THESE HARD TO HIRE INDIVIDUALS INCLUDE WOUNDED WARRIORS AND VETERANS RETURNING TO OUR COMMUNITY, HOMELESS INDIVIDUALS, SENIORS, SINGLE MOTHERS, AND AT-RISK YOUTH.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

HCH USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, HCH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, HCH IS

**Part VI** Supplemental Information (Continuation)

REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

HCH IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 15 OF THOSE STATEMENTS: "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYER. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 8:

HCH DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT

**Part VI** Supplemental Information (Continuation)

CATEGORIES.

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, IS SUPPORTED FINANCIALLY BY ALL SIX HOSPITALS IN MONTGOMERY COUNTY AND SERVES AS THE BASE FOR HOLY CROSS HOSPITAL'S AND HOLY CROSS GERMANTOWN HOSPITAL'S NEEDS ASSESSMENT. THE HEALTHY MONTGOMERY STEERING COMMITTEE IS COMPRISED OF GOVERNMENT AGENCIES, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS/INITIATIVES, ADVOCACY GROUPS, ACADEMIC

**Part VI** Supplemental Information (Continuation)

INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS AND OTHER STAKEHOLDERS. IT IS AN ONGOING EFFORT THAT IS A FORMAL COUNTY-WIDE PROCESS THAT USES PRIMARY AND SECONDARY DATA TO IDENTIFY AND ADDRESS KEY PRIORITY AREAS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL MONTGOMERY COUNTY RESIDENTS.

IN ADDITION TO HEALTHY MONTGOMERY, WE USE A RANGE OF OTHER SPECIFIC NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR UNDERSERVED MINORITIES, 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:

- MARYLAND STATE HEALTH IMPROVEMENT PROCESS
- PRINCE GEORGE'S COUNTY HEALTH IMPROVEMENT PLAN 2011-2014
- 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

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

WE ALSO USE THE COMMUNITY NEED INDEX (CNI). THE CNI IDENTIFIES THE SEVERITY OF HEALTH DISPARITIES FOR EVERY ZIP CODE IN THE UNITED STATES AND DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZATIONS (DIGNITY HEALTH, 2011). FOR EACH ZIP CODE IN THE UNITED STATES, THE COMMUNITY NEED INDEX AGGREGATES FIVE SOCIOECONOMIC

**Part VI** Supplemental Information (Continuation)

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 NEED INDEX TO IDENTIFY COMMUNITIES OF HIGH NEED AND DIRECT A RANGE OF COMMUNITY HEALTH AND FAITH-BASED COMMUNITY OUTREACH EFFORTS TO THESE AREAS.

THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA, AND HOLY CROSS HOSPITAL'S EMERGENCY DEPARTMENT AND DISCHARGE READMISSIONS DATA WERE ALSO ANALYZED TO DETERMINE UNMET NEEDS OF THE POPULATION WE SERVE RESIDING IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. READMISSION DATA IS USED TO TRACK THE NUMBER OF PATIENTS WHO ARE READMITTED TO THE HOSPITAL WITHIN 30 DAYS OF DISCHARGE. AN ANALYSIS OF HOSPITAL READMISSIONS AND PREVENTION QUALITY INDICATORS ALLOW US TO IDENTIFY SELECT INDICATORS RELATED TO COMMUNITY HEALTH NEEDS AND DEVELOP METHODOLOGIES AND PROGRAMS THAT WILL IMPROVE HEALTH OUTCOMES.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HCH IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- 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.

**Part VI** Supplemental Information (Continuation)

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

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

HCH COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.

**Part VI** Supplemental Information (Continuation)

HCH 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 PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, FRENCH AND MANDARIN, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

HCH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HCH 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.

PART VI, LINE 4:

COMMUNITY INFORMATION -

HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL:

HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES RESIDENTS. OUR 21 ZIP CODE PRIMARY SERVICE AREA INCLUDES 641,761 PEOPLE, OF WHOM 66.9% ARE MINORITIES. AN ESTIMATED 1.7 MILLION PEOPLE IN 60 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 68.6% ARE MINORITIES. OUR PRIMARY SERVICE AREA IS DERIVED FROM THE MARYLAND ZIP CODE



**Part VI** Supplemental Information (Continuation)

AREAS FROM WHICH THE TOP 60% OF OUR FY13 DISCHARGES ORIGINATED. THE NEXT 25% CONTRIBUTE TO OUR SECONDARY SERVICE AREA. WE DRAW 69% OF OUR INPATIENTS AND OUTPATIENTS FROM MONTGOMERY COUNTY.

HOLY CROSS GERMANTOWN HOSPITAL OPENED ITS DOORS IN OCTOBER 2014 AND BEGAN SERVING RESIDENTS IN NORTHERN MONTGOMERY COUNTY. AN ESTIMATED 420,124 PEOPLE IN 18 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 57.1% ARE MINORITIES. OUR SIX ZIP CODE PRIMARY SERVICE AREA INCLUDES 276,322 PEOPLE, OF WHOM 60.8% ARE MINORITIES.

IN THE EARLY 1990'S PRINCE GEORGE'S COUNTY BECAME A MAJORITY-MINORITY COUNTY, A COUNTY WHERE THE MINORITY POPULATION SURPASSES THE WHITE, NON-HISPANIC POPULATION (FOX, 1996). DURING THE LAST CENSUS, MONTGOMERY COUNTY JOINED PRINCE GEORGE'S COUNTY AS ONE OF ONLY 336 "MAJORITY-MINORITY" COUNTIES IN THE COUNTRY (MONTGOMERY COUNTY PLANNING DEPARTMENT, 2011). THE FOREIGN-BORN POPULATION OF BOTH COUNTIES IS ALSO HIGHER THAN THE NATIONAL AVERAGE OF 12.9% WITH AN AVERAGE POPULATION OF 31.9% AND 20.0% IN MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, RESPECTIVELY (COMMUNITY COMMONS, 2014). THE COMMUNITY WE SERVE REMAINS TO BE ONE OF THE MOST CULTURALLY AND ETHNICALLY DIVERSE IN THE NATION, CHALLENGING THE COUNTY'S SIX HOSPITALS, THE HEALTH DEPARTMENT, COMMUNITY-BASED ORGANIZATIONS AND OTHER ORGANIZATIONS TO UNDERSTAND AND MEET THEIR VARIED NEEDS.

FLUENCY IN ENGLISH IS VERY IMPORTANT WHEN NAVIGATING THE HEALTH CARE SYSTEM AS WELL AS FINDING EMPLOYMENT. MONTGOMERY AND PRINCE GEORGE'S COUNTY HAVE THE HIGHEST SHARE OF FOREIGN-BORN RESIDENTS IN MARYLAND. FOREIGN-BORN RESIDENTS ACCOUNT FOR 72.6% OF THE COUNTY'S POPULATION

**Part VI** Supplemental Information (Continuation)

INCREASE BETWEEN 2000 AND 2012 (MONTGOMERY COUNTY CIRCUIT COURT, 2013). MORE THAN 328,000, OR NEARLY ONE THIRD, OF MONTGOMERY COUNTY RESIDENTS ARE FOREIGN-BORN. APPROXIMATELY 40% OF THOSE FOREIGN-BORN SPEAK ENGLISH LESS THAN "VERY WELL" (U.S. CENSUS BUREAU, 2012) AND 7.8% OF THE POPULATION AGED FIVE AND OVER ARE LINGUISTICALLY ISOLATED (COMMUNITY COMMONS, 2014). THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS.

PRINCE GEORGE'S COUNTY ALSO EXPERIENCED A LARGE INFLUX OF FOREIGN-BORN RESIDENTS DURING THE LAST TWO DECADES. FOREIGN-BORN RESIDENTS ACCOUNTED FOR 91.7% OF THE COUNTY'S POPULATION INCREASE BETWEEN 2000 AND 2012 (U.S. CENSUS BUREAU, 2012). MORE THAN 183,000 PRINCE GEORGE'S COUNTY RESIDENTS, APPROXIMATELY 20% OF THE TOTAL POPULATION, ARE FOREIGN-BORN. IN PRINCE GEORGE'S COUNTY, 39% OF FOREIGN-BORN RESIDENTS SPEAK ENGLISH LESS THAN "VERY WELL" (U.S. CENSUS BUREAU, 2012) AND 4.8% OF THE POPULATION AGED FIVE AND OVER IS LINGUISTICALLY ISOLATED WITH THE MOST LINGUISTIC ISOLATION OCCURRING IN NORTHERN PRINCE GEORGE'S COUNTY (COMMUNITY COMMONS, 2014).

MONTGOMERY COUNTY IS ALSO RAPIDLY AGING. THE POPULATION AGED 65 AND OLDER IS ESTIMATED TO INCREASE FROM 119,769 IN 2010 TO 243,940 IN 2040, MORE THAN DOUBLING. AS A RESULT, THE PERCENTAGE OF THE POPULATION AGE 65 AND OLDER WILL INCREASE FROM 12.3% TO 16.8%. THE SAME PATTERN IS EXPECTED IN PRINCE GEORGE'S COUNTY. THE POPULATION AGE 65 AND OLDER IS PROJECTED TO INCREASE FROM 81,513 IN 2010 TO 174,110 IN 2040, INCREASING FROM 9.4% OF THE POPULATION TO 18.0%, INCREASING THE NEED FOR SENIOR SERVICES SUCH AS HOUSING AND HEALTH CARE IN BOTH COUNTIES.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 5:

OTHER INFORMATION -

HCH HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS THAT PROVIDE GOVERNANCE FOR THE ENTIRE HOLY CROSS HEALTH SYSTEM, WHICH INCLUDES TWO HOSPITALS, HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL. TWO OF THE 15 BOARD MEMBERS ARE EMPLOYED BY TRINITY HEALTH, HCH'S PARENT CORPORATION (HCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH EXECUTIVE). THE TRINITY HEALTH EXECUTIVE BOARD MEMBER LIVES OUTSIDE HCH'S LOCAL AREA. NO BOARD MEMBER IS RELATED TO ANY HCH EXECUTIVE.

THE MEDICAL STAFF OF HCH IS ORGANIZED IN THE PUBLIC INTEREST AND MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND PROVIDERS. HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL HAVE A VERY LARGE, DIVERSE MEDICAL AND DENTAL STAFF OF 1,370 MEMBERS AND 572 MEMBERS RESPECTIVELY.

HCH ALSO HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. APPROXIMATELY 500 VOLUNTEERS CONTRIBUTE THEIR TIME, AND THEIR PARTICIPATION IN OUR EFFORTS IS GRATIFYING.

HOLY CROSS HOSPITAL OPERATES A VERY ACTIVE EMERGENCY ROOM, ONE OF THE BUSIEST IN THE STATE OF MARYLAND, AND IS ACCESSIBLE TO ANYONE NEEDING CARE, REGARDLESS OF ABILITY TO PAY. IN ADDITION, WE HAVE AN INNOVATIVE EMERGENCY CENTER TAILORED TO SERVE OUR GROWING SENIOR POPULATION, PROVIDING SAFE AND EFFICIENT EMERGENCY SERVICES FOR PERSONS 65 AND OVER. OUR PEDIATRIC EMERGENCY CENTER IS STAFFED AROUND THE CLOCK BY

**Part VI** Supplemental Information (Continuation)

BOARD-CERTIFIED PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PROVIDING CARE TO CHILDREN UNDER AGE 18.

THE EMERGENCY ROOM AT HOLY CROSS HOSPITAL IS DESIGNATED A PRIMARY STROKE CENTER BY THE JOINT COMMISSION, THE NATIONAL CREDENTIALING ORGANIZATION FOR HOSPITALS, AND BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS). THE EMERGENCY ROOM AT HOLY CROSS HOSPITAL ALSO HAS EARNED CARDIAC INTERVENTIONAL CENTER DESIGNATION BY MIEMSS, WHICH MEANS THE HOSPITAL PROVIDES HIGH-QUALITY TREATMENT OF THE MOST SEVERE TYPE OF HEART ATTACK, CALLED A STEMI.

THE HOLY CROSS GERMANTOWN HOSPITAL EMERGENCY DEPARTMENT IS THE ONLY FULL-SERVICE EMERGENCY ROOM IN GERMANTOWN, MD. THE HOLY CROSS GERMANTOWN HOSPITAL EMERGENCY CENTER CARES FOR ALL AGE GROUPS AND SPECIAL POPULATIONS WHO PRESENT WITH EMERGENT OR URGENT CARE NEEDS.

NO PART OF THE INCOME OF HCH 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 HEALTH OF THE COMMUNITY, IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS.

HCH'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-FY16, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS

**Part VI** Supplemental Information (Continuation)

ASSESSMENT PROCESS, HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, WE HAVE MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM, AND HAVE RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS. HCH HAS PARTNERED WITH THE FOUR OTHER HOSPITALS IN MONTGOMERY COUNTY AND A NETWORK OF COMMUNITY BASED ORGANIZATIONS TO IMPLEMENT NEXUS MONTGOMERY, A POPULATION HEALTH IMPROVEMENT PLAN DESIGNED TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE. THE TARGET POPULATION FOR NEXUS MONTGOMERY INCLUDES MEDICARE SENIORS, THE MEDICALLY FRAIL, THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS AND THOSE WITHOUT ELIGIBILITY FOR HEALTH INSURANCE.

IN FISCAL YEAR 2016, TRINITY HEALTH'S TRANSFORMING COMMUNITIES INITIATIVE AWARDED \$500,000 TO A COMMUNITY COLLABORATIVE THAT INCLUDES HCH, THE INSTITUTE FOR PUBLIC HEALTH INNOVATION, AND HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION, TO FUND A MULTI-YEAR EFFORT TO IMPROVE THE HEALTH OF THE COMMUNITY. BEGINNING IN FISCAL YEAR 2017, THE HEALTHY MONTGOMERY TRANSFORMING COMMUNITIES INITIATIVE WILL BEGIN IMPLEMENTING A RANGE OF PUBLIC HEALTH STRATEGIES THAT CAN REDUCE OBESITY, PROMOTE TOBACCO-FREE LIVING, AND ADDRESS SOCIAL DETERMINANTS THAT IMPACT HEALTH OUTCOMES. THE STRATEGIES WILL CENTER ON POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES THAT OFFER LONG-TERM BENEFITS FOR COMMUNITY HEALTH IMPROVEMENT AND PREVENTING CHRONIC DISEASE, WITH A SPECIFIC FOCUS ON THE COMMUNITIES OF GAITHERSBURG, GERMANTOWN, LONG BRANCH, AND TAKOMA PARK.

PART VI, LINE 6:

HCH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE

**Part VI** Supplemental Information (Continuation)

DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE -- AND ACHIEVE -- SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE.

TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE.

AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE.

**Part VI** Supplemental Information (Continuation)

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS  
 BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND  
 UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING  
 HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED  
 POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH  
 COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER  
 ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY  
 SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

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

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

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **HOLY CROSS HEALTH, INC.** Employer identification number **52-0738041**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUT AVE. NE STE 200 - WASHINGTON, DC 20036	46-3039129	501(C)(3)	100,000.	0.			SUPPORT FOR THE MONTGOMERY COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAMS

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

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2015)



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

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

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

PART I, LINE 2:

DONATIONS MADE BY HOLY CROSS HEALTH TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HOLY CROSS HEALTH, INC.**

Employer identification number

**52-0738041**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

**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, but explain in Part III.

- |  |  |
|--|--|
| <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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN J. SEXTON DIR; PRES & CEO HOLY CROSS HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	520,055.	210,596.	163,759.	11,750.	41,338.	947,498.	0.
(2) MARCUS SHIPLEY DIRECTOR AS OF 1/16; TH SVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	538,281.	209,232.	141,605.	13,483.	26,755.	929,356.	0.
(3) NORA TRIOLA, RN, PH.D DIRECTOR THR 12/15;TRINITY EVP & CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	481,494.	184,330.	260,438.	22,375.	14,583.	963,220.	0.
(4) ANNE GILLIS CFO & ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	262,616.	62,791.	1,155.	22,676.	27,411.	376,649.	0.
(5) JUDITH FRUITERMAN PRESIDENT HOLY CROSS HOSPITAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	368,901.	149,451.	105,863.	21,925.	23,571.	669,711.	0.
(6) DOUG RYDER PRESIDENT HC GERMANTOWN HOSPITAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	254,349.	102,637.	70,876.	11,993.	12,499.	452,354.	0.
(7) ANNICE CODY PRESIDENT HCH NETWORK; CSO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	288,636.	68,034.	442.	15,900.	23,183.	396,195.	0.
(8) ELIZABETH A. SIMPSON GENERAL COUNSEL, ASST SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	253,137.	72,055.	2,394.	11,925.	18,950.	358,461.	0.
(9) BLAIR EIG SVP, MEDICAL AFFAIRS & CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,161.	89,450.	1,350.	20,613.	19,142.	438,716.	0.
(10) YANCY PHILLIPS CHIEF QUALITY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	299,776.	68,714.	3,791.	11,925.	4,865.	389,071.	0.
(11) IRA ROY TANNEBAUM SURGICAL HOSPITALIST	(i)	296,011.	44,798.	2,472.	9,048.	736.	353,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KRISTIN FELICIANO VP CHIEF STRATEGY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	243,787.	57,500.	360.	11,925.	20,998.	334,570.	0.
(13) RAMI MAKHOUL PHYSICIAN	(i)	291,927.	0.	234.	10,040.	666.	302,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JUAN MANUEL OCASIO COLON CHIEF HR & INTEG OFFICER THR 4/16	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	220,193.	52,128.	318.	15,900.	19,269.	307,808.	0.
(15) KEDRICK ADKINS FORMER KEY EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	768,621.	0.	141.	768,762.	767,689.
(16) GARY E. VOGAN FORMER OFFICER; SR ADVISOR TO CEO	(i)	197,438.	44,211.	1,143.	21,329.	14,161.	278,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ROSEANNE PAJKA FORMER OFFICER; SR ADVISOR TO CEO	(i)	182,762.	32,592.	0.	11,917.	0.	227,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 3:**

HOLY CROSS HEALTH (HCH) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. HCH'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 HCH'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, LINES 4A-B:**

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN CALENDAR 2015.

THIS AMOUNT IS INCLUDED IN COLUMN B(III):

KEDRICK ADKINS - \$532,835

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

**Part III Supplemental Information**

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

THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2015, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2015.

THE FOLLOWING PAYOUTS FOR 2015 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$234,854

JUDITH FRUITERMAN - \$87,171

DOUG RYDER - \$56,222

KEVIN SEXTON - \$123,139

MARCUS SHIPLEY - \$125,940

NORA TRIOLA - \$196,685

COLUMN F OF SCHEDULE J, PART II 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WWW.HOLYCROSSHEALTH.ORG.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF HOLY CROSS HEALTH (HCH) 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 HCH. TRINITY HEALTH

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

OF HCH.

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 AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11:

PRIOR TO FILING, THE FORM 990 FOR HCH 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 DIRECTORS. EACH MEMBER OF THE BOARD

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

INTERNAL REVENUE SERVICE.

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

FORM 990, PART VI, SECTION B, LINE 12C:

HCH HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF HCH, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF HCH AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST.

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 PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF HCH (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO HCH OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF HCH (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF HCH. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A



Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15:

QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR HCH'S CEO, OFFICERS, AND KEY MANAGEMENT OFFICIALS IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND CFO COMPENSATION, 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 THE CEO AND CFO OF HCH ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS.

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

FORM 990, PART VI, SECTION C, LINE 19:

HCH'S GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE HCH PUBLIC INFORMATION OFFICER. HCH IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. BOTH TRINITY HEALTH AND HCH MAKE CERTAIN OF THEIR KEY DOCUMENTS

Name of the organization HOLY CROSS HEALTH, INC.	Employer identification number 52-0738041
---	--

AVAILABLE TO THE PUBLIC ON THEIR RESPECTIVE WEBSITES,  
WWW.TRINITY-HEALTH.ORG AND WWW.HOLYCROSSHEALTH.ORG. IN THE "ABOUT US"  
SECTION OF THE TRINITY WEBSITE THE CONSOLIDATED AUDITED FINANCIAL  
STATEMENTS ARE PUBLICLY AVAILABLE. THE HCH WEBSITE INCLUDES THE THREE MOST  
RECENT COMMUNITY BENEFIT REPORTS IN THE "COMMUNITY INVOLVEMENT" SECTION.

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

HCH'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE  
UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY TRANSFERS TO/FROM AFFILIATES	-11,365,031.
OTHER TRANSACTIONS:	-1,793,642.
TOTAL TO FORM 990, PART XI, LINE 9	-13,158,673.

FORM 990, PART XII, LINE 2:  
HCH'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY16 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  
HOLY CROSS GERMANTOWN HOSPITAL  
HOLY CROSS HEALTH NETWORK  
HOLY CROSS HEALTH CENTER

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

HOLY CROSS HEALTH PARTNERS

PROFESSIONAL SERVICES OF HOLY CROSS

SENIOR FIT

Multiple horizontal lines for additional text entry.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **HOLY CROSS HEALTH, INC.** Employer identification number **52-0738041**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
ALBANY MEMORIAL HOSPITAL - 14-1338457 600 NORTHERN BLVD. ALBANY, NY 12204	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FLORIDA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
AMICARE HOSPICE SERVICES INC - 38-2949053 20555 VICTOR PARKWAY LIVONIA, MI 48152	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	

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

Schedule R (Form 990) 2015

**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
ASYLUM HILL FAMILY MEDICINE CENTER, INC. - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.	X	
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTHCARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	X	
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.	X	
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
BRIGHTSIDE, INC. - 04-2182395 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	OTHER COUNTRY	501(C)(3)	LINE 1	N/A		X
COLUMBUS ACQUISITION CORP - 26-2616342 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	X	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
CRANBROOK HOSPICE CARE - 38-3320699 1111 W. LONG LAKE RD., STE 102 TROY, MI 48098	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
EAST NORRITON PHYSICIAN SERVICES - 23-2515999, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
EDDY LICENSED HOME CARE AGENCY, INC. - 14-1818568, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.	X	
EMBRACING AGE, INC. - 46-1051881 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	ST. JOSEPH'S HEALTH, INC.	X	
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
FARREN CARE CENTER, INC. - 04-2501711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL	X	
GLEN EDDY, INC. - 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
GLOBAL HEALTH MINISTRY - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	

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						Yes	No
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	COMMUNITY OUTREACH	ILLINOIS	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	X	
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE. MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	LINE 11C, III-FI	N/A		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS, INC. - 23-7270669, 945 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443	SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	X	
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	X	
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTHCARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	

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						Yes	No
HOLY CROSS MEDICAL PROPERTIES, INC. - 65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	BUILDING MANAGEMENT SERVICES	FLORIDA	501(C)(2)	N/A	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS PRIMARY CARE, INC. - 81-2531495 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.	X	
HOME & COMMUNITY HEALTH SERVICES, INC. - 81-0723591, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND, INC.	X	
HOME AIDE SERVICE OF EASTERN NEW YORK, INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA, CORP.	X	
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 11A, I	N/A		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
JOHNSON HEALTH CARE, INC. - 81-0709903 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND, INC.	X	
JOHNSON MEMORIAL HOSPITAL, INC. - 47-5676956 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.	X	
JOHNSON MEMORIAL MEDICAL CENTER, INC. - 81-0696923, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND, INC.	X	



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						Yes	No
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 7TH & CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282 1435 LIBERTY STREET HAMILTON, NJ 08629	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 9	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 100 GOSSMAN DRIVE, SOUTHERN PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	ST. JOSEPH OF THE PINES, INC.	X	
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	VOLUNTEER SERVICE AUXILIARY	NEW JERSEY	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY - 22-3612265, 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORATION SERVICES	ILLINOIS	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	X	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	

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						Yes	No
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 11B, II	ST. PETER'S HEALTH PARTNERS	X	
MARIAN COMMUNITY HOSPITAL - 24-0711230 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	X	
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	HOME HEALTH SERVICES (INACTIVE)	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MARYCREST HEIGHTS - 27-0291722 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY HEALTHCARE SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
MAXIS HEALTH SYSTEM - 91-1940902 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	MANAGEMENT AND SUPPORT (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH, INC.	X	
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP.	X	
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	X	
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 1111 W. LONG LAKE RD., STE 102, TROY, MI 48098	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY CARE FOUNDATION - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	

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						Yes	No
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HOSPICE & HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH NETWORK, INC. - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH PARTNERS - 38-2589966 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 11B, II	N/A		X
MERCY HEALTH PLAN - 22-2483605 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	X	

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						Yes	No
MERCY HEALTHCARE CENTER - 15-0532211 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	X	
MERCY HEALTHCARE FOUNDATION-CLINTON - 42-1316126, 1410 N. 4TH ST., CLINTON, IA 52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY HOME HEALTH - 23-1352099 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	MANAGEMENT SERVICES FOR HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 1820 44TH ST. SE, KENTWOOD, MI 49508	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, 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)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
MERCY HOSPITAL, INC. - 04-3398280 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE AND HOSPITAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
MERCY HOSPITAL, INC. - 59-0791034 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES (INACTIVE)	FLORIDA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MERCY LIFE CENTER CORPORATION - 25-1604115 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	X	
MERCY LIFE OF ALABAMA - 27-3163002 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
MERCY LIFE, INC. - 45-3086711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS, INC.	X	

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						Yes	No
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 7957 MOBILE, AL 36670	HOSPICE & HOME HEALTH SERVICES	ALABAMA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
MERCY MEDICAL GROUP - 45-4884805 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	

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						Yes	No
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, NY 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 11A, I	N/A		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	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	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 AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HOME CARE, LLC - 26-2729300 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081	HOME HEALTH SERVICES	OHIO	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MOUNT SINAI HOSPITAL FOUNDATION, INC. - 22-2584082, 500 BLUE HILLS AVENUE, HARTFORD, CT 06112	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 11C, III-FI	N/A		X
MOUNT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.	X	
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 44TH STREET, KENTWOOD, MI 49508	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	

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						Yes	No
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	X	
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NE PHYSICIAN SERVICES, INC. - 23-2497355 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NORTHEAST HEALTH, INC. - 04-2450756 2212 BURDETT AVE. TROY, NY 12180	HEALTHCARE SYSTEM SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	ST. PETER'S HEALTH PARTNERS	X	
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 11C, III-FI	N/A		X
ONE THOUSAND CORPORATION -- 06-0922325 1000 ASYLUM AVENUE HARTFORD, CT 06105	BUILDING MANAGEMENT SERVICES	CONNECTICUT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 11A, I	N/A		X
OUR LADY OF LOURDES HEALTH CARE SERVICES - 22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	X	
OUR LADY OF LOURDES HEALTH FOUNDATION, INC. - 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ 08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF LOURDES MEDICAL CENTER - 21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	

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						Yes	No
OUR LADY OF MERCY LIFE CENTER - 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211 3333 5TH AVENUE PITTSBURGH, PA 15213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
PROBILITY THERAPY SERVICES - 20-2020239 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	X	
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE AND HOSPITAL SERVICES	CALIFORNIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) - 94-28, 1303 EAST HERNDON AVE., FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	X	
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	BUILDING MANAGEMENT SERVICES	IDAHO	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	



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						Yes	No
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 11B, II	SAINT FRANCIS MEDICAL GROUP, INC.	X	
SAINT FRANCIS FOUNDATION, INC. - 06-1008255 114 WOODLAND STREET HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND, INC.	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - 06-0646813, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.	X	
SAINT FRANCIS MEDICAL GROUP, INC. - 06-1450168, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.	X	
SAINT JAMES CARE INC. - 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	X	

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						Yes	No
SAINT JOSEPH PACE, INC. - 47-3129127 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 7	TRINITY HEALTH PACE	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 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	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES -	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, STE 120, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	X	
SAINT MICHAEL'S MEDICAL CENTER - 26-2616046 111 CENTRAL AVENUE NEWARK, NJ 07102	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	

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						Yes	No
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS	X	
SAMARITAN HOSPITAL - 14-1338544 2215 BURDETT AVE. TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE ST. SCHENECTADY, NY 12305	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, 1 ABELE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH FOUNDATION, INC. - 22-2345416 1300 MASSACHUSETTS AVENUE TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. - 04-3398374, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
SJ MANAGEMENT COMPANY OF SYRACUSE, INC. - 27-1763712, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11C, III-FI	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	

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						Yes	No
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	ST. AGNES CONTINUING CARE CENTER	X	
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 11A, I	ST. FRANCIS HOSPITAL	X	
ST. FRANCIS HOSPITAL, INC. - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNE LL, NY 14843	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
ST. JAMES MERCY HOSPITAL - 16-0743310 411 CANISTEO STREET HORNE LL, NY 14843	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JAMES MERCY HEALTH SYSTEM, INC.	X	
ST. JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	X	
ST. JOSEPH'S COLLEGE OF NURSING AT ST. JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206 PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. - 23-7219294, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	BUILDING MANAGEMENT SERVICES	NEW YORK	501(C)(3)	LINE 11B, II	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HEALTH, INC. - 47-4754987 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	

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ST. JOSEPH'S HOSPITAL HEALTH CENTER - 15-0532254, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC. - 22-2149775, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S MEDICAL PC - 27-3899821 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S PHYSICIAN HEALTH PC - 16-1516863, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. MARY BUILDING AND DEVELOPMENT COMPANY - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER	X	
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ST. MARY MEDICAL CENTER	X	
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MICHAEL'S FOUNDATION, INC. - 22-3311976 111 CENTRAL AVENUE NEWARK, NJ 07102	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	X	
ST. PETER'S HEALTH CARE SERVICES - 22-2702507, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 319 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION, INC. - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION	X	
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.	X	
THE COMMUNITY HOSPICE, INC. - 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	

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

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						Yes	No
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 2224 BURDETT AVE., TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 11A, I	N/A		X
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11D, III-O	N/A		X
TRI-HOSPITAL MRI CENTER - 38-2884297 4190 24TH AVENUE FORT GRATIOT, MI 48054	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH - NEW ENGLAND, INC. (FKA SAINT FRANCIS CARE, INC.) - 06-14911, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES	X	

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

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						Yes	No
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	X	
TRINITY HEALTH PACE -- 47-3073124 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	X	
TRINITY HOME HEALTH SERVICES -- 38-2621935 17410 COLLEGE PARKWAY, STE 150 LIVONIA, MI 48152	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
UIHLEIN MERCY CENTER - 15-0532190 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	X	
UNIVERSITY HEIGHTS PROPERTY COMPANY, INC. - 22-3100162, 111 CENTRAL AVENUE, NEWARK, NJ 07102	TITLE HOLDING COMPANY	NEW JERSEY	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	X	
VILLA MARY IMMACULATE - 14-1438749 301 HACKETT BLVD ALBANY, NY 12208	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
WESTSHORE HEALTH NETWORK -- 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	HEALTH NETWORK	MICHIGAN	501(C)(4)	N/A	MERCY HEALTH PARTNERS	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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	N/A	N/A	N/A		N/A	N/A		N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429, 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTHCARE SERVICES	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION, INC. - 14-1668024, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
CARBONDALE PHYSICIANS' SERVICES, INC. - 23-2365077, 100 LINCOLN AVE, CARBONDALE, PA 18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A	X	
CATHERINE HORAN BUILDING, CORP. - 04-2938160 1233 MAIN STREET HOLYOKE, MA 01040	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
CHESTNUT RISK SERVICES, LTD 11 VICTORIA STREET HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	

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

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							Yes	No		Yes	No	
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, PO BOX 148, BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EAST NORRITON MEDICAL ASSOCIATES - 23-2319531, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY FORMERLY	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING, IN DISSOLUTION	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREATER HARTFORD LITHOTRIPSY, LLC - 06-1578891, 144 WOODLAND ST, HARTFORD, CT 06105	LITHOTRIPSY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
IDAHO ASC HOLDINGS, LLC - 36-4729605, 1055 N. CURTIS ROAD, BOISE, ID 83706	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INNOVATIVE HEALTH ALLIANCE OF NEW YORK, LLC - 46-5676066, 14 COLUMBIA CIRCLE DRIVE, ALBANY, NY 12203	ACCOUNTABLE CARE ORGANIZATION	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 569 BROOKWOOD VILLAGE, SUITE 901,	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MDR/MRI TECHNICAL SERVICES, LLC - 16-1590982, 5640 EAST TAFT ROAD #3770, SYRACUSE, NY 13220	MRI SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX 75001	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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	N/A	N/A	N/A		N/A	N/A		N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSP, 2601 HOLME AVE, NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	MEDICAL OFFICE BUILDING OUTPATIENT SURGERY CENTER	PA  MI	N/A  N/A	N/A  N/A	N/A  N/A	N/A  N/A	N/A  N/A		N/A  N/A	N/A  N/A		N/A  N/A

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							Yes	No		Yes	No	
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RADISSON SJH PROPERTIES, LLC - 46-1892799, 5000 CAMPUSWOOD DRIVE, SUITE 100, EAST SYRACUSE, NY 13057	MEDICAL OFFICE BUILDING	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJLS LLC - 20-1796650 7650 SE 27TH ST, STE 200 MERCER ISLAND, WA 98040	DIALYSIS SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	HEALTH CARE SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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							Yes	No		Yes	No	
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	N/A	N/A	N/A		N/A	N/A		N/A
ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	RADIOLOGY SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FORTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SERVICES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 LAKE CASCADE PARKWAY, CASCADE, ID 83611	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 23-2871206, 1203 LANGHORNE-NEWTOWN ROAD,	OUTPATIENT SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TOTAL LAUNDRY COLLABORATIVE, LLC - 20-8335788, 114 WOODLAND STREET, HARTFORD, CT 06105	LAUNDRY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRINITY HEALTH PARTNERS LLC - 47-2798085, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	POPULATION HEALTH MANAGEMENT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/IMAGI	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FHS SERVICES, INC. - 27-2995699 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN ASSOCIATES, INC. - 20-2991688 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN MANAGEMENT SERVICES, INC. - 16-1351193, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
H.E.F., INC. - 38-3086401 1820 44TH STREET SE KENTWOOD, MI 49508	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814 1820 44TH STREET SE KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1820 44TH STREET SE KENTWOOD, MI 49508	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTHCARE EQUIPMENT CORP. - 38-2578569, 1820 44TH STREET SE, KENTWOOD, MI 49508	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL CENTER, INC. - 38-3024797, 1820 44TH STREET SE, KENTWOOD, MI 49508	REAL ESTATE RENTAL	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY, INC. - 38-2447870, 1820 44TH STREET SE, KENTWOOD, MI 49508	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH CARE MANAGEMENT ADMINISTRATORS, INC. - 16-1450960, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	HEALTHCARE MANAGEMENT	NY	N/A	C CORP	N/A	N/A	N/A	X	

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								Yes	No
HEALTH MANAGEMENT SERVICES ORG. INC. - 22-3366580, 500 GROVE STREET, SUITE 100, HADDON HEIGHTS, NJ 08035	MEDICAL ADMINISTRATION	NJ	N/A	C CORP	N/A	N/A	N/A	X	
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562, 1500 FOREST GLEN ROAD, SILVER SPRING, MD 20910	HOME CARE SERVICES	MD	MARYLAND CARE GROUP, INC.	C CORP	70,069.	483,387.	100.00%	X	
HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON MUSKEGON, MI 49442	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR. YPSILANTI, MI 48197	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES II, INC. - 25-3795549 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC. - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C CORP	N/A	N/A	N/A	X	
LIFECARE PHYSICIANS PC - 26-1649038 601 HAMILTON AVENUE TRENTON, NJ 08629	HEALTH CARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES MEDICAL ASSOCIATES, PA - 22-3361862 500 GROVE STREET, SUITE 100 HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES URGENT CARE SERVICES PC - 46-4188202 1600 HADDON AVENUE CAMDEN, NJ 08103	URGENT CARE CENTER	NJ	N/A	C CORP	N/A	N/A	N/A	X	
MARYLAND CARE GROUP, INC. - 52-1815313 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	HEALTHCARE HOLDING	MD	HOLY CROSS HEALTH, INC.	C CORP	0.	1,701,982.	100.00%	X	
MCMC EASTWICK, INC. - 23-2184261 C/O MHS ONE WEST ELM STREET, STE 100 CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	X	



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								Yes	No
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC - 04-3029929, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A	X	
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	X	
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	X	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST - 04-6608649, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C CORP	N/A	N/A	N/A	X	
PROVIDENCE HOME CARE, INC. - 04-3317426 1233 MAIN STREET HOLYOKE, MA 01040	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC - 06-1384686, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	

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								Yes	No
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNELL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPE PRACTICE MANAGEMENT SERVICES, INC. - 45-4164964, 301 PROSPECT AVE, SYRACUSE, NY 13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJRCM HOLDINGS, INC. - 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A	X	
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC. - 16-1540486, 2209 GENESEE STREET, UTICA, NY 13501	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
ST. MARY'S HIGHLAND HILLS VILLAGE, INC - 58-2276801, 1230 BAXTER STREET, ATHENS, GA 30606	ASSISTED LIVING	GA	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938161, 1233 MAIN STREET, HOLYOKE, MA 01040	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY ASSURANCE, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH ACO INC. - 47-3794666 20555 VICTOR PARKWAY LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	

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								Yes	No
TRINITY SENIOR SERVICES MANAGEMENT, INC. - 37-1572595, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	X	
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM - 38-2700166, 1820 44TH STREET SE, KENTWOOD, MI 49508	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
WORKPLACE HEALTH OF GRAND HAVEN, INC. - 38-3112035, 1820 44TH STREET SE, KENTWOOD, MI 49508	OCCUPATIONAL HEALTH	MI	N/A	C CORP	N/A	N/A	N/A	X	

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH - MICHIGAN	M	525,639.	PER BOOKS
(2) TRINITY HOME HEALTH SERVICES, INC.	A	142,022.	PER BOOKS
(3) TRINITY HEALTH CORPORATION	B	11,365,031.	PER BOOKS
(4) TRINITY HEALTH CORPORATION	C	200,000.	PER BOOKS
(5) TRINITY HEALTH CORPORATION	M	37,613,838.	PER BOOKS
(6) TRINITY HEALTH CORPORATION	P	12,950,718.	PER BOOKS

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) TRINITY HEALTH CORPORATION	Q	1,892,515.	PER BOOKS
(8) TRINITY HEALTH CORPORATION	R	15,317,390.	PER BOOKS
(9) HOLY CROSS PRIVATE HOME SERVICES CORP.	A	115,723.	PER BOOKS
(10) HOLY CROSS HEALTH FOUNDATION, INC.	C	2,990,755.	PER BOOKS
(11) TRINITY HOME HEALTH SERVICES, INC.	L	260,000.	PER BOOKS
(12) TRINITY HOME HEALTH SERVICES, INC.	M	56,438.	PER BOOKS
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.